

# 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 ..... 18/03/2022 16:30 (SGT)  
Date of Accident ..... 14/03/2022 23:35 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNCTION OF BRAS BASAH ROAD AND BENCOOLEN STREET  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJL5344T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN CHEE HONG  
NRIC No ..... S2616410I  
Email Address ..... tchong4281@gmail.com  
Mobile Phone No ..... (Phone) +65-98535155  
Alternative Phone No ..... +65-98535155

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
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 ..... 1300

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5104975747-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ANG BANYEN HEIDI  
NRIC No ..... S9036173B

Date Of Birth .....	28/09/1990
Occupation .....	Indoor
Date Of Driving Pass .....	16/01/2013
Driving experience .....	9 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97993006
Alt. Phone Number .....	-
Email Address .....	malificenx@gmail.com
Address .....	BLK 271A SENGKANG CENTRAL #12-257
Address complement .....	-
Postcode .....	541271
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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 on collision
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? .....	Yes
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 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 .....	SHC3663G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Taxi

Name of Driver .....	UNKNOWN
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 .....	UNKNOWN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHC3663G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLANIMPORTANT 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)**

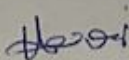
I understand, acknowledge, agree and consent that:

- (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.



Policyholder's Signature

Date & Time: 18/3/22 1605



Driver's Signature

(If driver is not the policyholder)

Date & Time: 18/3/22 1605

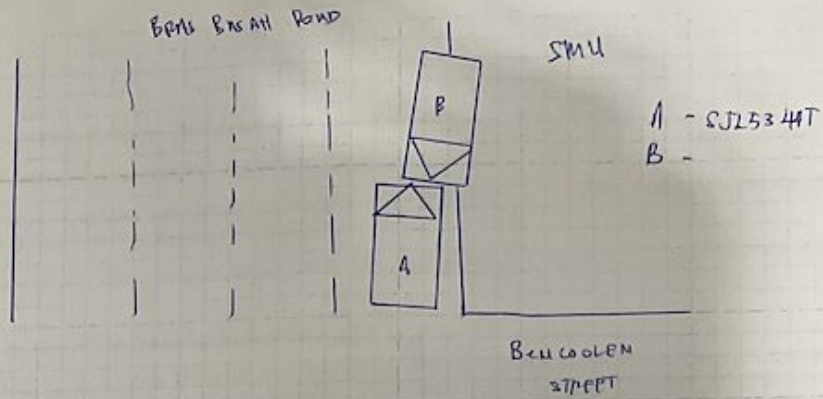


Reporting Centre Personnel's Signature

Name: HAZIA

NRIC/FIN No.: S991750

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PETER TO REPORT NUM 1/20220815/1043

DECLARATION

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

Policyholder's Signature

Date & Time: 18/3/20 1205

Driver's Signature

(If driver is not the policyholder)

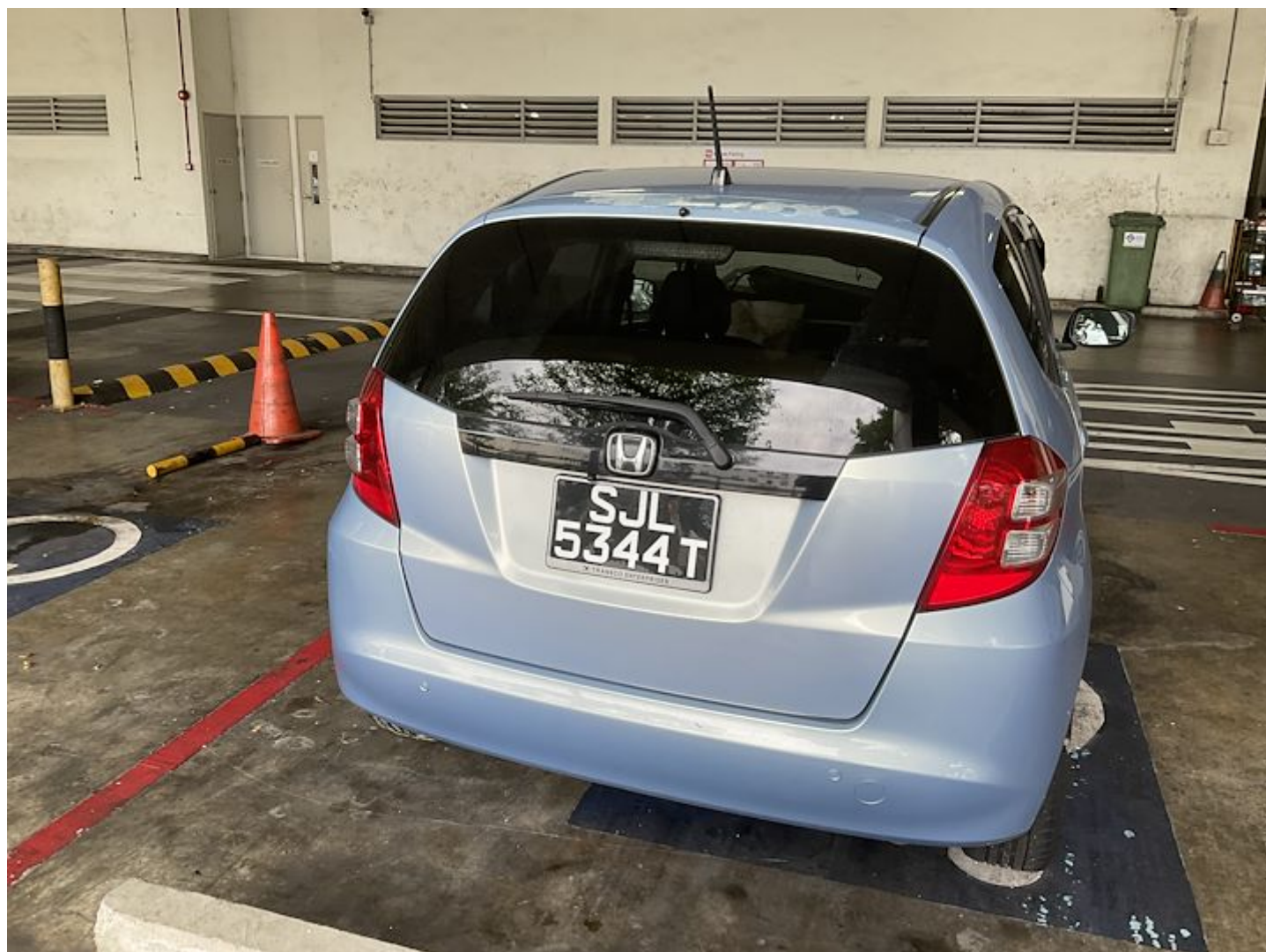
Date & Time: 18/3/20 1205

Reporting Centre Personnel's Signature

Name: HAN

NRIC/FIN No.: S991780

























**SINGAPORE  
POLICE FORCE**

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



T/20220315/7043

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Report No. T/20220315/7043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/03/2022 23:20	Vide Report No.: T/20220315/2004	Station Diary No.:
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**Informant's Particulars**

Name of Informant: ANG BANYEN HEIDI			Address: 271A SENGKANG CENTRAL #12-257 SINGAPORE 541271		
ID Type / ID No.: NRIC NO / S9036173B			Contact No.: Home/Office: Mobile: 97993006		
Nationality: SINGAPORE CITIZEN			Email: MALIFICENX@GMAIL.COM		
Sex: Female	Age: 31	Date of Birth: 28/09/1990	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:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/03/2022 23:35	Type of Location: X-Junction
Location:  BRAS BASAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJL5344T	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**

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



T/20220315/7043

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Report No. T/20220315/7043

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	ANG BANYEN HEIDI		ID No. S9036173B
Related Vehicle	SJL5344T (Car)		Contact No. 97993006
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 14/03/2022, at about 11.35 pm, i was driving motor car SJL53444T along Bencoolen St. towards Bras Basah Rd and Stamford Rd. As i drove across Bras Basah Road a blue taxi collided with my car, the sudden impact caused the deployment of air bags in my car and i was stunned and totally shocked.

Immediately, after the accident, the driver of the taxi dressed in a red shirt walked towards my and asked me whether if i am ok. While still in a state of shock, i told him that i am ok, some passerbys and the taxi driver then helped me out of the car.

Within minutes, Traffic Police and an ambulance arrived at the scene. The ambulance staff attended to me and i called my father. He told me to exchange particulars with the taxi driver, but i could not find the taxi driver. The Traffic police then asked me to take a breathalyzer test, because i was still in a state of shock, confused and nervous, i had difficulty in blowing into that device. The Traffic Police then brought to their headquarters at Ubi Ave for a comprehensive test, the result was negative.



**SINGAPORE  
POLICE FORCE**

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



T/20220315/7043

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Report No. T/20220315/7043

**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 / TPIB /  
QHAILIL BIN ZULKEFLEE  
Contact No.: 65476187

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

Date/Time:  
15/03/2022 23:20

Classification Of Case:

NP168





**SINGAPORE  
POLICE FORCE**

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



T/20220315/7043

3 of 3

Report No. T/20220315/7043

**CONTINUATION OF REPORT**Sketch Plan

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Not applicable

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The identity of the person making this report has  
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Date/Time:  
15/03/2022 23:20

Classification Of Case:

NP168



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN072231000P Vehicle Registration No: SJLS344T  
 Name (as shown in NRIC): ANG BANYEN HEIDI NRIC/FIN/Passport No: S9036173B  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 271H SENGKANG CENTRAL #12-251 Singapore (541271)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 97773006  
 Email Address: matificox@gmail.com  
 Date of Accident: 14/3/22 Time of Accident: 2335  
 Place of Accident: BRAS BASAH POND  
 Insurance Company: NTUC INCOME

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ADD IN TP VEHICLE NUM SHC3663G

Policyholder / Driver's Signature  
 Date: 17/3/22

Reporting Centre Personnel's Signature  
 Name: HAZIM  
 NRIC/FIN No.: S991720  
 Date: 18/3/22