

## 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 Actual 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 .....	04/08/2022 14:29 (SGT)
Reported by .....	Both
Date of Accident .....	03/08/2022 12:30 (SGT)
Exact Location of Accident .....	CTE, Singapore
Additional Location Information .....	CTE TOWARDS CITY (BRADDELL PIE CHANGI) EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKU6885H
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ALVIN HO KAI WAH
NRIC No .....	SXXXX265Z
Email Address .....	claims@miragemw.sg
Mobile Phone No .....	(Phone) +65-98298284
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	Q8
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 .....	0

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number .....	5121229002

#### DRIVER

Name of Driver .....	HELEN TAN HWEE MENG
NRIC No .....	SXXXX141J
Date Of Birth .....	20/08/1965
Occupation .....	Indoor

Date Of Driving Pass .....	08/09/1989
Driving experience .....	32 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98298284
Alt. Phone Number .....	-
Email Address .....	claims@miragemw.sg
Address .....	28 JALAN KETUMBIT
Address complement .....	-
Postcode .....	808881
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Side Swipe
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tanglin Division Headquarters
Police Station Phone No .....	(Phone) +65-18003910000
Alt. Police Station Phone No .....	(Fax) +65-63964900
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHMENT

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBC996L
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	CHAN SENG CHOON
NRIC No .....	SXXXX456G
Contact Number .....	(Phone) +65-88589707
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 .....	HELEN TAN HWEE MENG
Gender .....	Female
Phone No .....	(Phone) +65-98298284
Address .....	28 JALAN KETUMBIT
Address Complement .....	-
Post Code .....	808881
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKU6885H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

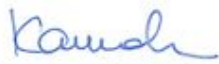
**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.



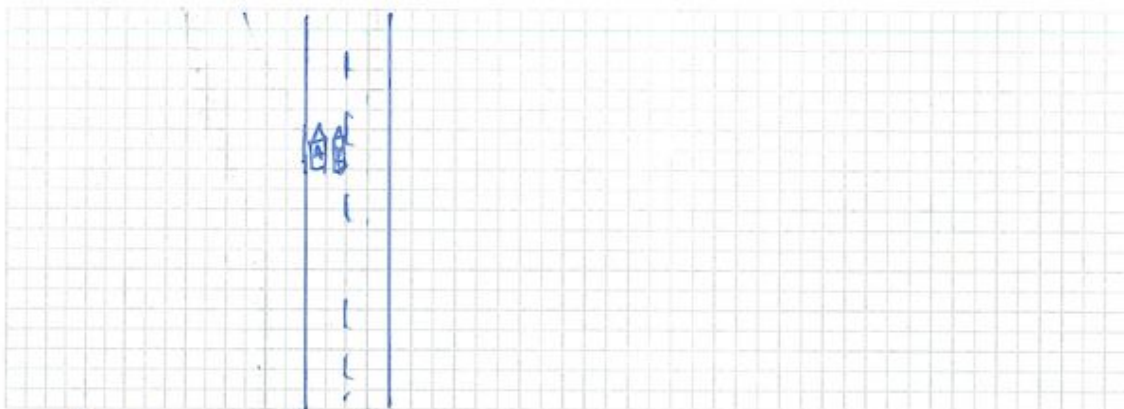
Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

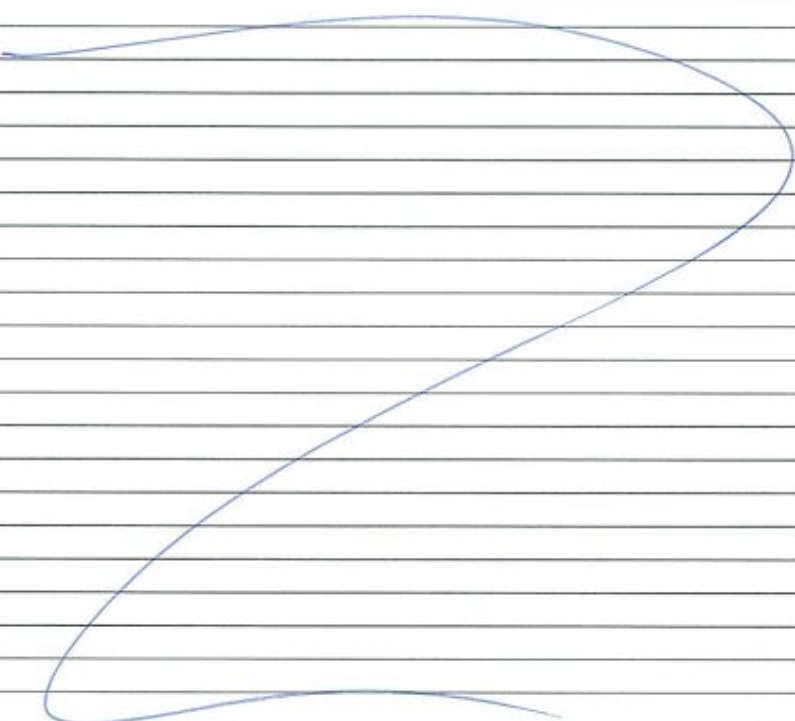
**Sketch Plan**

(A) SK V 6885 H

(B) GBC 996L

Describe Circumstances of the Accident

Refer to Police Report



Declaration

We declare the foregoing particulars are true in every respect.

*Canish*

Policyholder's Signature / Date & Time

*Muhammad*

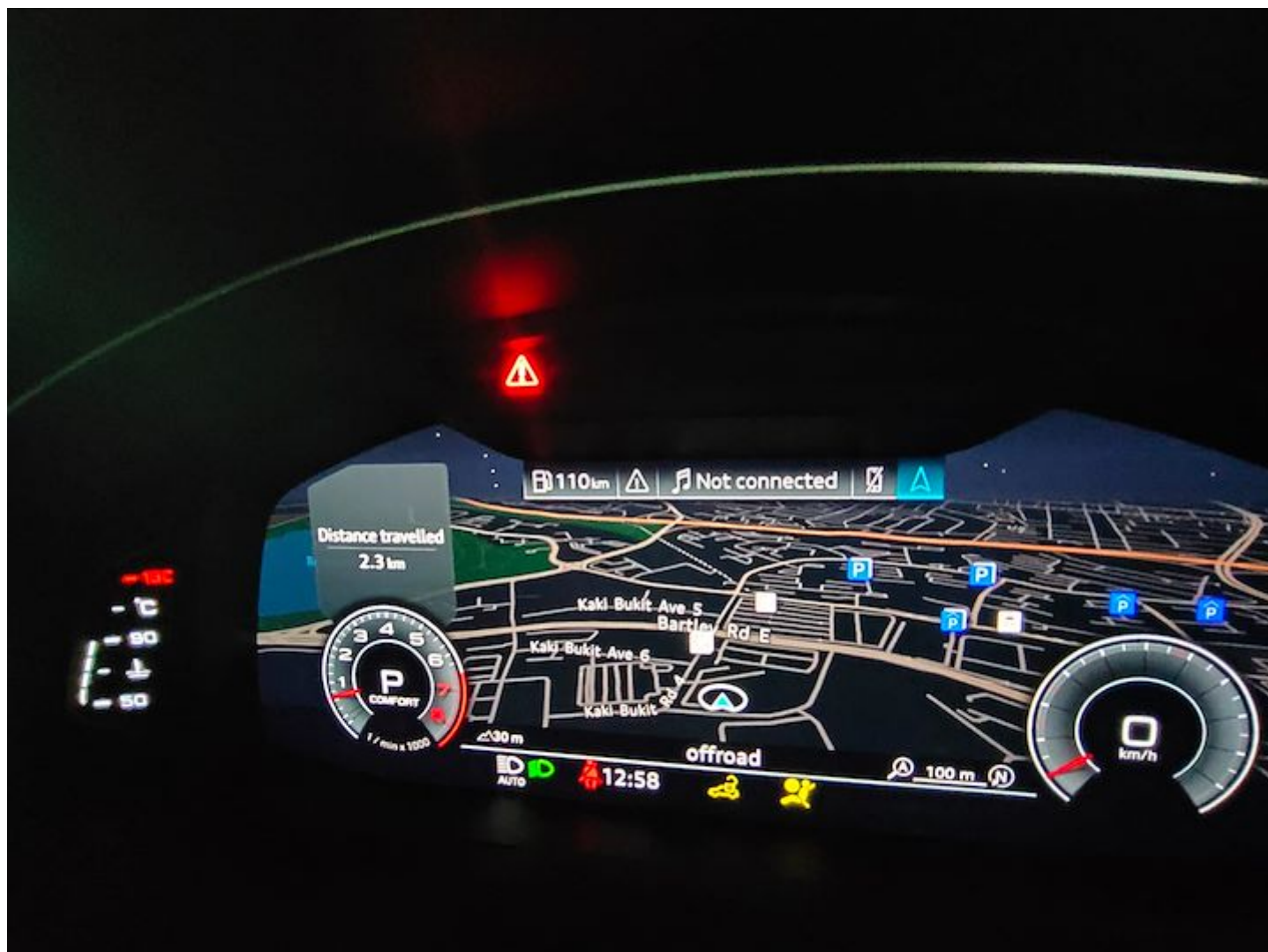
Driver's Signature (If driver is not the policyholder) / Date & Time

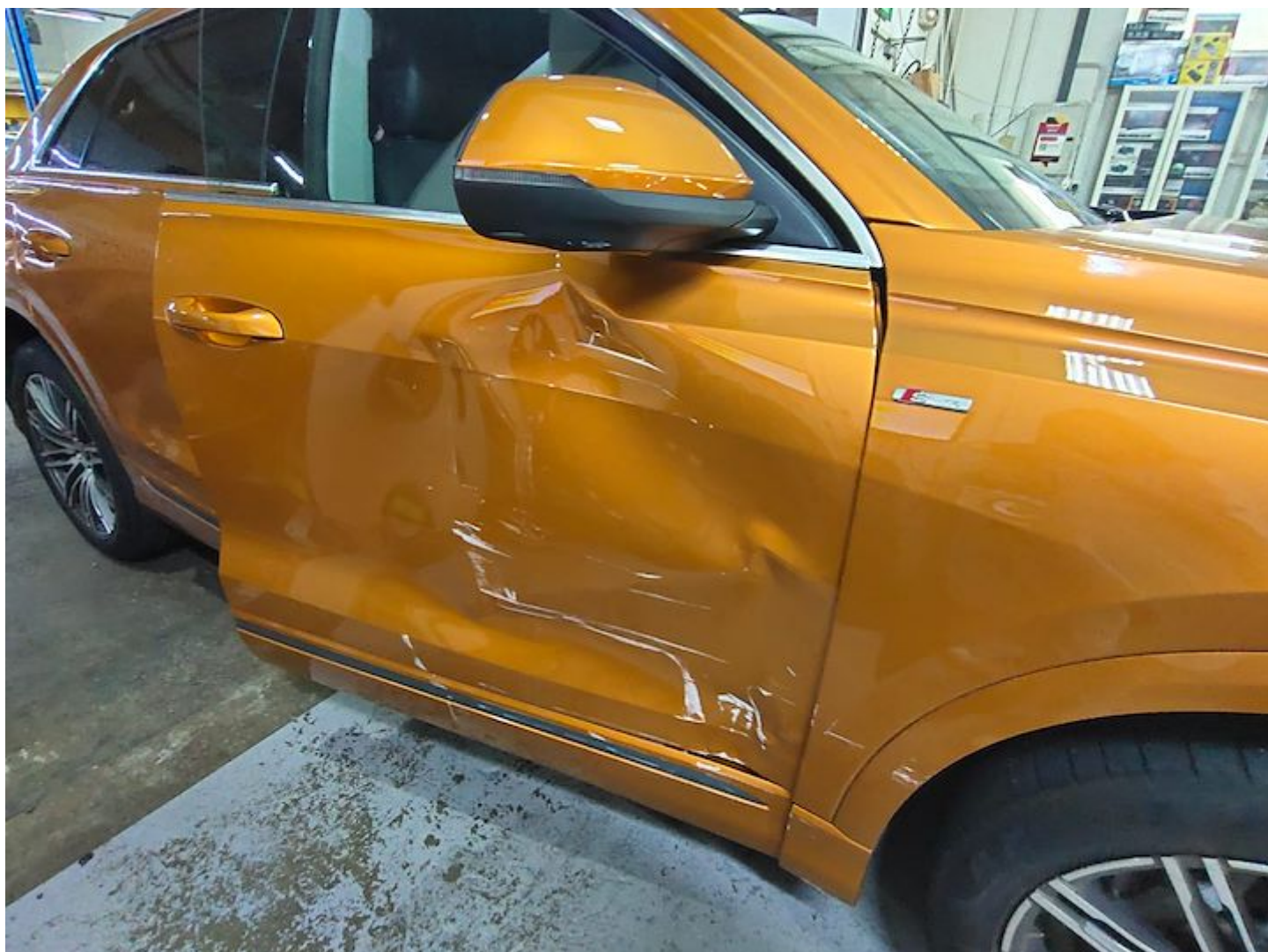
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Witnessed by Reporting Centre Personnel









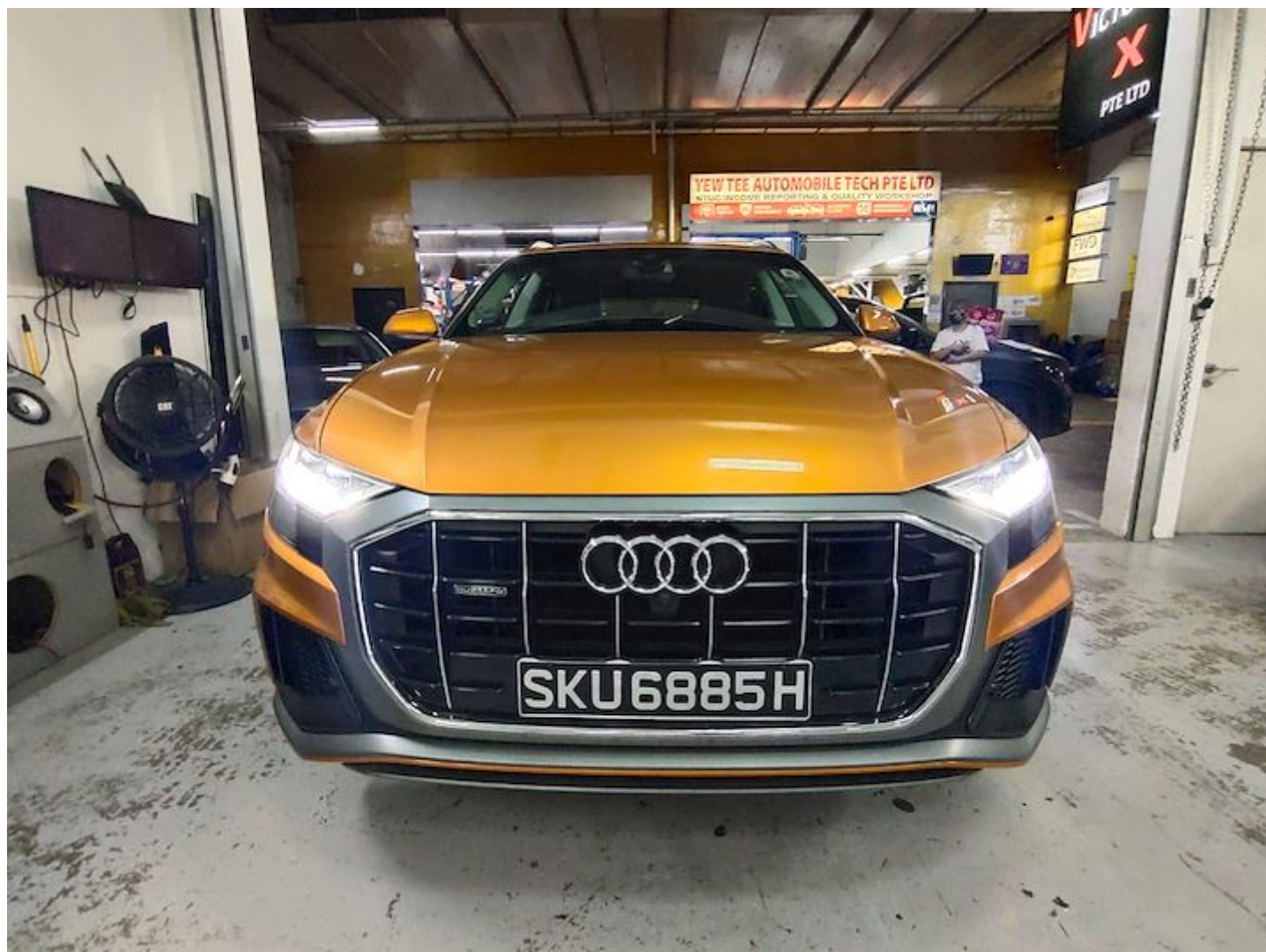












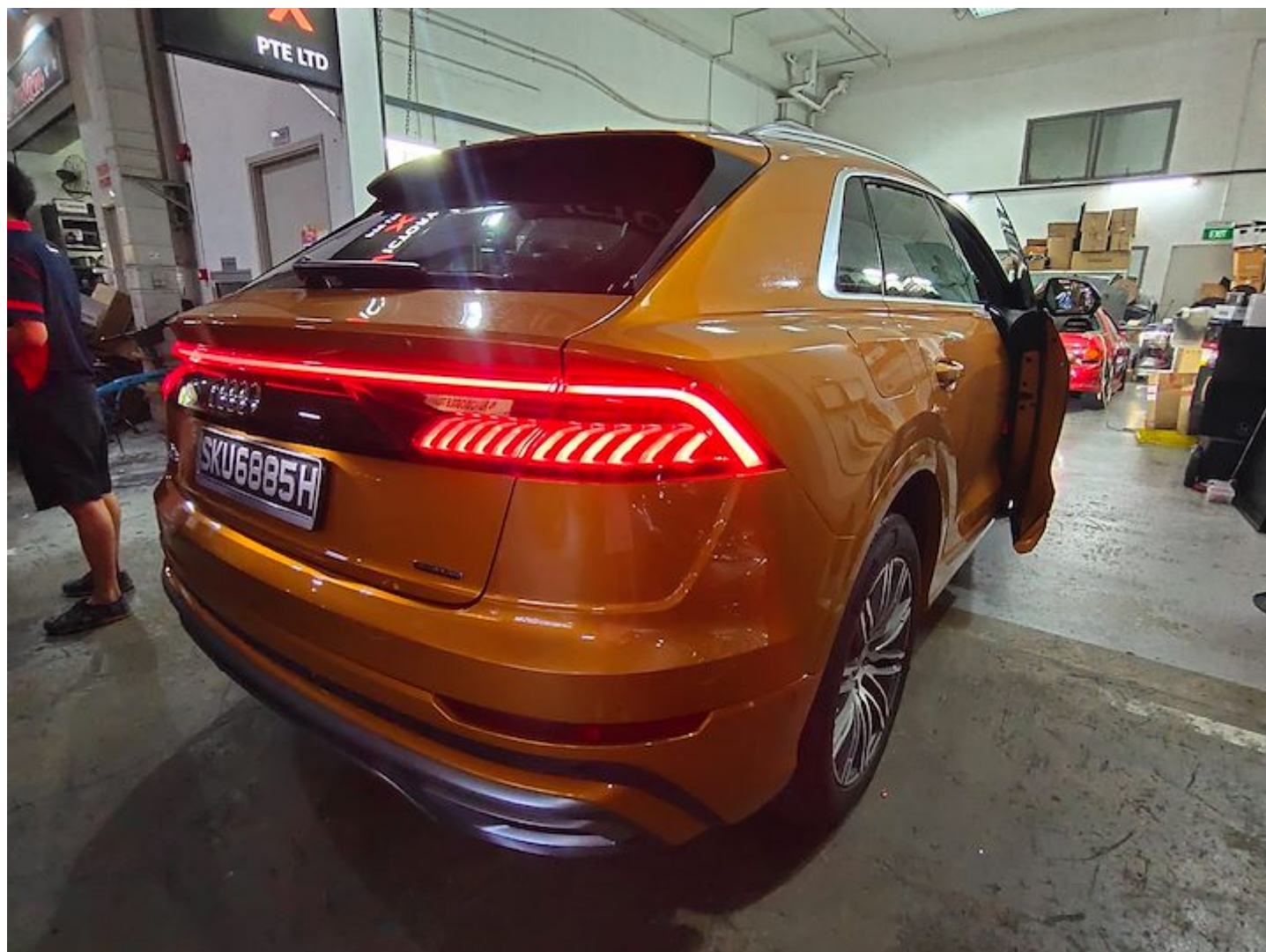
















**SINGAPORE  
POLICE FORCE**



E/20220804/7019

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**POLICE REPORT (NP299)**

Report No. E/20220804/7019

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Date/Time Report Made 04/08/2022 12:38	Vide Report No.	Station Diary No.
Name Of Informant HELEN TAN HWEE MENG	Address 28 JALAN KETUMBIT SINGAPORE 808881	
ID Type / ID No. NRIC NO / S1717141J	Contact No. Home/Office:	Mobile: 98298284
Nationality SINGAPORE CITIZEN	Email Address HELENTHM2008@GMAIL.COM	
Occupation Business consultant	Sex Female	Age 56
Institution/School Name	Date of Birth 20/08/1965	Race Chinese
Date/Time Of Incident 03/08/2022 12:40 - 03/08/2022 12:45	Location Of Incident CTE 11KM	

**Brief details.**

Driving along CTE leading towards Braddell/PIE road. Suddenly heard a loud bang and my whole body jerk vigorously toward the left side of my body. I turn and saw a white van (GBC996L ) beside me. I got out of my vehicle and saw the white van facing the opposite side of the road position. I was in shock and slight pain feeling a bit nausea but I immediately approach the white van driver (Name: Vincent: 88589707). He claim that a red car cut into his lane suddenly and in order to avoid collision with the red car, the try to stop his vehicle but it was out of control and his van spin and hit my vehicle (driver side). I took video and photos of the area and his vehicle and also a copy of his driving license. He told me to claim insurance as there's nothing he can do as he hit my car and was in the wrong. I went to the hospital

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: 04/08/2022 12:38
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



E/20220804/7019

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220804/7019

and was given 5 days of Medical Certificate as I was feeling unwell. (headache, neck and shoulder pain, waist pain and nausea). I am on 5 types of medicine at the moment. Was told to consult the doctor at the hospital again if I am still unwell by Friday as advised by doctor at Mount Alvernia hospital. I am writing this report as I understand under the law, I have to make this report once my MC is more than 3 days.

Subjects Involved			
Victim			
Person Name	HELEN TAN HWEE MENG		
ID Type	NRIC NO	ID No	S1717141J
Gender	Female	Age	56
Race	Chinese	Language	English
Occupation	Business consultant	Address	28 JALAN KETUMBIT SINGAPORE 808881
Mobile No	98298284	Is Informant A Victim?	Yes
Person Name	HELEN TAN HWEE MENG (Informant)		

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: 04/08/2022 12:38
Officer In-Charge Of Case:	Classification Of Case: