

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 | 11/05/2021 18:46 (SGT) |
| Date of Accident | 08/05/2021 13:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | STEVENS ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMZ1582P |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | CLARA LIM WHEY |
| NRIC No | S9713943A |
| Email Address | Claralimwhey@gmail.com |
| Mobile Phone No | (Phone) +65-96379344 |
| Alternative Phone No | +65-96379344 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Volkswagen |
| Model | Beetle |
| 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 | 5122056656 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | CLARA LIM WHEY |
| NRIC No | S9713943A |

| | |
|--|--------------------------------------|
| Date Of Birth | 10/04/1997 |
| Occupation | Indoor |
| Date Of Driving Pass | 14/01/2021 |
| Driving experience | 4 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-96379344 |
| Alt. Phone Number | +65-96379344 |
| Email Address | Claralimwhey@gmail.com |
| Address | BLK 301 #12-1802 ANG MO KIO AVENUE 3 |
| Address complement | - |
| Postcode | 560301 |
| 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 | Collision - Head to Rear |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| 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 AND SKETCH PLAN

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 | SG5856C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Bus |

| | |
|---|----------------------|
| Name of Driver | LEE FA SHYI |
| Work Permit No | G0577854P |
| Contact Number | (Phone) +65-81452515 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

INJURED PERSONS DETAILS

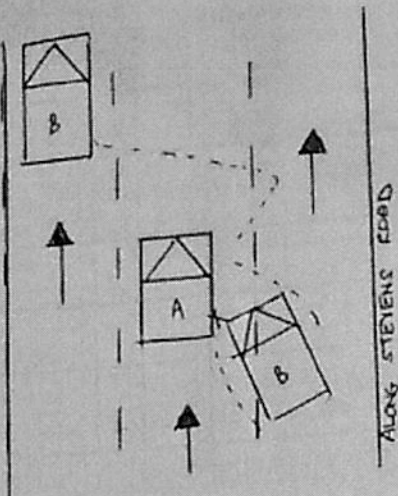
INJURED 1

| | |
|---|--------------------------------------|
| Name of injured person | CLARA LIM WHEY |
| Address | BLK 301 #12-1802 ANG MO KIO AVENUE 3 |
| Address Complement | - |
| Post Code | 560301 |
| Approximate Age Years Old | - |
| Injuries Sustained | SPRAINED NECK |
| Injured person in which vehicle? | SMZ1582P |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

[illegible]

Responsible Center Personnel's Signature
Name: Antonio Infante
Title: Director

SKETCH PLAN



VEH A: DMZ 1582P
VEH B: SG 5856C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report

DECLARATION

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

Policyholder's Signature

Date & Time: 11/06/2001 16:00:00

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: ARNOLD JOHNSON

NRIC/FIN No.: S6705794A





**SINGAPORE
POLICE FORCE**



T/20210508/7026

1 of 4

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

Report No: T/20210508/7026

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 08/05/2021 16:12 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | |
|--|--|---|------------------------------|
| Name of Informant: CLARA LIM WHEY | | Address: 301 ANG MO KIO AVENUE 3 #12-1802 SINGAPORE 560301 | |
| ID Type / ID No.: NRIC NO / S9713943A | | Contact No.: Home/Office: | Mobile: 96379344 |
| Nationality: SINGAPORE CITIZEN | | Email: claralimwhey@gmail.com | |
| Sex: Female | Age: 24 | Date of Birth: 10/04/1997 | Type of Informant: Driver |
| Race: Chinese | Language: English | | Institution / School Name: |
| Occupation: Web developer | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|-------------------------------|-------------------------------------|------------------------------|--|------------------------------------|
| Type of Accident: | Injury Government Vehicle | Drink Drive: No | Date/Time of Accident: 08/05/2021 13:00 | Type of Location: Straight Road |
| Location: STEVENS ROAD | | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: 50 Km/h | | |
| Traffic Flow: One Way | Traffic Control: Not Controlled | Traffic Volume: Moderate | | |
| Type of Collision: | Anyone conveyed by ambulance: No | | | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of |
|-------------|-------------------|---------------|------------------|-------|------------------|-------|
| SG5856C | Bus/Coach/Minibus | MERCEDES BENZ | MAN NL323F (A22) | Green | Slightly Damaged | 0 |
| SMZ1582P | Car | VOLKSWAGEN | N BEETLE1.6A | White | | 0 |

Details of Vehicle Insurance

| Vehicle No | Insurance Company | Insurance No | Effective | Expiry Date |
|------------|-------------------|--------------|-----------|-------------|
| | | | | |

