

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	13/09/2024 13:16 (SGT)
Reported by	Actual Driver
Date of Accident	02/09/2024 22:00 (SGT)
Exact Location of Accident	184 Jln Toa Payoh, Singapore 319944
Additional Location Information	PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2528Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE LTD
Company Reg No	2XXXXX970Z
Email Address	kyclaimsg@outlook.sg
Mobile Phone No	(Phone) +65-91178794
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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
Vehicle Fuel	Petrol
First Registration Date	06/05/2016
Chassis no	RU11112319
Effective Date/Time of Ownership	06/05/2016 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00004662400

DRIVER

Name of Driver	KAMISAH BINTI OMAR
NRIC No	SXXXX522J
Date Of Birth	05/08/1971
Occupation	Outdoor
Driving Pass Date	28/06/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-9178794
Alt. Phone Number	-
Email Address	kyclaimsg@outlook.sg
Address	BLK 34 MARINE CRESCENT
Address complement	#07-39
Postcode	440034
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
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?	Yes
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	WATT NU KUN
Gender	Female

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? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGY9061Y
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 KAMISAH BINTI OMAR
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SLC2528Z
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

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


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


Witnessed by Reporting Centre Personnel

Sketch Plan

A=SLC 25282
B=SGV9061Y



Describe Circumstances of the Accident

Refer to police report.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

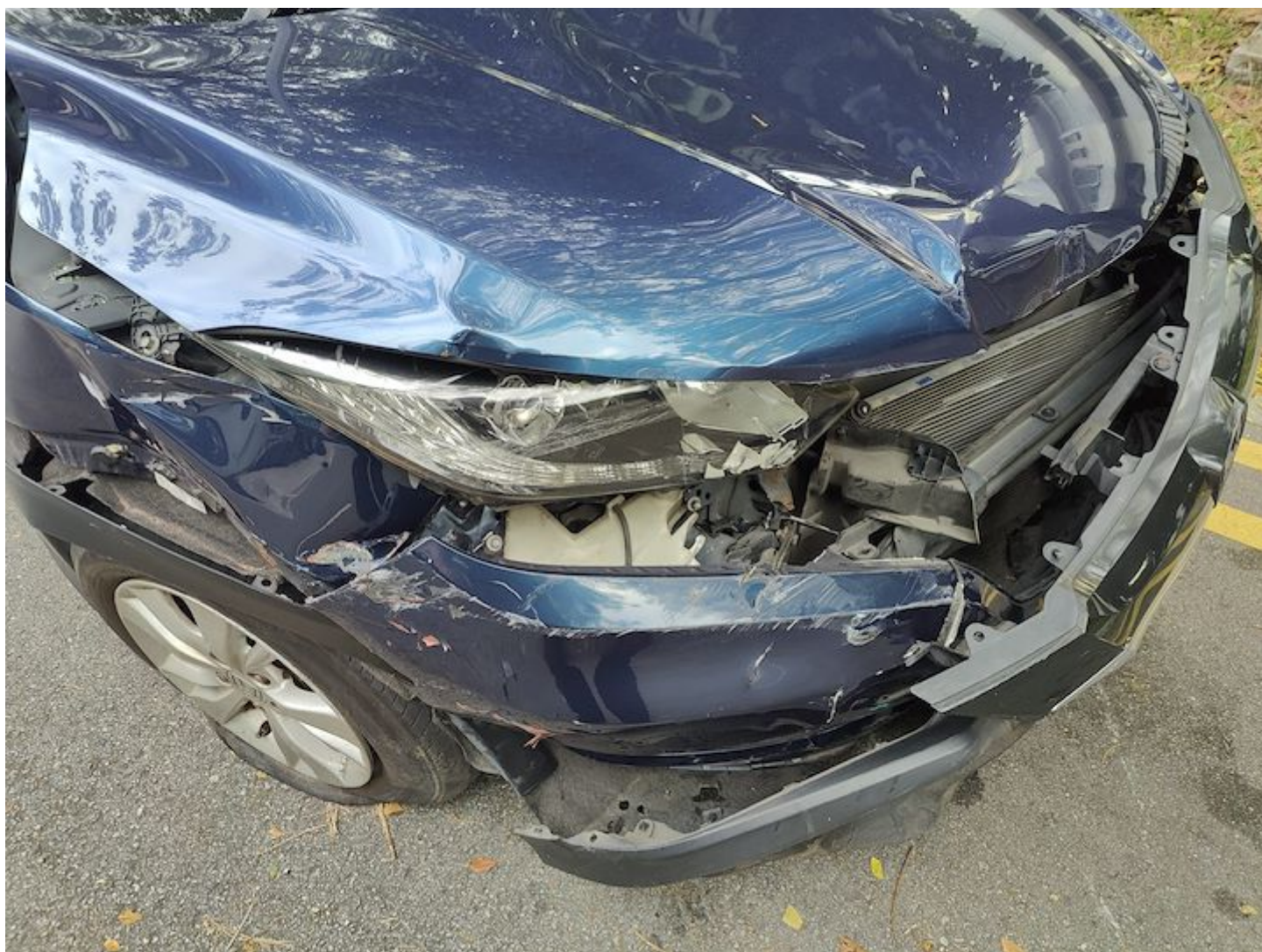
Declaration

We declare the foregoing particulars are true in every respect.

 
Policyholder's Signature / Date & Time

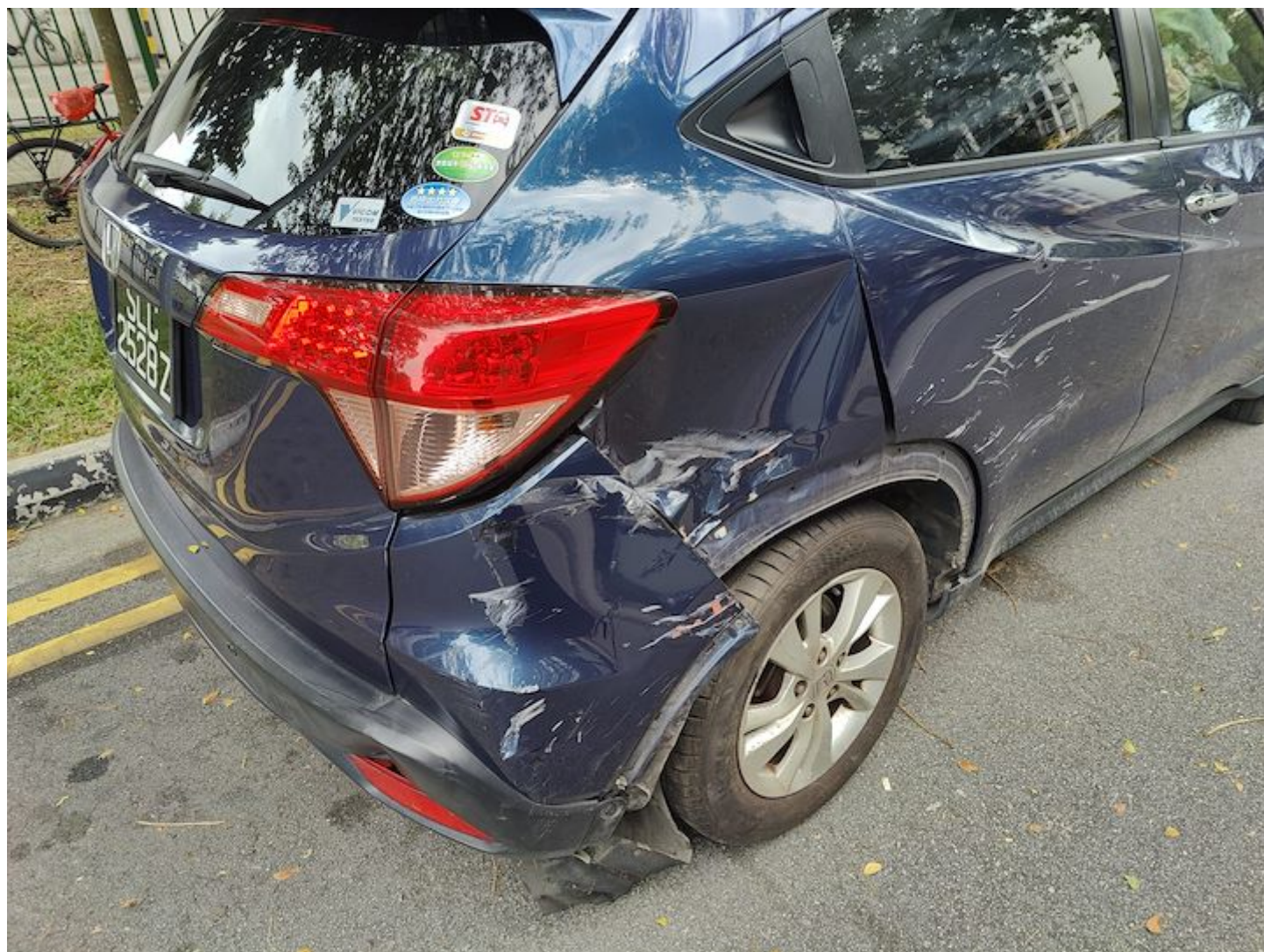

Driver's Signature (If driver is not the policyholder) / Date & Time

 
Witnessed by Reporting Centre Personnel

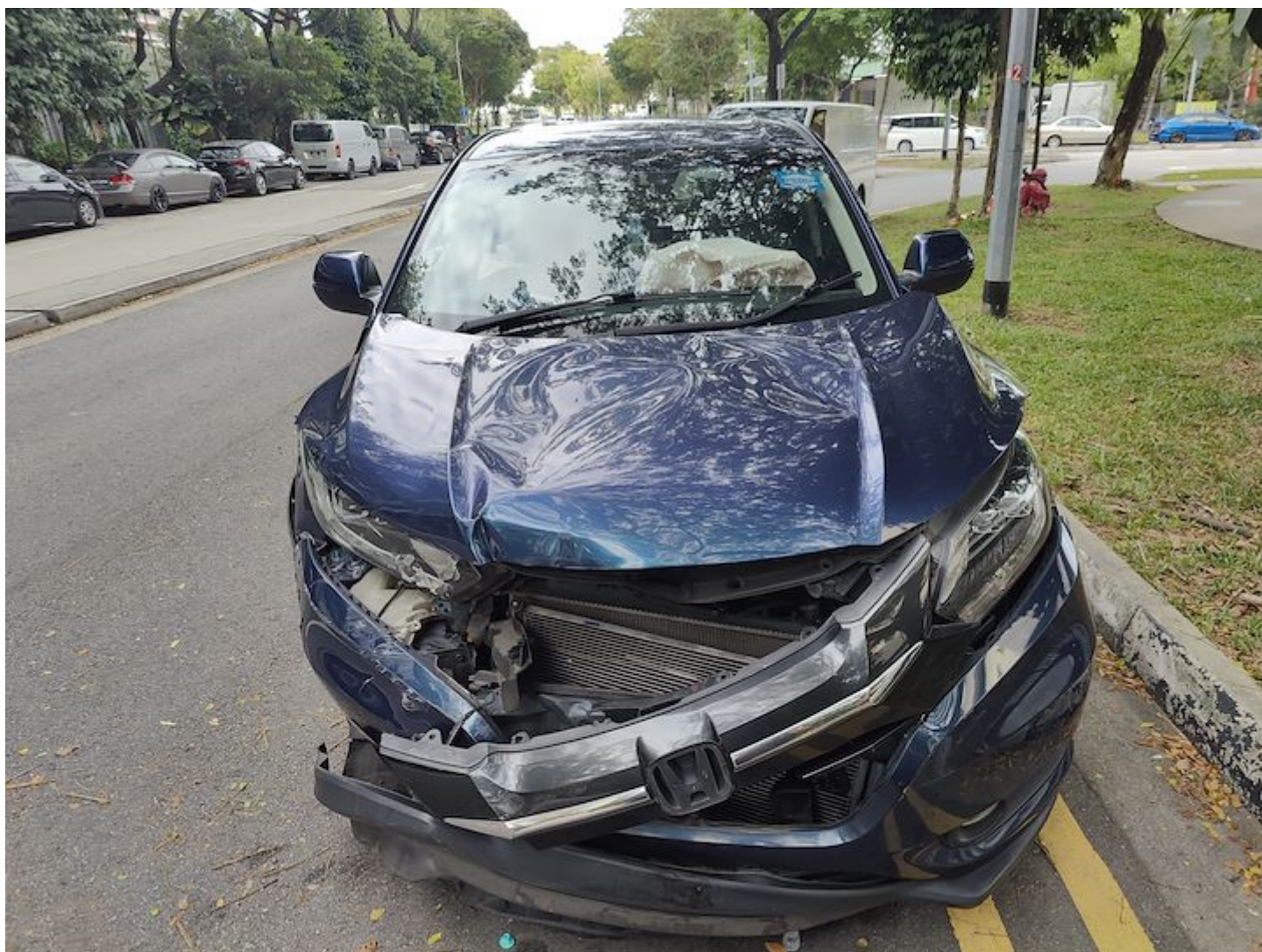


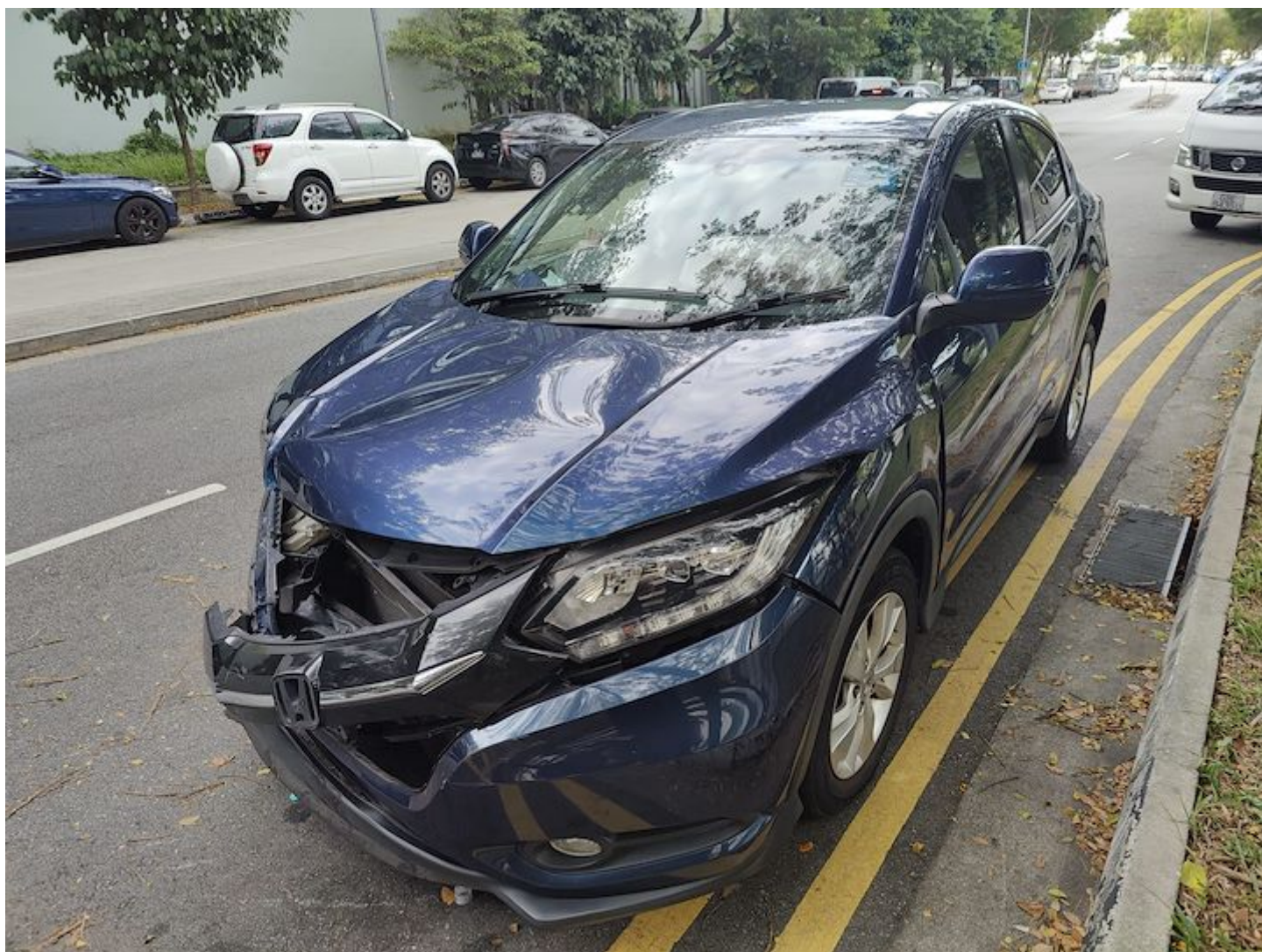




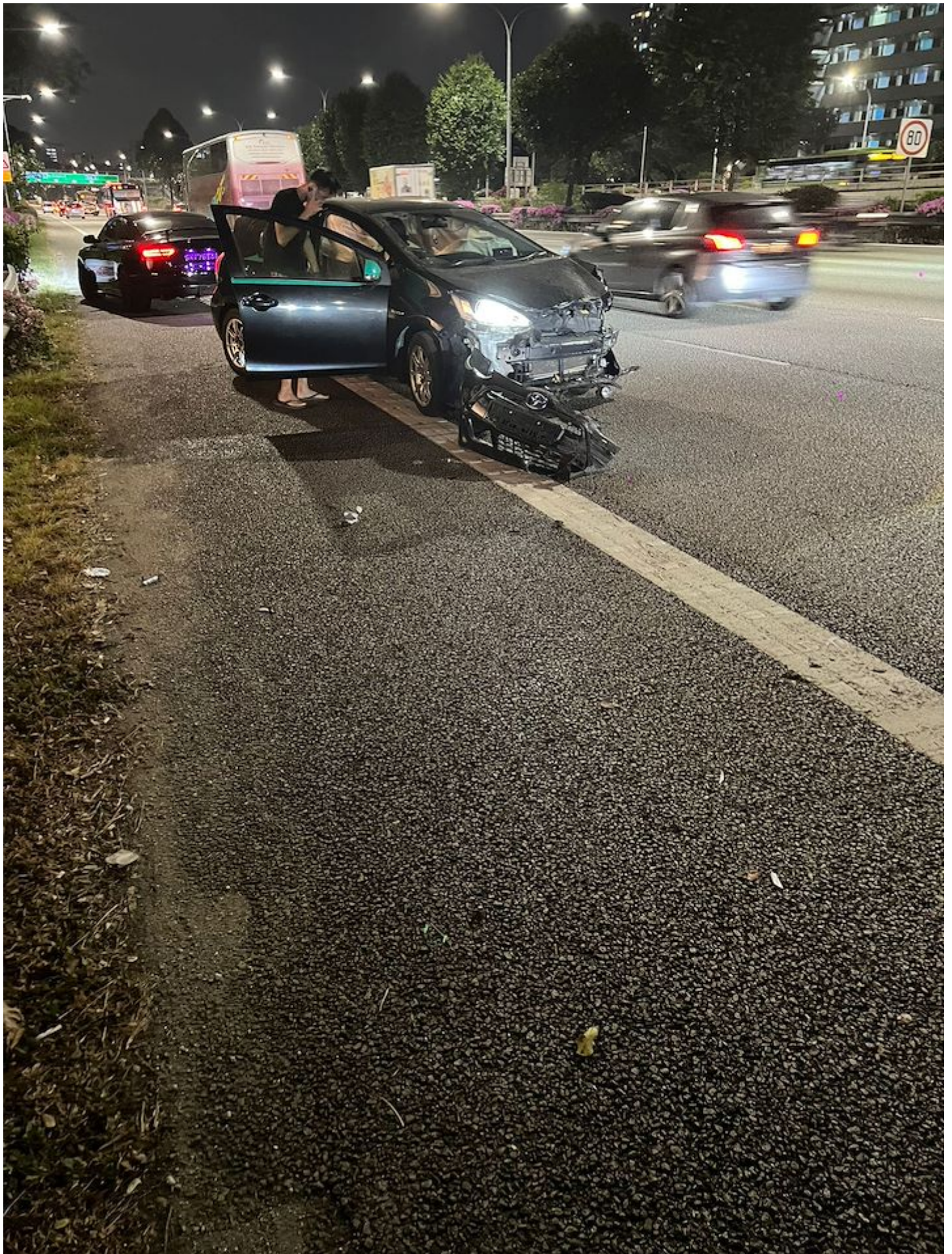


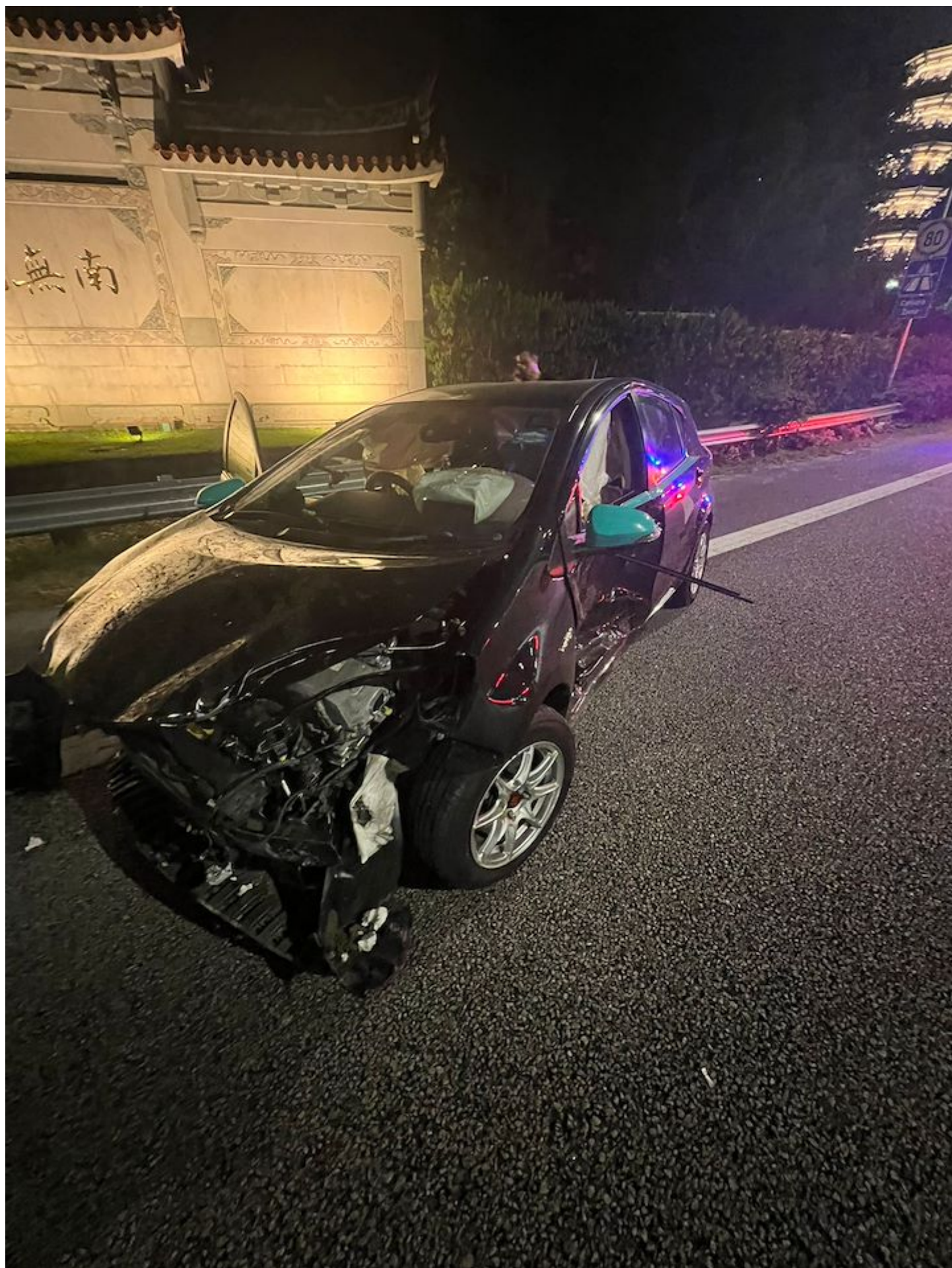
















**SINGAPORE
POLICE FORCE**



T/20240903/7069

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

1 of 3

Report No. T/20240903/7069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2024 19:15		Vide Report No.: E/20240902/0140		Station Diary No.:
