

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 12/07/2021 16:25 (SGT)
Date of Accident 09/07/2021 09:15 (SGT)
Exact Location of Accident Holland Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFP96T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG KEE TECK
NRIC No SXXXX611E
Email Address JENNYWEE@RELIANZ.NET
Mobile Phone No (Phone) +65-94510111
Alternative Phone No (Home) +65-94510111

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 Commercial vehicle
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5104227942-02
Cover Note Number -

DRIVER

Name of Driver JENNY WEE YAN NEE
NRIC No SXXXX745I

Date Of Birth	17/05/1967
Occupation	Indoor
Date Of Driving Pass	18/10/1994
Driving experience	26 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94510111
Alt. Phone Number	-
Email Address	JENNYWEE@RELIANZ.NET
Address	APT BLK 1D PINE GROVE #13-13
Address complement	-
Postcode	593001
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 - 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 vehicle 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	DAUGHTER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SMH4087C
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	JENNY WEE YAN NEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SFP96T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	DAUGHTER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SFP96T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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")

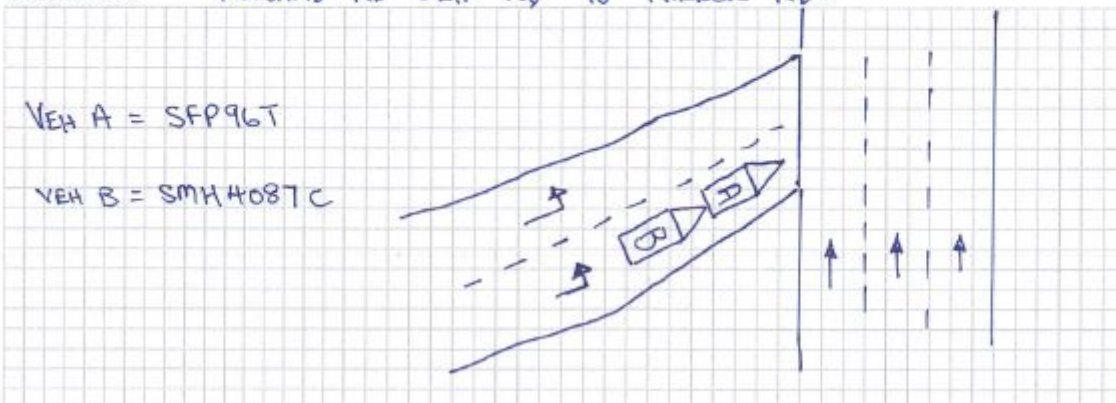
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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Sketch Plan

HOLLAND RD SLIP RD To FARRER RD.



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



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

MAG

Witnessed by Reporting Centre
Personnel























**SINGAPORE
POLICE FORCE**



E/20210709/7016

1 of 1

POLICE REPORT (NP299)

Report No. E/20210709/7016

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 09/07/2021 15:34	Vide Report No.	Station Diary No.
Name Of Informant JENNY WEE YAN NEE	Address 1D PINE GROVE #13-13 SINGAPORE 593001	
ID Type / ID No. NRIC NO / S26017451	Contact No. Home/Office: Mobile: 94510111	
Nationality MALAYSIAN	Email Address JENNYWEE@RELIANZ.NET	
Occupation Director	Sex Female	Age 54
Institution/School Name	Date of Birth 17/05/1967	Race Chinese
Date/Time Of Incident 09/07/2021 09:15	Location Of Incident HOLLAND ROAD	

Brief details.

On the stated date and time I was travelling with my daughter (Noelle Ng Re Qi) on vehicle SFP96T. We were stationary on the stated venue as we were at a give way line.

Suddenly vehicle SMH4087C came from behind and hit onto my vehicle rear portion. The impact was great and both me and my daughter suffered injuries. Later ambulance and TP came and we were both conveyed to NUH for treatment.

I was then given 1 day MC and my daughter was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/07/2021 15:34
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



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