

## 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	14/05/2022 14:47 (SGT)
Date of Accident	14/05/2022 01:30 (SGT)
Exact Location of Accident	Sembawang Rd, Singapore
Additional Location Information	SEMBAWANG ROAD BEFORE YISHUN AVE 3.
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU9676M

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
NRIC No	<del>S7819898B</del> 01902
Email Address	SUPREMELEASINGSG@GMAIL.COM
Mobile Phone No	(Phone) +65-86836000
Alternative Phone No	+65-86836000

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5119535540-01-000014
Cover Note Number	-

#### DRIVER

Name of Driver	SEOW TZE CHIANG
NRIC No	S7819898B

Date Of Birth	04/07/1978
Occupation	Indoor
Date Of Driving Pass	23/04/2007
Driving experience	15 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-83211676
Alt. Phone Number	-
Email Address	SUPREMELEASINGSG@GMAIL.COM
Address	BLK 235 BUKIT BATOK EAST AVE 5 #05-23
Address complement	-
Postcode	650235
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	PATRICIA
Gender	Female

#### 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

ON 14/05/2022 AT ABOUT 0130HRS AT ALONG SEMBAWANG ROAD, BEFORE YISHUN AVE 3, I WAS TRAVELLING ON THE SECOND LANE AND CAME TO STATIONARY DUE TO RED LIGHT, I HEARD A LOUD BANG AND MY VEHICLE MOVED FORWARD. WHEN I ALIGHT, I REALISED IT WAS VEHICLE B WHO HIT ONTO THE REAR PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER ON BOARD MY VEHICLE, I WILL GO AND CONSULT DOCTOR AFTER THIS.

#### 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	SLQ2995J
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	SEOW TZE CHIANG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLU9676M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

## SKETCH PLAN


## IMPORTANT NOTICE

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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 this 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 their "Personal Information") and disclose and transfer such Personal Information to a insurer(s) who have insured vehicle(s) involved in this accident (a "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 purposes 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 third parties, 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) an insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/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, managing fraud;
  - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; and
  - (iii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
(Date & Time)

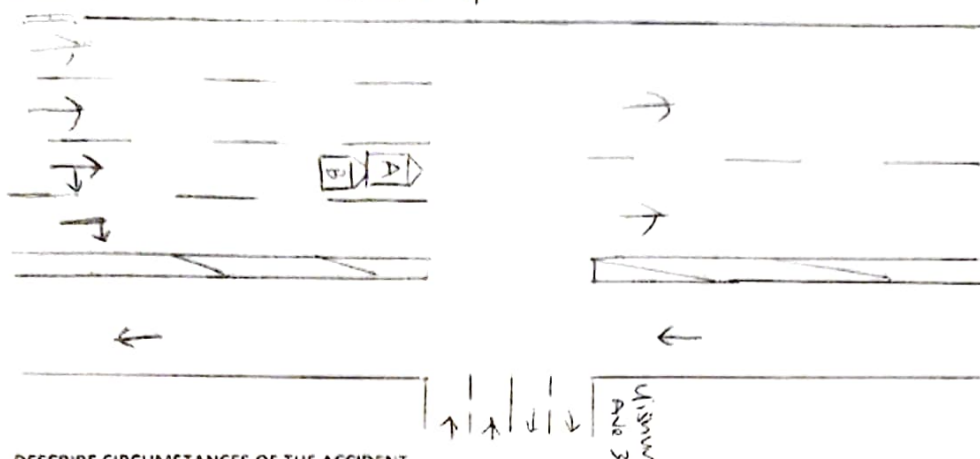
  
Driver's Signature  
(If driver is not the policyholder)  
(Date & Time)

  
Reporting Centre Personnel's Signature  
Name  
NRIC / ID No.

I hereby authorise S.M.L. Motor Pte Ltd to send my  
Accident report to my workshop via email / fax  
Signature 

## SKETCH PLAN

Sembawang Road



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/05/2022 at about 0130hrs at along Sembawang Road before Yishun Ave S. I was travelling on the second lane and came to stationary due to red light Suddenly, I heard a loud bang and my vehicle moved forward. When I alight, I realised it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damage to my vehicle. I have 1 passenger onboard my vehicle. I will go and consult a ~~the~~ doctor after this

(A) SLU9676M

(B) SL02995J

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

## DECLARATION

I/we declare that the foregoing particulars are true to the best of my/our respect.

Policyholder's Signature  
Date & Time

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

Reporting Centre Personnel's Signature  
Name  
Id No./P.N. No.





# SINGAPORE POLICE FORCE



T/20220517/7009

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

1 of 3

Report No: T/20220517/7009

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 17/05/2022 11:21	Video Report No.	Station Diary No.
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### Informant's Particulars

Name of Informant: SEOW TZE CHIANG			Address: 235 BUKIT BATOK EAST AVENUE 5 #05-23 SINGAPORE 650235		
ID Type / ID No. NRIC NO / S7819898B			Contact No.: Home Office: Mobile: 83211676		
Nationality: SINGAPORE CITIZEN			Email: JACK_SEOW@YAHOO.COM.SG		
Sex: Male	Age: 43	Date of Birth: 04/07/1978	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRER			Driving Licence Information: Class:	Date of Expiry	

### General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/05/2022 01:30	Type of Location: Straight Road
Location:  SEMBAWANG ROAD BEFORE YISHUN AVENUE 3				
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
SLQ2995J	Car					0
SLQ9676M	Car					1

### Details of Person Involved

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





SINGAPORE  
POLICE FORCE



T/20220517/7009

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

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Report No: T/20220517/7009

## CONTINUATION OF REPORT

Driver			
Name	SEOW TZE CHIANG	ID No.	S7819898B
Related Vehicle	SLU9676M (Car)	Contact No.	83211676
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/05/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

## Brief Details:

ON 14/05/2022 AT ABOUT 0130HRS AT ALONG SEMBAWANG ROAD BEFORE YISHUN AVENUE 3. I WAS TRAVELLING ON THE SECOND LANE AND CAME TO STATIONARY DUE TO RED LIGHT. SUDDENLY, I HEARD A LOUD BANG AND MY VEHICLE MOVED FORWARD. WHEN I ALIGHT, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER ONBOARD MY VEHICLE. I HAVE 3 DAYS MC FOR MY INJURY.

VEHICLE A: SLU9676M

VEHICLE B: SLQ2995J



**SINGAPORE  
POLICE FORCE**



T/20220517/7009

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

Report No: T/20220517/7009

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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:  
17/05/2022 11:21

Officer In Charge Of Case:  
TP / TP/IB /  
QHAIRIL BIN ZULKEFLEE  
Contact No.: 65476187

Classification Of Case:

NP166