



## 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	25/05/2022 15:49 (SGT)
Date of Accident	25/05/2022 09:40 (SGT)
Exact Location of Accident	Near 1002 Tai Seng Ave, Singapore 534409
Additional Location Information	Tai Seng Avenue / Tai Seng Link
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL5739B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tu Jing
NRIC No	SXXXX332C
Email Address	stujing@hotmail.com
Mobile Phone No	(Phone) +65-90091926
Alternative Phone No	+65-90091926

#### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	1400

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5095609710-04
Cover Note Number	-

#### DRIVER

Name of Driver	Tu Jing
NRIC No	SXXXX332C



Date Of Birth	29/09/1965
Occupation	Indoor
Date Of Driving Pass	23/10/2000
Driving experience	21 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90091926
Alt. Phone Number	+65-90091926
Email Address	stujing@hotmail.com
Address	14A Hougang Street 11
Address complement	#04-75
Postcode	534070
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 - Major/Minor Rd
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?	Yes

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Paya Lebar Neighbourhood Police Post
Police Station Address	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
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?	Yes
Reasons for not uploading a video of the accident	Own SD card with IO and witness given footage to IO
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNA1421R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Muhammad Fahmi Bin Johari

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	Muhammad Fahmi Bin Johari
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Unknown
Injured person in which vehicle?	SNA1421R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

#### WITNESS DETAILS

##### WITNESS 1

Name	Vehicle C - Gary
Phone	-
Email	-





## SKETCH PLAN


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### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

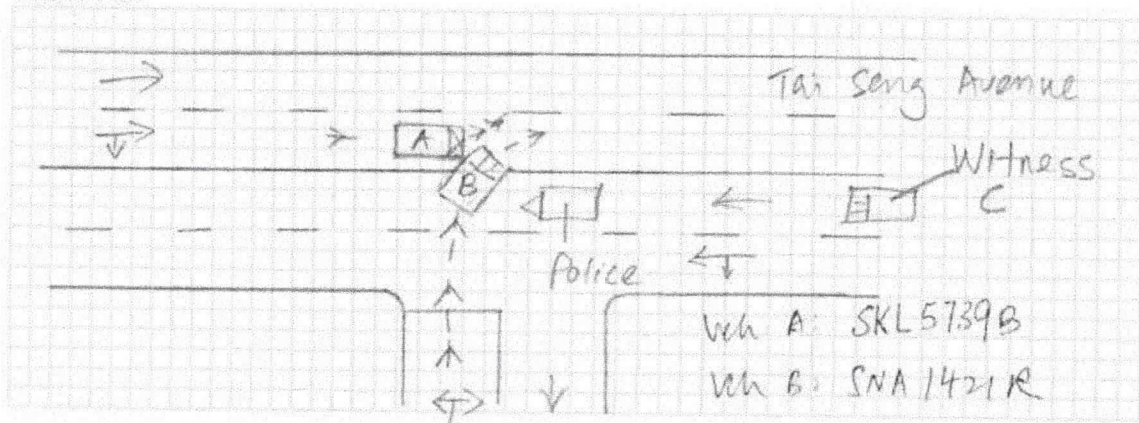
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 Policyholder's Signature / Date & Time  
 25/5/2020

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

  
 Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

*Refer to police report*

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]* *25/5/2020 2:20*  
 Policyholder's Signature / Date & Time

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

*[Signature]*  
 Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20220525/2023

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

1 of 4

Report No. T/20220525/2023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/05/2022 12:18	Vide Report No.: F/20220525/0059	Station Diary No.: 11
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**Informant's Particulars**

Name of Informant: TU JING	Address: 14A HOUGANG STREET 11 #04-75 SINGAPORE 534070		
ID Type / ID No.: NRIC NO / S2682332C	Contact No.: Home/Office: Mobile: 90091926		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 56	Date of Birth: 29/09/1965	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Technical Director	Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/05/2022 09:40	Type of Location:
Location:  TAI SENG AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SKL5739B	Car	AUDI	A3 SB 1.4 TFSI (AMBIENTE)	White	Slightly Damaged	0
SNA1421R	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKL5739B	NTUC Income Insurance Co-Operative Limited	5095609710-04	28/11/2021	27/11/2022



**SINGAPORE  
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T/20220525/2023

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Report No. T/20220525/2023

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TU JING	ID No.	S2682332C
Related Vehicle	SKL5739B (Car)	Contact No.	90091926
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MUHAMMAD FAHMI BIN JOHARI	ID No.	S8615016F
Related Vehicle	SNA1421R (Car)	Contact No.	NIL
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
<b>WITNESS</b>			
Name	GARY	ID No.	NIL
Related Vehicle	NIL	Contact No.	96238426
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

**Brief Details.**

On 25/05/2022 at 0940hrs, I was driving along Tai Seng Avenue in my vehicle, SKL 5739B and everything was normal. Soon after, I was approaching the T-junction where suddenly, another vehicle came out and collided onto me from the front. Soon after, police came and attended to the traffic accident.

I wish to state that I was not injured from the accident at the moment however, my vehicle suffered damages from the front right portion of the vehicle. In addition, the other driver was sent to the hospital. I am lodging this report for record and insurance purposes.





**SINGAPORE  
POLICE FORCE**



T/20220525/2023

Police Station Of Origin:  
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SINGAPORE 530114  
Tel No: 1800-2899999

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Report No. T/20220525/2023

**CONTINUATION OF REPORT**





**SINGAPORE  
POLICE FORCE**



T/20220525/2023

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Report No. T/20220525/2023

**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:

F /

Other ONG YU HAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Signature Of Informant:

Date/Time:

25/05/2022 12:18

Classification Of Case: