

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	27/04/2022 17:25 (SGT)
Date of Accident	26/04/2022 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SOMERSET RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW6291L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MICHAEL STEVEN SU
NRIC No	S7504325B
Email Address	MSUGLOBAL@GMAIL.COM
Mobile Phone No	(Phone) +65-93282999
Alternative Phone No	(Office) +65-93282999

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Nx200t
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121714088
Cover Note Number	-

DRIVER

Name of Driver	MICHAEL STEVEN SU
NRIC No	S7504325B

Date Of Birth	15/02/1975
Occupation	Outdoor
Date Of Driving Pass	15/02/1996
Driving experience	26 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93282999
Alt. Phone Number	(Office) +65-93282999
Email Address	MSUGLOBAL@GMAIL.COM
Address	BLK 38 ST THOMAS WALK #10-02 S238118
Address complement	-
Postcode	-
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 - 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 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	River Valley Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002789999
Alt. Police Station Phone No	(Fax) +65-62786427
Police Station Address	Blk 4 Delta Avenue #01-02 Singapore 161004
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED 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	SBZ8163A
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

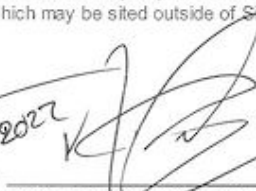
Name of injured person	MICHAEL STEVEN SU
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMW6291L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN

IMPORTANT NOTICE

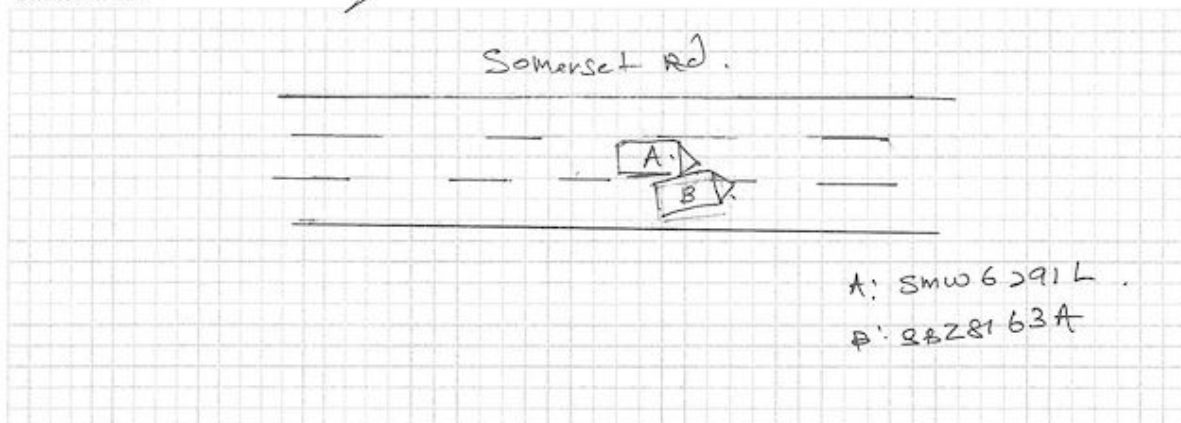
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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 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.

 27/4/2022
 Policyholder's Signature / Date & Time

 27/4/2022
 Driver's Signature (If driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Please refer to attached police report

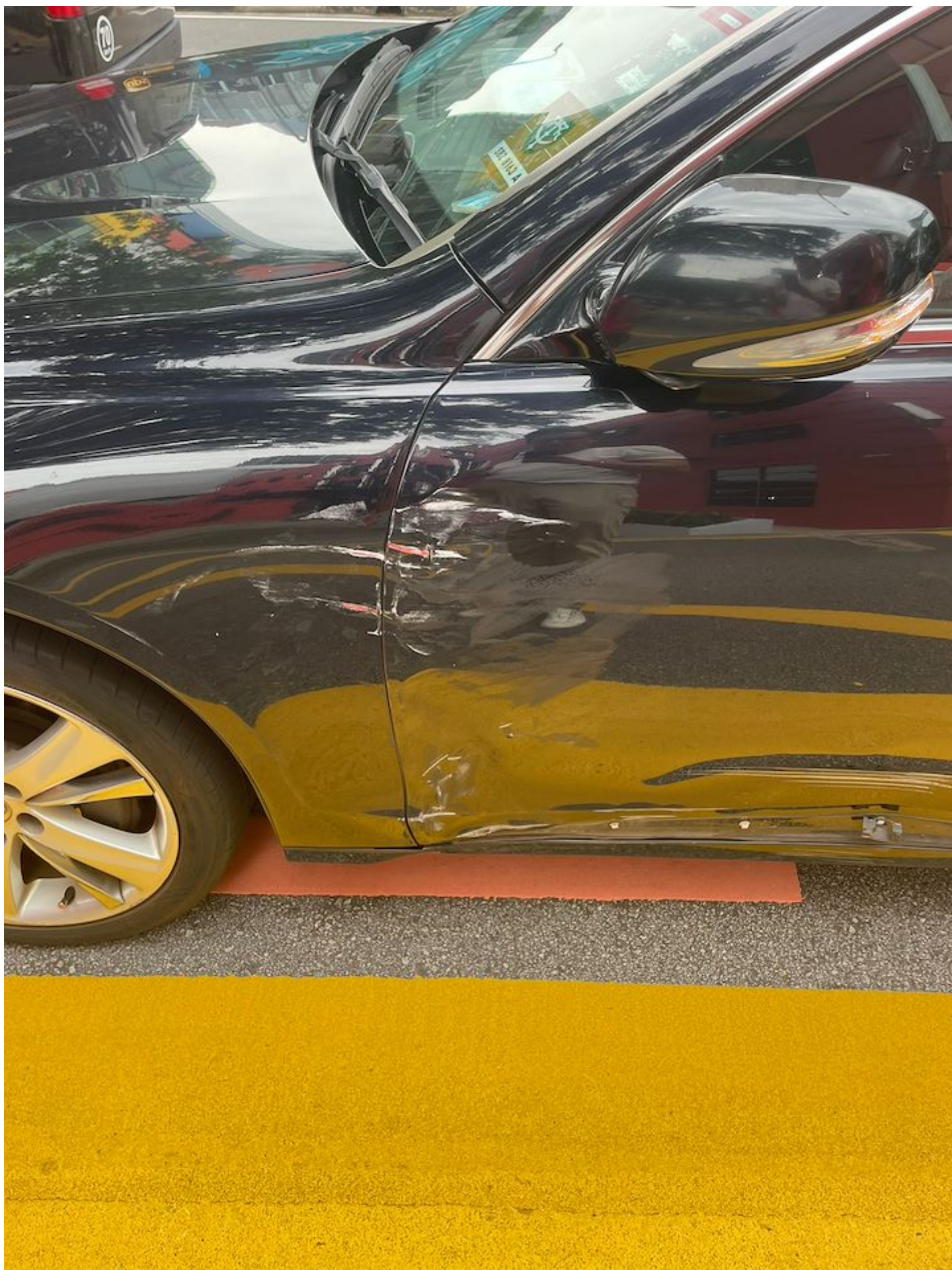
Declaration

We declare the foregoing particulars are true in every respect.

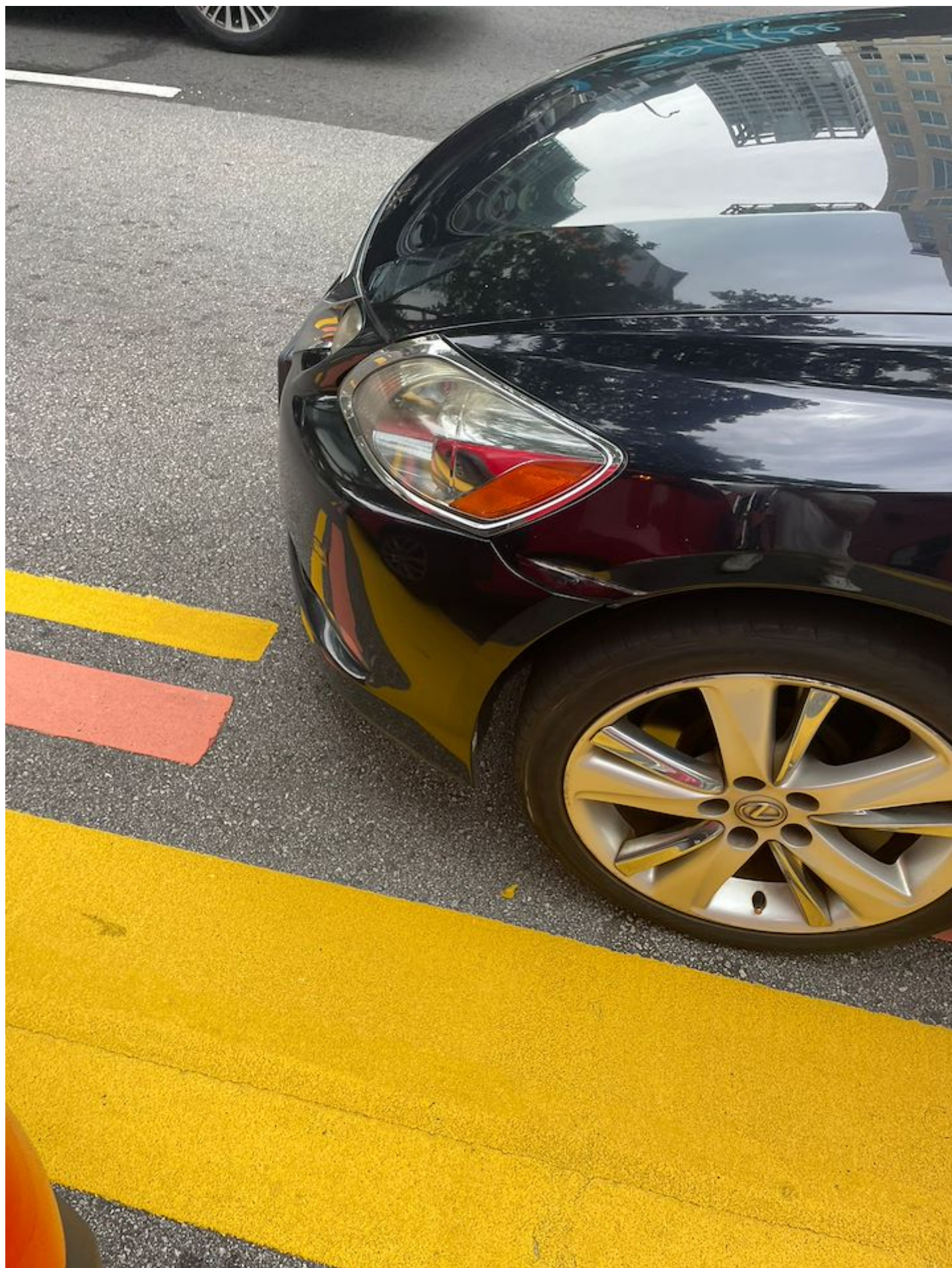

Policyholder's Signature / Date & Time

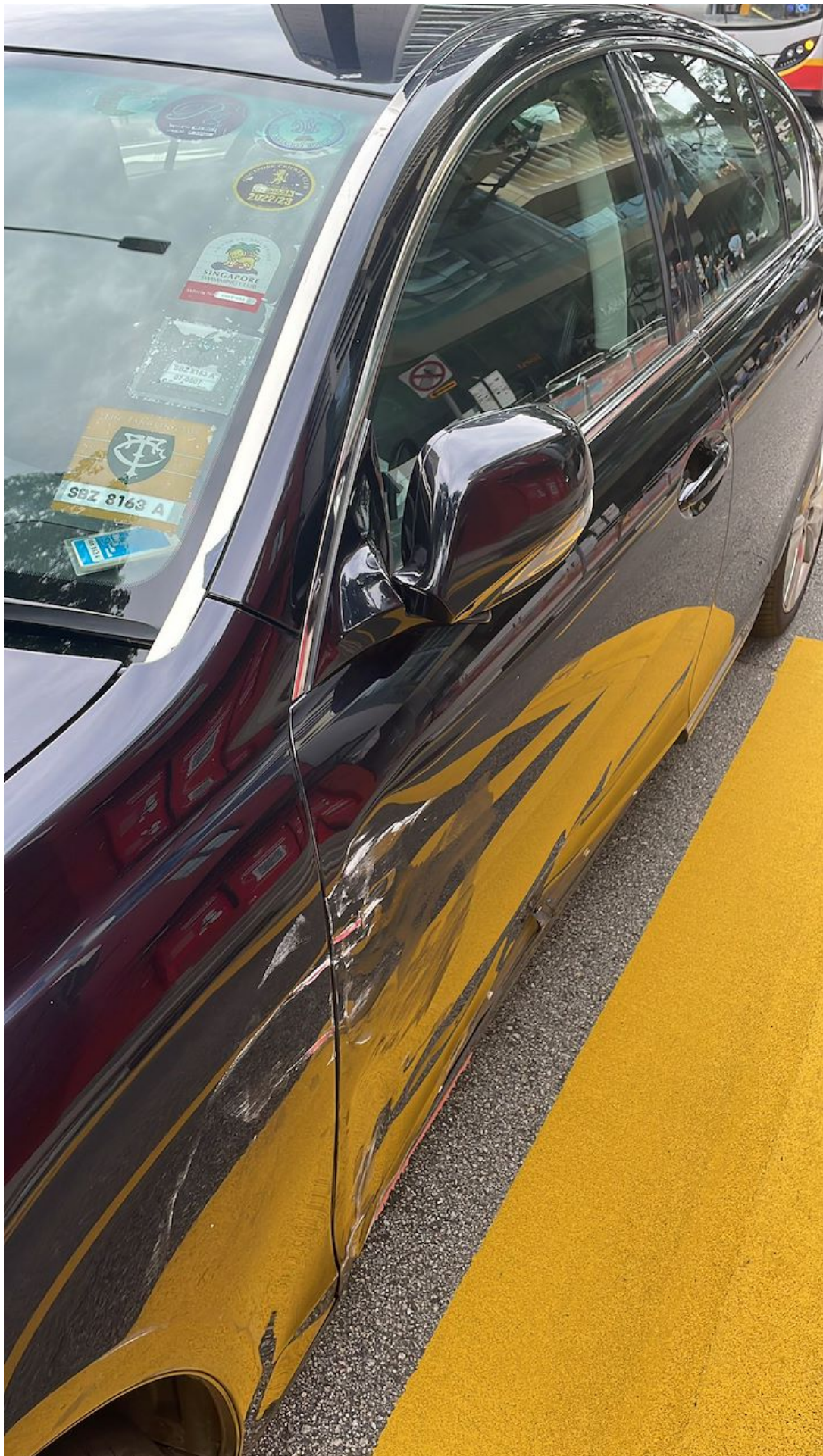
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by: Reporting Centre Personnel































SINGAPORE
POLICE FORCE



T/20220426/2122

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

1 of 3

Report No. T/20220426/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2022 22:11	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars

Name of Informant: MICHAEL STEVEN SU			Address: BLK 38 ST. THOMAS WALK #10-02 SINGAPORE 238118	
ID Type / ID No.: NRIC NO / S7504325B			Contact No.: Home/Office: Mobile: 93282999	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 47	Date of Birth: 15/02/1975	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: BUSINESSMAN			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/04/2022 13:00	Type of Location: Straight Road
Location: SOMERSET ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBZ8163A	Car				Slightly Damaged	0
SMW6291L	Car	TOYOTA	LEXUS NX200T CLASSIC	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMW6291L	NTUC Income Insurance Co-Operative Limited	5121714088	08/04/2021	27/06/2022



**SINGAPORE
POLICE FORCE**



T/20220426/2122

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20220426/2122

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MICHAEL STEVEN SU	ID No.	S7504325B
Related Vehicle	SMW6291L (Car)	Contact No.	93282999
Hospital/Clinic	YIM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/04/2022	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the above-mentioned date time and location. I was travelling along somerset rd, towards Orchard cineplex area, I was moving at a slow speed about 20km/h to 30km/h as there was heavy traffic.

Suddenly, I felt an impact coming from the right and I saw a vehicle had hit my vehicle (SMW 6291L) from the front right bumper area. The vehicle was SBZ 8163A. As there was heavy traffic, I just drove forward to the yellow box and met with the other driver near there

When the other driver got down, she acknowledged that she did not check her blind spot and filtered into my lane. We both checked on each other and at that point in time I was not feeling anything major. She also claimed that she was ok.

We exchanged our particulars and went on our ways after agreeing to let insurance settle this accident. My car suffered some damages on the front right bumper area of the car. The other vehicle suffered some damages ranging from the left body area to the left front bumper.

However, when I got home, I started feeling more pain towards the right side of my body ranging from my right shoulder till my right arm. I wish to state I no in car camera footage.

I have seen a doctor at YIM CLINIC and was given an MC of 4 days.

Other driver :
Ms Goh Le Hui - 98635713



**SINGAPORE
POLICE FORCE**



T/20220426/2122

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20220426/2122

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:

E /
Other KOH WEE SIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/04/2022 22:11

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

NP168