Informant's Particulars				
Name of Informant: KAMISAH BINTI OMAR		Address: 34 MARINE CRESCENT #07-39 SINGAPORE 440034		
ID Type / ID No.: NRIC NO / S7125522J		Contact No.: Home/Office: Mobile: 91178794		
Nationality: SINGAPORE CITIZEN		Email: qursylan4@gmail.com		
Sex: Female	Age: 53	Date of Birth: 05/08/1971	Type of Informant: Driver	
Race: Malay		Language: English		
Occupation: Private-hire car driver		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/09/2024 22:00	Type of Location: PAN ISLAND EXPRESSWAY
Location: JALAN TOA PAYOH				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC2528Z	Motor car	HONDA	VEZEL	Blue	Seriously Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLC2528Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		27/03/2024	27/03/2025



**SINGAPORE
POLICE FORCE**



T/20240903/7069

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

2 of 3

Report No. T/20240903/7069

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KAMISAH BINTI OMAR	ID No.	S7125522J
Related Vehicle	SLC2528Z (Motor car)	Contact No.	91178794
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
Passenger			
Name	NU KUN	ID No.	S9327729R
Related Vehicle	SLC2528Z (Motor car)	Contact No.	91462162
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/09/2024	Date Discharge	03/09/2024
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Slight
Driver			
Name	KAMISAH BINTI OMAR	ID No.	S7125522J
Related Vehicle	SLC2528Z (Motor car)	Contact No.	91178794
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	02/09/2024	Date Discharge	03/09/2024
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Slight

Brief Details.

On 2 September 2024 at around 2200hrs, I met with an accident along PIE towards Changi near the Lian Shan Suang Lin Monastery at Kim Keat. I was travelling on lane 2 when a black Toyota car (SGY9061Y) lost control from my right and came into my lane. I had no time and distance to react and ended up hitting his left front door. His car was perpendicular to my car, facing the road shoulder. I ended up losing control of my own vehicle, a blue Honda Vezel (SLC2528Z) and crashed the side barrier of the road shoulder. My vehicle was facing oncoming traffic when it finally came to a stop. The Toyota driver asked to settle mutually but the Traffic Police Officer said that it was not possible as there are injuries and damage done to government property. I was conveyed to the TTSH via SCDF ambulance. I had chest pain and some bruises as a result of the impact.



**SINGAPORE
POLICE FORCE**

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



T/20240903/7069

3 of 3

Report No. T/20240903/7069

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FADLI SHAFUDDIN BIN MOHAMED SANI
Contact No.: 65476845

NP168

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

Date/Time:
03/09/2024 19:15

Classification Of Case: