

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 20/03/2021 14:05 (SGT)
Date of Accident 19/03/2021 12:10 (SGT)
Exact Location of Accident Upper Serangoon Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV9726X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SIN CHEW
NRIC No SXXXX481B
Email Address YUENSIMKUM@GMAIL.COM
Mobile Phone No (Phone) +65-97560850
Alternative Phone No +65-97560850

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5058460526-08
Cover Note Number -

DRIVER

Name of Driver KUM YUEN SIM
NRIC No SXXXX025A

Date Of Birth	09/01/1950
Occupation	Indoor
Date Of Driving Pass	17/04/1974
Driving experience	46 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90464754
Alt. Phone Number	-
Email Address	YUENSIMKUM@GMAIL.COM
Address	BLK 125 GEYLANG EAST AVE 1 #09-25
Address complement	-
Postcode	381125
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210320/2022

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE5798S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFZ7117T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KUM YUEN SIM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJV9726X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

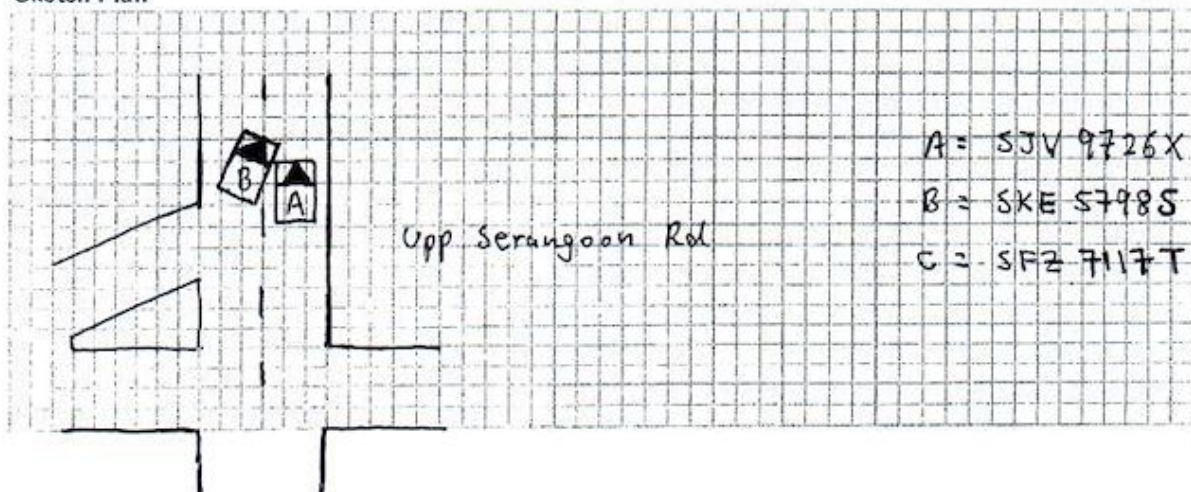
SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to Police Report T/20210320 / 2022

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel















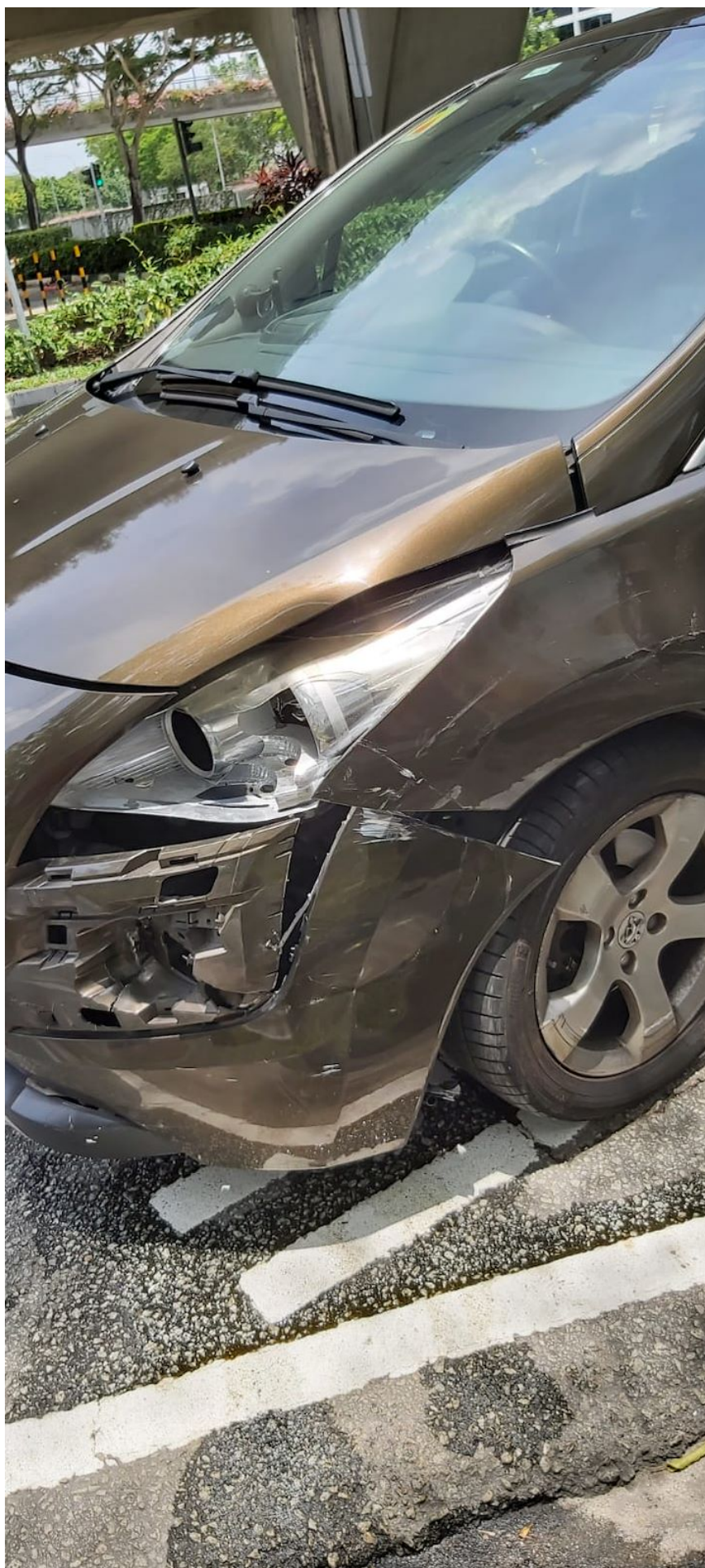


































**SINGAPORE
POLICE FORCE**



T/20210320/2022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210320/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2021 10:41		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KUM YUEN SIM			Address: APT BLK 125 GEYLANG EAST AVENUE 1 #09-25 GEYLANG EAST GROVE SINGAPORE 381125		
ID Type / ID No.: NRIC NO / S0056025A			Contact No.: Home/Office: Mobile: 90464754		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 71	Date of Birth: 09/01/1950	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/03/2021 12:10	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Policeman Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFZ7117T	Car				Slightly Damaged	0
SJV9726X	Car				Slightly Damaged	0
SKE5798S	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210320/2022

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Report No. T/20210320/2022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ASMALIZA BT YAACOB	ID No.	S7279811B
Related Vehicle	SFZ7117T (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KUM YUEN SIM	ID No.	S0056025A
Related Vehicle	SJV9726X (Car)	Contact No.	90464754
Hospital/Clinic	SINGHEALTH POLYCLINICS - GEYLANG	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/03/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ADI SOEHADI	ID No.	S2699870J
Related Vehicle	SKE5798S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE MENTIONED DATE AND TIME

I WAS AT THE TRAFFIC LIGHT OF UPPER SERANGOON ROAD. AS SOON AS I SAW THE TRAFFIC LIGHT TURNED GREEN, I PROCEEDED TO DRIVE MY VEHICLE. OUT OF A SUDDEN I GOT COLLIDED BY A VEHICLE FROM MY LEFT ON A 2 LANE ROAD. UPON THE ACCIDENT, I WAS IN SHOCK AND WAS NOT SURE WHAT HAPPENED, SO I CARRIED ON DRIVING FOR A FEW MORE METERS BEFORE STOPPING ON THE ROAD SHOULDER TO TAKE A REST ON THE RIGHT LANE. WHEN I ALIGHTED FROM MY VEHICLE, I SAT ON THE CURB AND CALLED MY SON FOR



**SINGAPORE
POLICE FORCE**



T/20210320/2022

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Tel No: 65470000

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Report No. T/20210320/2022

CONTINUATION OF REPORT

ASSISTANCE. THE DRIVER OF THE VEHICLE APPROACHED ME AND EXPLAINED THAT THERE WAS A 3RD VEHICLE INVOLVING IN THE ACCIDENT WHICH IS BELIEVED TO HAVE CRASHED ONTO HIS VEHICLE THAT CAUSED HIM CRASHING ONTO MY VEHICLE. THE AMBULANCE ARRIVED AND I RESTED ON THE AMBULANCE FOR ABOUT 20 MINUTES BEFORE THEY PERFORMED SEVERAL MEDICAL CHECKS ON ME AND ASKED IF I WANT TO BE CONVEYED TO ANY HOSPITAL WHICH I REJECTED AND INFORMED THAT I WILL BE VISITING A POLYCLINIC INSTEAD.



**SINGAPORE
POLICE FORCE**



T/20210320/2022

Police Station Of Origin:
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Tel No: 65470000

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Report No. T/20210320/2022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
SC TOH CHIN XIONG


Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
20/03/2021 10:41

Classification Of Case:
 **SINGAPORE
POLICE FORCE**

Signature: 