

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	28/02/2022 18:30 (SGT)
Date of Accident	26/02/2022 14:15 (SGT)
Exact Location of Accident	Mandai Lake Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT3267T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG SHUH PENG
NRIC No	SXXXX938A
Email Address	keith_7772@yahoo.com.sg
Mobile Phone No	(Phone) +65-81125358
Alternative Phone No	(Home) +65-81125385

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121894874
Cover Note Number	-

DRIVER

Name of Driver	LUM SIOK YING
NRIC No	SXXXX489D

Date Of Birth	03/05/1975
Occupation	Outdoor
Date Of Driving Pass	27/03/2007
Driving experience	14 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81125385
Alt. Phone Number	-
Email Address	lindalum_75@live.com
Address	BLK 441A FERNVALE ROAD
Address complement	#23-307
Postcode	791441
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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	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 SKETCH PLAN AND 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	SHB5105T
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	LUM SIOK YING
Gender	Female
Phone No	(Phone) +65-81125385
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SMT3267T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

REPORTING INSTRUCTIONS

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 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 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.
 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 the 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 situated outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

Sketch Plan


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


Witnessed by Reporting Centre Personnel

Forward Mandat 2cc

→

A - SMT 3267T
B - SHF 5105T



←

Describe Circumstances of the Accident

Follow police report

Declaration

(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




Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220227/7008

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

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Report No. T/20220227/7008

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 / TP1B /
BOON YEN KIAN
Contact No.: 65476172

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

Date/Time:
27/02/2022 14:20

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20220227/7008

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

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Report No. T/20220227/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2022 14:20		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LUM SIOK YING			Address: 441A FERNVALE ROAD #23-307 SINGAPORE 791441		
ID Type / ID No.: NRIC NO / S7513489D			Contact No.: Home/Office: Mobile: 81125385		
Nationality: SINGAPORE CITIZEN			Email: LINDALUM_75@LIVE.COM		
Sex: Female	Age: 46	Date of Birth: 03/05/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Private hirer			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/02/2022 14:15	Type of Location: Straight Road
Location: MANDAI LAKE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		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	Conditio	No of
SHB5105T	Car					0
SMT3267T	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220227/7008

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

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Report No. T/20220227/7008

CONTINUATION OF REPORT

Driver			
Name	LUM SIOK YING	ID No.	S7513489D
Related Vehicle	SMT3267T (Car)	Contact No.	81125385
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	27/02/2022	Date	27/02/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the above mentioned date time and location I was traveling in my vehicle (a) as the vehicle in front slowed down and came to a completed stop hence I followed suit. Seconds later I felt a huge impact from the rear portion of my vehicle (a) causing damages to my vehicle (a) when I alighted I realised it was vehicle (b) that had caused this collision.

I felt unwell on my neck and lower back so I went to our family physician clinic to seek consultation and was given 5 days mc.

Vehicle (a) smt3267t

Vehicle (b) shb5105t