

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 24/05/2021 13:11 (SGT)
Date of Accident 21/05/2021 17:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information LOWER DELTA ROAD TOWARDS ALEXANDRA ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE6247R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HOME WORKZ
Company Reg No 5XXXX670W
Email Address falcoe.lee@mtmperformancegroup.com
Mobile Phone No (Phone) +65-91194465
Alternative Phone No (Office) +65-91194465

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5116016762-01
Cover Note Number -

DRIVER

Name of Driver NG SEOW HOON
NRIC No SXXXX366D

Date Of Birth	19/09/1963
Occupation	Outdoor
Date Of Driving Pass	13/05/1983
Driving experience	38 YEARS
Gender	Female
Mobile Number	(Phone) +65-91194465
Alt. Phone Number	-
Email Address	falcoe.lee@mtmperformancegroup.com
Address	APT BLK 42 BUKIT PANJANG RING ROAD #13-703
Address complement	-
Postcode	670427
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BAINAH BINTI AHMAD
Gender	Female

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

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	SHC5136Z
Vehicle Manufacturer	Toyota

Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	SIVAKUMAH S/O MADASAMY
Contact Number	(Phone) +65-90026825
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	NG SEOW HOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE6247R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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.

HOME WORKZ
BLK 129 #06-366
BUKIT BATOK WEST AVE 6
SINGAPORE 650129
HP: 9119 4485

IDAC BUKIT BATOK (IAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: yachh@singnet.com.sg

Policyholder's Signature / Date & Time

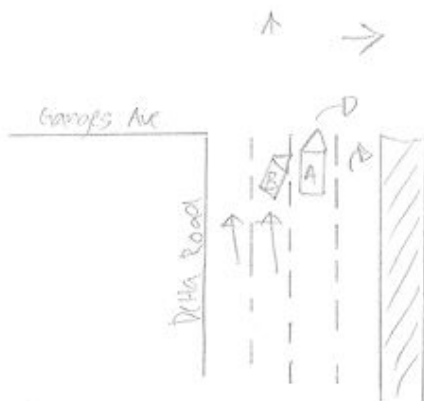
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A - GBE 6247R

Veh B - SHC 5136 Z



Describe Circumstances of the Accident

Refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.

HOME WORKZ
BLK 129 #06-366
BUKIT BATOK WEST AVE 6
SINGAPORE 650120
HP: 9110 4455

Policyholder's Signature / Date & Time

[Signature]

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

IDAC SINGNET
511 Bukit Batok Street 23
Singapore 659546
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



T/20210522/7009

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

1 of 3

Report No. T/20210522/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2021 13:18		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG SEOW HOON			Address: 427 BUKIT PANJANG RING ROAD #13-703 SINGAPORE 670427		
ID Type / ID No.: NRIC NO / S1615366D			Contact No.: Home/Office: Mobile: 91194465		
Nationality: SINGAPORE CITIZEN			Email: kenheng2299@gmail.com		
Sex: Female	Age: 57	Date of Birth: 19/09/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self Employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/05/2021 05:30	Type of Location: T-Junction
Location: DELTA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE6247R	Van				Seriously Damaged	1
SHC5136Z	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210522/7009

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

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Report No. T/20210522/7009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG SEOW HOON	ID No.	S1615366D
Related Vehicle	GBE6247R (Van)	Contact No.	91194465
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/05/2021	Date	22/05/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was traveling along Delta Road towards Alexandra, I stop at the junction waiting for the traffic light green arrow to Turn Right", while the green arrow light appear I move forward, suddenly a TAXI (SHC5136Z) cut into my lane from lane 3 position which is a go straight only lane. The taxi collided onto the front left portion of my van.

I feel uncomfortable and pain at by neck area after the accident and visited UniHealth 24-hr clinic at Jurong, I was given 3 days MC.

I have a passenger in my Van, Bainah Binti Ahmad (S7474273D)



**SINGAPORE
POLICE FORCE**



T/20210522/7009

3 of 3

Report No. T/20210522/7009

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
22/05/2021 13:18

Classification Of Case: