

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 27/12/2021 10:38 (SGT)
Date of Accident 24/12/2021 17:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information Sims Ave
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW8176K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KER HUI ROO
NRIC No S9088006C
Email Address huiroo0830@gmail.com
Mobile Phone No (Phone) +65-98387495
Alternative Phone No +65-98387495

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 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5117016533-01
Cover Note Number -

DRIVER

Name of Driver KER HUI ROO
NRIC No S9088006C

Date Of Birth	30/08/1990
Occupation	Indoor
Date Of Driving Pass	05/02/2021
Driving experience	10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98387495
Alt. Phone Number	+65-98387495
Email Address	huiroo0830@gmail.com
Address	BLK 50 LORONG 28 GEYLANG #03-07
Address complement	-
Postcode	398453
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 vehicle 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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SJH1289S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	HAN SIEW FONG
NRIC No	S2737190F
Contact Number	(Phone) +65-97611848
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	KER HUI ROO
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLW8176K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 27/12/2021 / 10:17

Report No: MT/ _____

D.O.A: 24/12/2021
Time: 17:15 hrsVehicle No: SLW8176K Reporting Type: _____**SKETCH PLAN****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. The 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 lodgment 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' 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.

27/12/21 / 10:17

Policyholder's Signature / Date & Time

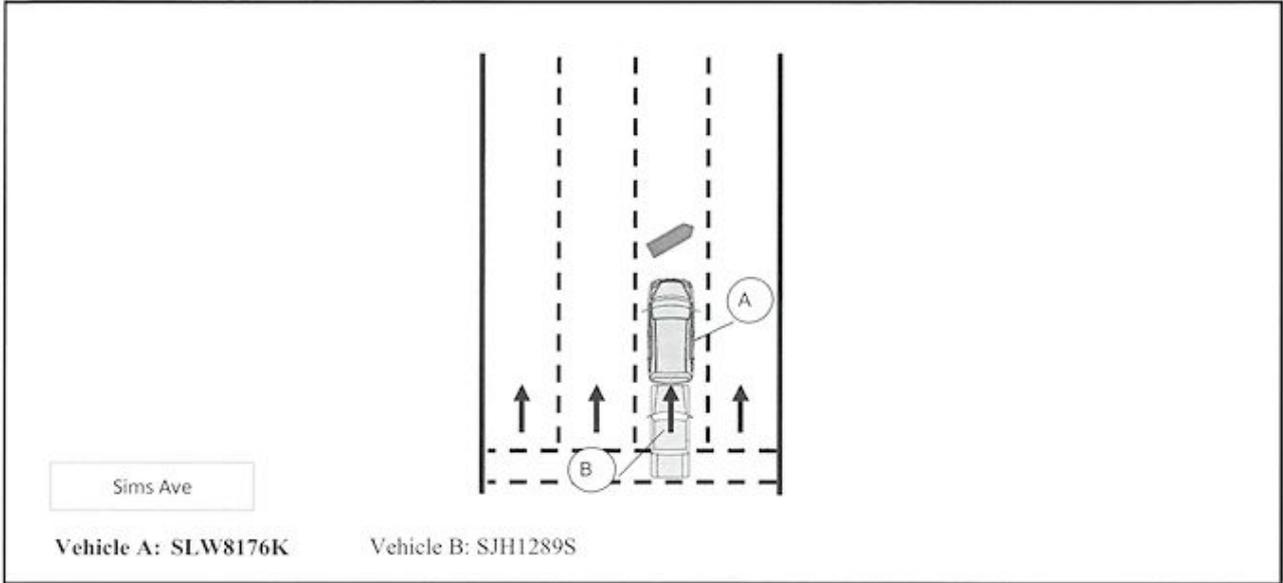
27/12/21 / 10:17

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

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Declaration

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

27/12/21 / 10:17

Policyholder's Signature / Date & Time

27/12/21 / 10:17

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

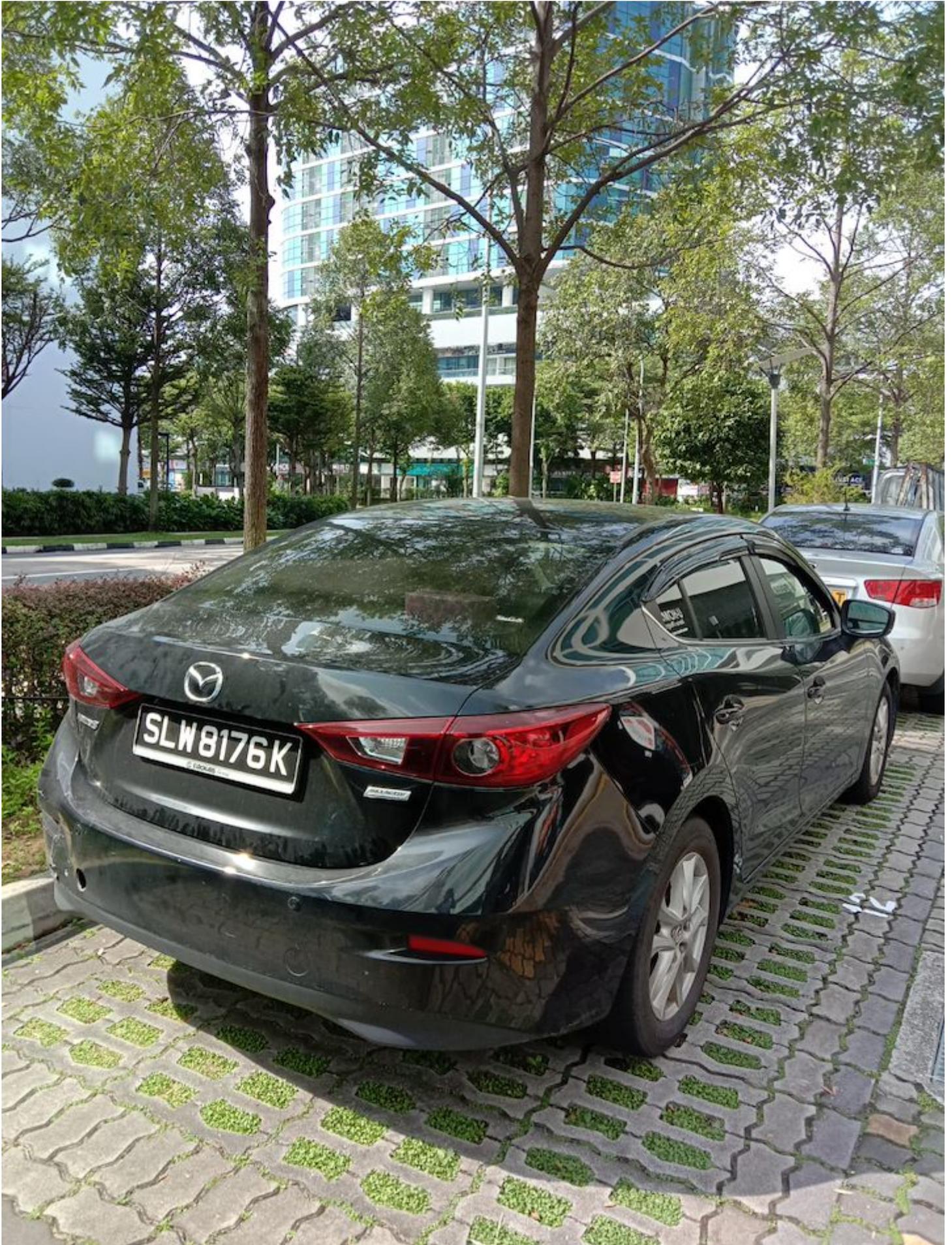
Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

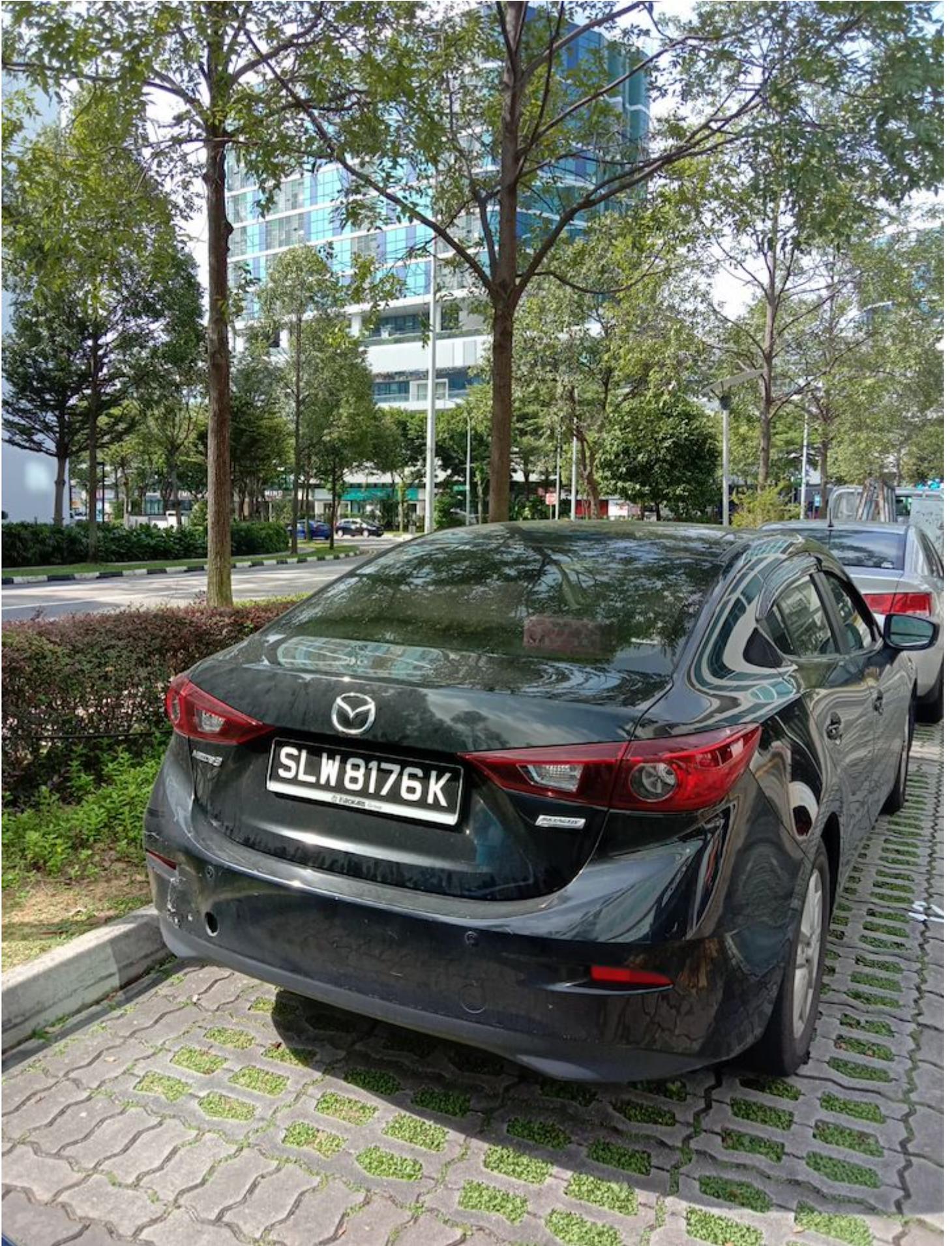
Witnessed by Reporting Centre Personnel





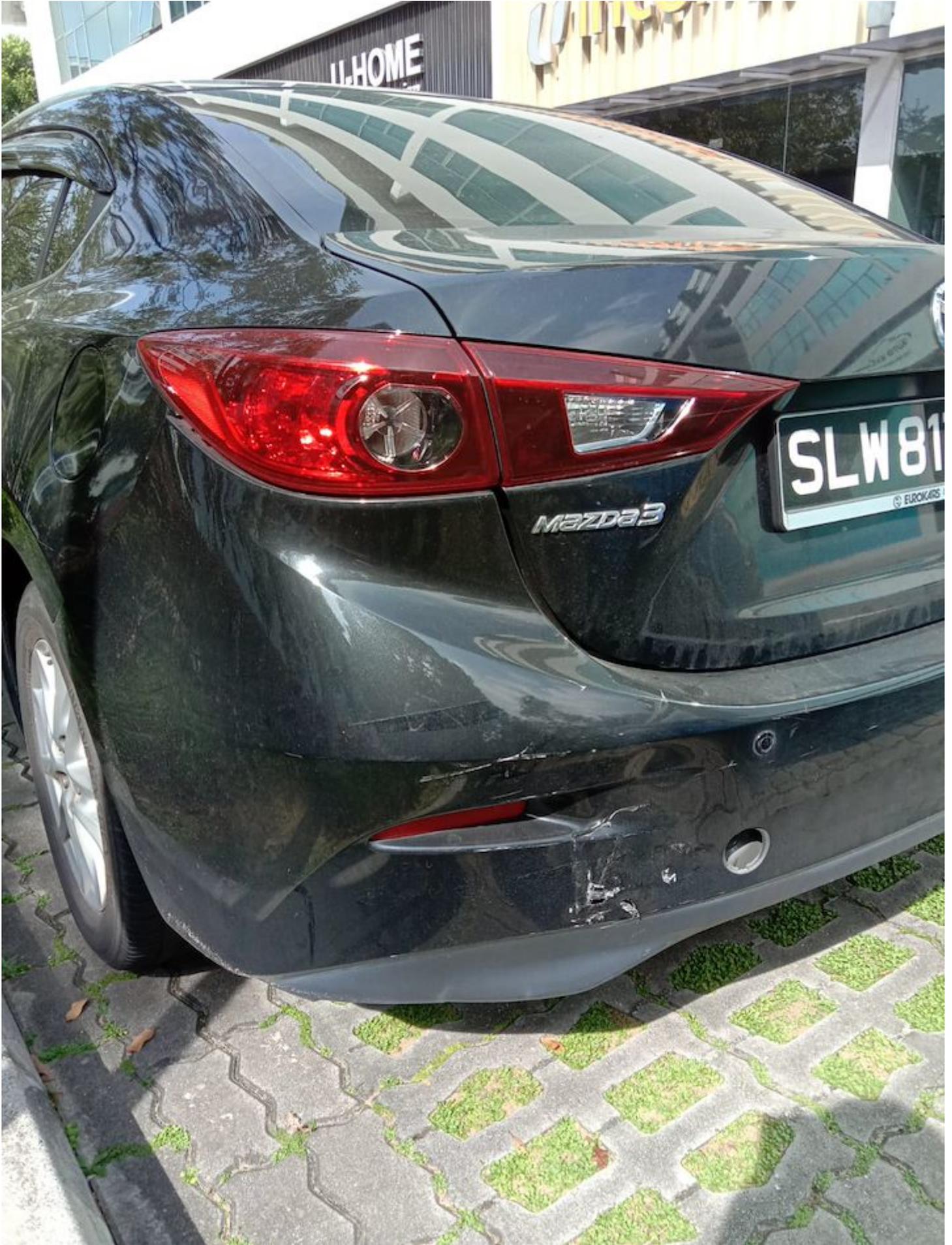













**SINGAPORE
POLICE FORCE**


T/20211224/2099

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 4

Report No. T/20211224/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2021 22:38		Vide Report No.:		Station Diary No.:	
				79	
Informant's Particulars					
Name of Informant: KER HUI ROO			Address: BLK 50 LORONG 28 GEYLANG #03-07 SINGAPORE 398453		
ID Type / ID No.: NRIC NO / S9088006C			Contact No.:		
			Home/Office:		Mobile: 98387495
Nationality: MALAYSIAN			Email: huiroo0830@gmail.com		
Sex: Female	Age: 31	Date of Birth: 30/08/1990	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/12/2021 17:15	Type of Location: Straight Road
Location: SIMS AVENUE				
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 Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH1289S	Car					0
SLW8176K	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW8176K	NTUC Income Insurance Co-Operative Limited	5117016533-01	03/04/2021	02/04/2022



**SINGAPORE
POLICE FORCE**



T/20211224/2099

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 4

Report No. T/20211224/2099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HAN SIEW FONG	ID No.	S2737190F
Related Vehicle	SJH1289S (Car)	Contact No.	97611848
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	KER HUI ROO	ID No.	S9088006C
Related Vehicle	SLW8176K (Car)	Contact No.	98387495
Hospital/Clinic	C3 FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	24/12/2021	Date Discharge	24/12/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 24/12/2021 at around 1715hrs, I was driving my vehicle, registration number: SLW8176K along Lorong 22 Geylang on the 2nd lane. After turning right from Lorong 22 Geylang, I drove on the 2nd lane on Sims Avenue. However, while I was driving on Sims Avenue, there was an e-bike which had cut across the lane in front of me. To avoid colliding with the e-bike, I pressed on my brakes.

Suddenly, there was a sudden impact coming from the rear side of my vehicle. I discovered that there was a vehicle, registration number: SJH1289S which had collided with the rear side of my vehicle. As I was in the middle of the road, I drove further and turned left into the open space carpark at Lorong 25A near Aljunied MRT. The other car then followed me into the carpark. The other driver then went outside and we exchanged particulars. The other driver then told me that she would have to go back to view the in-car camera footage and consult her husband in regards to the settlement of the accident. I told her that since I have her details it was okay as I was going to later lodge a report on the accident.

After returning back home, I was not feeling well and there was some neck pain. I went to seek medical attention at C3 Family Clinic. The doctor informed to have some rest and gave me pain killers as medication.

The damage to my vehicle is as follows:

- 1.) Alignment to my rear bumper is off
- 2.) Scratches and dents to my rear bumper



**SINGAPORE
POLICE FORCE**



T/20211224/2099

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

4 of 4
Report No. T/20211224/2099

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 G / Sr Staff Sgt MUHAMMAD HAZWAN BIN ADNAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/12/2021 22:38
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	

SIGNATURE



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20211224/2099

3 of 4

Report No. T/20211224/2099

CONTINUATION OF REPORT