

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	13/06/2022 17:39 (SGT)
Date of Accident	11/06/2022 09:25 (SGT)
Exact Location of Accident	Serangoon North Ave 5, Singapore
Additional Location Information	SERANGOON NORTH AVENUE 5 SLIP ROAD TOWARDS YIO CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH7231U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEE HWEE BOON
NRIC No	SXXXX497D
Email Address	khoopeiyee24@gmail.com
Mobile Phone No	(Phone) +65-92996215
Alternative Phone No	(Home) +65-92996215

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119025012-01
Cover Note Number	-

DRIVER

Name of Driver	KHOO PEI YEE
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NRIC No	SXXXX655B
Date Of Birth	25/02/1993
Occupation	Indoor
Date Of Driving Pass	25/10/2018
Driving experience	3 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97946074
Alt. Phone Number	-
Email Address	khoopeiyee24@gmail.com
Address	BLK 101 SERANGOON NORTH AVENUE 1 #03-825 SINGAPORE 550101
Address complement	-
Postcode	550101
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	FATHER-IN-LAW
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	DICKSON TEE KWANG WENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon North Neighbourhood Police Post
Police Station Address	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	VIDEO WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM9749D
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	MSIG Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KHOO PEI YEE
Gender	Female
Phone No	(Phone) +65-97946074
Address	BLK 101 SERANGOON NORTH AVENUE 1 #03-825 SINGAPORE 550101
Address Complement	-
Post Code	550101
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLH7231U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	DICKSON TEE KWANG WENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLH7231U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On 11.06.2022 at about 09:25am. I was travelling along Serangoon North Avenue 5
Ship Road towards Yio Chu Kang Road. I was stationary to check incoming vehicles.
Suddenly, vehicle B hit my rear portion of my vehicle.

Declaration

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

Policyholder's Signature / Date &
Time

Pey Yee

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

N

Witnessed by Reporting Centre
Personnel





















**SINGAPORE
POLICE FORCE**



T/20220611/2052

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

1 of 4

Report No. T/20220611/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2022 14:31	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: KHOO PEI YEE	Address: APT BLK 101 SERANGOON NORTH AVENUE 1 #03-825 SINGAPORE 550101		
ID Type / ID No.: NRIC NO / S9370655B	Contact No.: Home/Office: Mobile: 97946074		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 29	Date of Birth: 25/02/1993	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: TEACHER	Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/06/2022 09:30	Type of Location: Bend
Location: YIO CHU KANG 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	Condition	No of Passenger
SLH7231U	Car	MITSUBISHI		Grey	Slightly Damaged	1
SLM9749D	Car	TOYOTA		Grey	Slightly Damaged	0

Details of Person Involved

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



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SINGAPORE 550108
Tel No: 1800-2849999

2 of 4

Report No. T/20220611/2052

CONTINUATION OF REPORT

Driver			
Name	KHOO PEI YEE		ID No. S9370655B
Related Vehicle	SLH7231U (Car)		Contact No. 97946074
Hospital/Clinic	THE FAMILY PHYSICIAN CLINIC		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	11/06/2022	Date Discharge	11/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Male Driver		ID No. NIL
Related Vehicle	SLM9749D (Car)		Contact No. 91729859
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 11/06/2022 at about 0930hrs, I recalled driving my vehicle bearing plate no: SLH7231U with my husband in it from First Centre vicinity for the direction of Buangkok Drive. When a traffic accident had took place along the bend of Serangoon North Ave 5 towards Yio Chu Kang Rd.

I recall slowing down my vehicle and in coming to a complete stop at the said bend/filter lane in making a check for oncoming traffic moving along Yio Chu Kang Rd. When a vehicle bearing plate no: SLM9749D collided into the back of my vehicle. We eventually came out of the car in making a check. From my knowledge, there were no government property damage at all. However, I did sustain some pain to my neck. The back of my vehicle's bumper and carplate was also slightly damaged and crack. Nevertheless, we did exchanged our particulars prior to driving off so as not to cause any unnecessary jam at the said area.

After the said incident, My husband had accompanied me to a nearby clinic at 'The Family Physician Clinic' in making a check, as I'm currently pregnant. I had since been given three days of MC for my neck injury.

I wish to state that my vehicle does have a incar camera and that I'm willing to provide it to TP if require for any police investigation.

I'm lodging this police report for my encounter.



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POLICE FORCE**



T/20220611/2052

Police Station Of Origin:
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108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

3 of 4

Report No. T/20220611/2052

CONTINUATION OF REPORT



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POLICE FORCE**



T/20220611/2052

Police Station Of Origin:
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108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

4 of 4

Report No. T/20220611/2052

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 LUM HOW MUN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Signature Of Informant:

Date/Time:

11/06/2022 14:31

Classification Of Case:

NP168

