

# 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 .....	02/11/2022 15:12 (SGT)
Reported by .....	Driver
Date of Accident .....	01/11/2022 07:00 (SGT)
Exact Location of Accident .....	Sengkang E Ave, Singapore
Additional Location Information .....	TOWARDS SENGKANG WEST AVENUE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLH4031A
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NGO WEE CHEE
NRIC No .....	SXXXX340G
Email Address .....	winphua@gmail.com
Mobile Phone No .....	(Phone) +65-94577249
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
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 .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D22MTPV01017663

### DRIVER

Name of Driver .....	PHUA PECK MEI, WINNIE(PAN BIMEI)
NRIC No .....	SXXXX121F
Date Of Birth .....	01/11/1978
Occupation .....	Indoor

Date Of Driving Pass .....	03/09/1997
Driving experience .....	25 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98759588
Alt. Phone Number .....	-
Email Address .....	winphua@gmail.com
Address .....	BLK 17 FERNVALE CLOSE #06-30
Address complement .....	-
Postcode .....	797478
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 .....	Collision - Head to Rear
Weather Conditions .....	DRIZZLING
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 .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT F/20221101/7046

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJT5272A
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	FENNI ANG
Contact Number .....	(Phone) +65-97252578
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	PHUA PECK MEI, WINNIE(PAN BIMEI)
Gender .....	Female
Phone No .....	(Phone) +65-98759588
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLH4031A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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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

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

SALEKONG EAST AVENUE TOWARDS SALEKONG WEST AVENUE

A) SUK 4031A	▲	
B) STJ 5212A	▲	

vJun2022

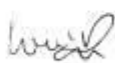


1

Describe Circumstance of the Accident

REFER TO POLICE REPORT F/2022/1161/7046

Declaration

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

 Policyholder's Signature / Date & Time	 1/11/22 14:36 Actual Driver's Signature (if driver is not the policyholder) / Date & Time	 01/11/2022 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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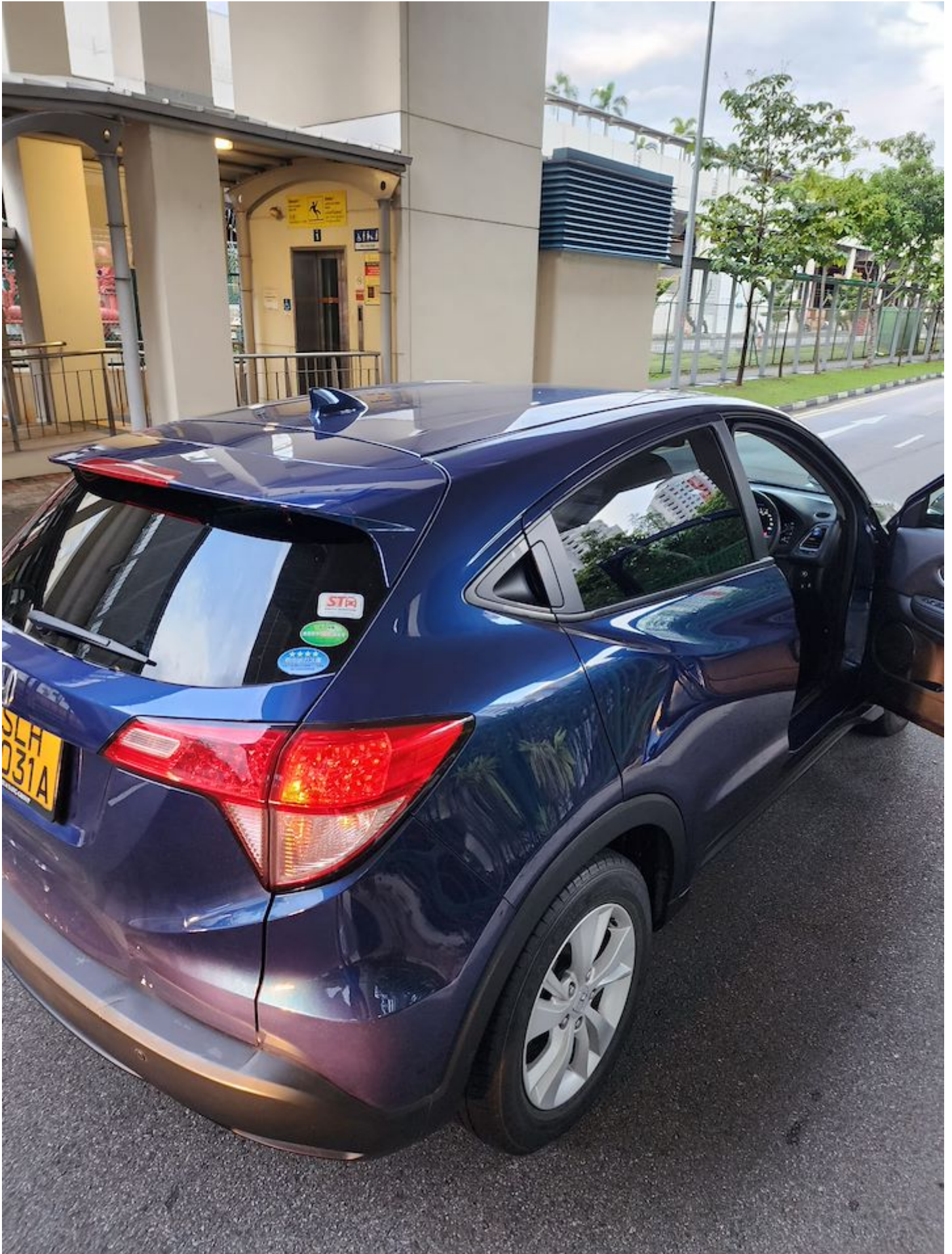














**SINGAPORE  
POLICE FORCE**



F/20221101/7046

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**POLICE REPORT (NP299)**

Report No. F/20221101/7046

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-2180000

Date/Time Report Made 01/11/2022 14:20	Vide Report No.	Station Diary No.
Name Of Informant PHUA PECK MEI, WINNIE	Address 17 FERNVALE CLOSE #06-30 SINGAPORE 797478	
ID Type / ID No. NRIC NO / S7833121F	Contact No. Home/Office:	Mobile: 98759588
Nationality SINGAPORE CITIZEN	Email Address WINPHUA@GMAIL.COM	
Occupation Secretary	Sex Female	Age 44
Institution/School Name	Date of Birth 01/11/1978	Race Chinese
	Language English	
Date/Time Of Incident 01/11/2022 07:00 - 01/11/2022 07:10	Location Of Incident 91 SENGKANG EAST AVENUE SINGAPORE 545072	

**Brief details.**

I was driving alone in my car Honda vezel SLH 4031A after sending my kids to school and was on my way home at around 7am. My vehicle was stationery at the traffic light T junction at Sengkang East Ave. When the light turned green, I started to move when suddenly, I heard a loud bang and i jerked forward. I realised that the car behind me SJT5272A had knocked into the back of my car I was shocked and felt tingling sensations along my neck and spine and then suddenly my car door opened and a chinese looking lady in malay ethnic dressing who I believe was the driver of SJT5272A started asking if I was alright. She had two young children in her vehicle. Then we started taking photos of the damages done to our vehicle. The boot of my vehicle was damaged. Her front part has a slight crack. We then exchange

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: 01/11/2022 14:20
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20221101/7046

contact details. Her name is Fenni Ang her hp is 97252578.

I was still in shocked and drove back slowly home as my home was around the corner. I started feeling pain at my back and felt sleepy so I took a nap and when I woke up e pain worsen therefore I went to the hospital for a check up. I did an Xray and was given pain medications. I was also given a number for the OTO to make an appointment if the pain worsen.

I'm making this report for insurance claims purposes.

Subjects Involved			
Victim			
Person Name	PHUA PECK MEI, WINNIE		
ID Type	NRIC NO	ID No	S7833121F
Gender	Female	Age	44
Race	Chinese	Language	English
Occupation	Secretary	Address	17 FERNVALE CLOSE #06-30 SINGAPORE 797478
Mobile No	98759588	Is Informant A Victim?	Yes
Person Name	PHUA PECK MEI, WINNIE (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: 01/11/2022 14:20
Officer In-Charge Of Case:	Classification Of Case: