

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 First Submission	26/09/2024 14:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/09/2024 17:14 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ECP SLIP ROAD TO FORT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS3453Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ARABADJIEVA ELENA GUEORGUIEVA
NRIC No	S7283295G
Email Address	ELENAANDLEO@GMAIL.COM
Mobile Phone No	(Phone) +65-93390690
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	2400
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5107583858-05

DRIVER

Name of Driver	ARABADJIEVA ELENA GUEORGUIEVA
NRIC No	S7283295G
Date Of Birth	21/06/1972
Occupation	Indoor
Driving Pass Date	18/09/2012
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-93390690
Alt. Phone Number	-
Email Address	ELENAANDLEO@GMAIL.COM
Address	61 MAYER ROAD
Address complement	#23-04
Postcode	437885
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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	ADVICE OI TO SENT TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNR3639C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JUDITH
Contact Number	(Phone) +65-91780310
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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' 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.

 26/09/2024
1323HRS

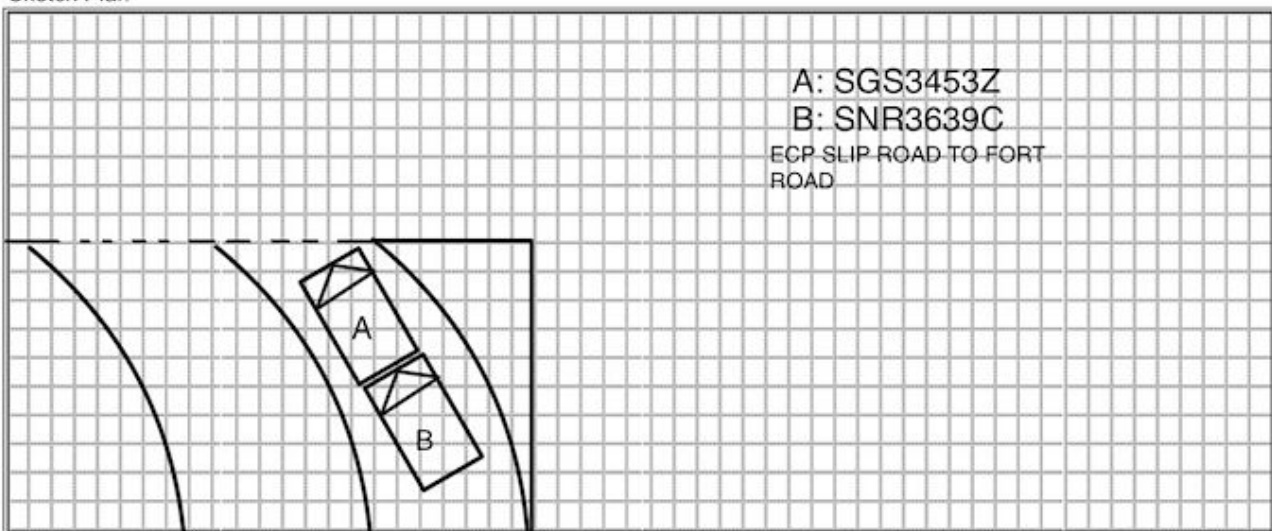
Policyholder's Signature / Date & Time

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


NUR ASYRAF BIN ZAINAL
S997042

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

Sketch Plan



Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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



26/09/2024
1323HRS

Policyholder's Signature / Date & Time

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



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

NUR ASYRAF BIN ZAINAL
S997042



SINGAPORE POLICE FORCE



T/20240921/7037

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20240921/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2024 14:45	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: Elena Arabadjieva			Address: 61 MEYER ROAD #23-04 SINGAPORE 437885		
ID Type / ID No.: NRIC NO / S7283295G			Contact No.: Home/Office: Mobile: 93390690		
Nationality: BULGARIAN			Email: arabadjieva@yahoo.com		
Sex: Female	Age: 52	Date of Birth: 21/06/1972	Type of Informant: Vehicle Owner		
Race: Caucasian			Language: English		
Occupation: Chief operating officer/General Manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/09/2024 17:15	Type of Location: Slip road from ECP into Fort Road
Location: TANJONG RHU ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Stationary vehicle (hit from behind)				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGS3453Z	Motor car	TOYOTA	ESTIMA	Red	Slightly Damaged	1
SNR3639C	Motor car	BMW		White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SGS3453Z	NTUC Income Insurance Co-Operative Limited	5107583858-05	11/03/2024	10/03/2025



**SINGAPORE
POLICE FORCE**



T/20240921/7037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20240921/7037

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JUDITH	ID No.	NIL
Related Vehicle	NIL	Contact No.	91780310
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 (MC)	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	ELENA ARABADJIEVA	ID No.	S7283295G
Related Vehicle	NIL	Contact No.	93390690
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

I was waiting at the end of the slip road exiting from ECP into Fort Road. Time was 17.13 pm on 12 September 2024.

My car (SGS 3453Z) was stationary while I waited for the Fort Road traffic to clear pass so I can filter into it. The female driver of vehicle SNR 3639C (directly behind my car) then accelerated and hit the rear of my vehicle. We both got off the vehicles to inspect damage. It was clear the vehicle from behind was at fault. Since no one seemed to be injured, we did not call the police. She asked that I contact her to confirm rough cost of damage so she can decide if she would like to claim from her insurance.

I called my insurance company Income and they confirmed that they can't send a surveyor since it was past 6 pm. I had a business trip coming with a flight departing on 13 September at 1.45 am in the morning. Since I was the vehicle owner, they confirmed that I had to be present to file the claim and advised that I do so post my return. The insurance company (Liberty) of the other vehicle (SNR 3639C) then asked on 20 September that I also file a traffic accident report which I am now doing from overseas. I am back in Singapore on the 26th September and will then also report the accident to my insurance company Income.



**SINGAPORE
POLICE FORCE**



T/20240921/7037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20240921/7037

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
21/09/2024 14:45

Classification Of Case: