

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	01/09/2022 17:31 (SGT)
Reported by	Both
Date of Accident	31/08/2022 19:30 (SGT)
Exact Location of Accident	151 Boon Lay Way, Singapore 609959
Additional Location Information	151 BOON LAY WAY CHINESE GARDEN MR STATION (EW25)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2039B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEE EE CHEONG
NRIC No	SXXXX129A
Email Address	EILEENSEE1234@GMAIL.COM
Mobile Phone No	(Phone) +65-91720190
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	5125111896

DRIVER

Name of Driver	SEE EE CHEONG
NRIC No	SXXXX129A
Date Of Birth	09/12/1962
Occupation	Indoor

Date Of Driving Pass	17/10/2006
Driving experience	15 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91720190
Alt. Phone Number	-
Email Address	EILEENSEE1234@GMAIL.COM
Address	APT BLK 136A YUAN CHING ROAD #18-101
Address complement	-
Postcode	611138
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 - 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	SOH KIAT WAH
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB336S
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	SEE EE CHEONG
Gender	Female
Phone No	(Phone) +65-91720190
Address	APT BLK 136A YUAN CHING ROAD #18-101
Address Complement	-
Post Code	611138
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLK2039B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SOH KIAT WAH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLK2039B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident


Please refer to the Police Report D/20230901/7037

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

SKETCH PLAN**IMPORTANT NOTICE**

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6. The 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.
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")

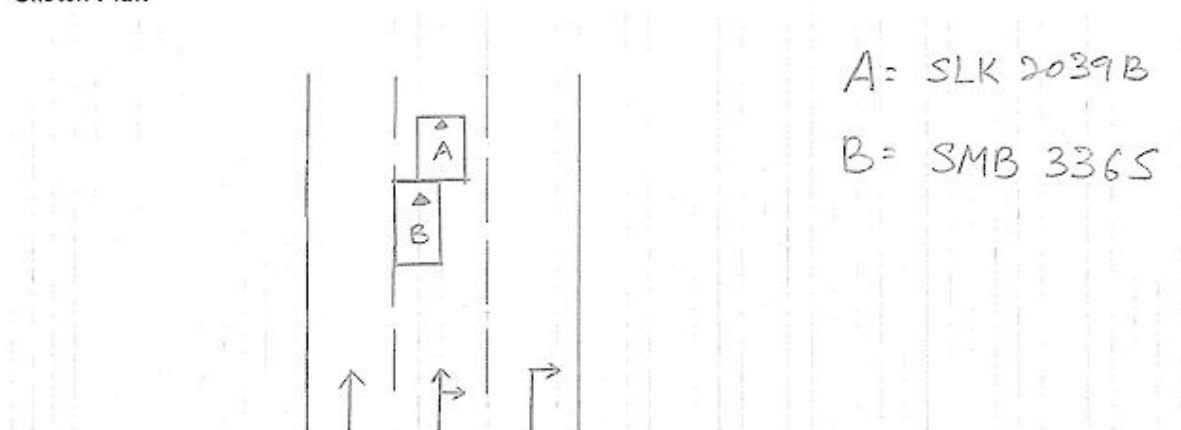
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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



**SINGAPORE
POLICE FORCE**



D/20220901/7037

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220901/7037

Alvernia Hospital where I was given a total of 05 days of MC from 01/09/2022 - 05/09/2022. No government property was damaged.

Subjects Involved			
Victim			
Person Name	SEE EE CHEONG		
ID Type	NRIC NO	ID No	S2640129A
Gender	Female	Age	59
Race	Chinese	Language	English
Occupation	Hair stylist/Hairdresser	Address	138A YUAN CHING ROAD #18-101 SINGAPORE 611138
Mobile No	91720190	Is Informant A Victim?	Yes
Person Name	SEE EE CHEONG (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: 01/09/2022 13:11
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20220901/7037

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POLICE REPORT (NP299)

Report No. D/20220901/7037

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 01/09/2022 13:11	Vide Report No.	Station Diary No.
Name Of Informant SEE EE CHEONG	Address 138A YUAN CHING ROAD #18-101 SINGAPORE 611138	
ID Type / ID No. NRIC NO / S2640129A	Contact No. Home/Office: Mobile: 91720190	
Nationality SINGAPORE CITIZEN	Email Address Eileensee1234@gmail.com	
Occupation Hair stylist/Hairdresser	Sex Female	Age 59
Institution/School Name	Date of Birth 09/12/1962	Race Chinese
Date/Time Of Incident 31/08/2022 19:30 - 31/08/2022 19:45	Location Of Incident 151 BOON LAY WAY CHINESE GARDEN MRT STATION (EW25) SINGAPORE 609959	

Brief details.

On the above mentioned date and time and along Boon Lay way, I was driving my vehicle bearing vehicle number SLK2039B. I came to a stop as the traffic light turned red. Shortly, I felt an impact at the rear area of my vehicle. I then realised that I was involved in an accident. The other vehicle was a SBS bus bearing vehicle number SMB336S. We got off our vehicles and exchanged particulars. My rear bumper was badly dented and scratched. I do have an in car camera during the time of accident and it was recording. After the accident, I felt pain in my shoulder, neck and back and hence seek medical treatment at Mount

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: 01/09/2022 13:11
Officer In-Charge Of Case:	Classification Of Case: