

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	03/05/2021 14:13 (SGT)
Date of Accident	30/04/2021 16:55 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	ALONG AYE TWDS TUAS. FILTER LANE INTO JURONG TOWN HALL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV8617Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAH YOON LIN CHARISSA
NRIC No	SXXXX509G
Email Address	charissa_seah@hotmail.com
Mobile Phone No	(Phone) +65-97632967
Alternative Phone No	+65-97632967

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
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	1198

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119793131
Cover Note Number	-

DRIVER

Name of Driver	SEAH YOON LIN CHARISSA
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NRIC No	SXXXX509G
Date Of Birth	14/09/1993
Occupation	Indoor
Date Of Driving Pass	27/03/2013
Driving experience	8 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97632967
Alt. Phone Number	+65-97632967
Email Address	charissa_seah@hotmail.com
Address	BLK 205 BOON LAY DRIVE #05-07
Address complement	-
Postcode	640205
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FRIEND
Gender	Female

PASSENGER 2

Name	FRIEND
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO. T/20210501/2037.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO FOOTAGE TOO LARGE.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP1262Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	SHA7575L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	SEAH YOON LIN, CHARISSA
Address	BLK 205 BOON LAY DRIVE #05-07
Address Complement	-
Post Code	640205
Approximate Age Years Old	-
Injuries Sustained	FELT PAIN ON LEFT THUMB, FOREHEAD, TOP OF THE HEAD AND NECK AREA.
Injured person in which vehicle?	SMV8617Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMV8617Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	-
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Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMV8617Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Nahlah
02/05/2021

CLAIM FORM (English) V3

(03 pax)

A- SMV86172

B- YP12622

C- SHAA759SL

AYE TUNDS THAS.

JURONG TOWN HALL ROAD.

[illegible]

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20210501/2037

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20210501/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/05/2021 14:16		Vide Report No.:		Station Diary No.: 56
Informant's Particulars				
Name of Informant: SEAH YOON LIN, CHARISSA		Address: APT BLK 205 BOON LAY DRIVE #05-07 SINGAPORE 640205		
ID Type / ID No.: NRIC NO / S9336509G		Contact No.: Home/Office: Mobile: 97632967		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 27	Date of Birth: 14/09/1993	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Singapore Armed Forces personnel		Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/04/2021 16:55	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMV8617Z		NISSAN	NOTE 1.2 CVT	Silver		2
YP1262Z						0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV8617Z	NTUC Income Insurance Co-Operative Limited	5119793131	09/11/2020	08/11/2021



**SINGAPORE
POLICE FORCE**



T/20210501/2037

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20210501/2037

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEAH YOON LIN, CHARISSA	ID No.	S9336509G
Related Vehicle	SMV8617Z	Contact No.	97632967
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	30/04/2021	Date Discharge	30/04/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	JOSEPH MOHAN	ID No.	G7930273U
Related Vehicle	YP1262Z	Contact No.	98814777
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.

On 30/04/2021 at about 1653hrs, I was driving V1) SMV8617Z along AYE towards Tuas. As I was exiting onto Jurong Townhall exit, I had stopped after the filter lane onto Jurong Townhall road as the vehicles travelling in front had come to a complete stop. Suddenly, I felt an impact from the rear and due to the impact my vehicle collided onto another vehicle in front which I did not manage to take down the registration plate number. I then got off V1, and I noticed V2) YP1262Z had collided onto the rear of V1. We then exchanged particulars and took photos of the accident before we left as no one was injured. V1 was then towed to a carpark. I then felt pain on Left thumb, forehead, Top of the head and Neck area and decided to seek medical assistance at a nearby clinic located at 959 Jurong West Street 92, Central 24-Hr Clinic and I was referred to Ng Teng Fong General Hospital.

On 30/04/2021 at about 2132hrs, I had went to Ng Teng Fong General Hospital and I was given 03 days of Medical Leave.



**SINGAPORE
POLICE FORCE**



T/20210501/2037

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20210501/2037

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:

J /

Sgt 2 NG WEI LIN

Signature Of Informant:

[Handwritten Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

01/05/2021 14:16

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

SN 126

Authentication Stamp

NP168



Signature :

Singapore Police Force











