

## 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 .....	25/10/2024 18:16 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	24/10/2024 22:33 (SGT)
Exact Location of Accident .....	CTE, Singapore
Additional Location Information .....	EXIT TO OUTRAM RD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNQ1790R
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAI PEI REN
NRIC No .....	SXXXX572J
Email Address .....	karen.tpr@gmail.com
Mobile Phone No .....	(Phone) +65-81897880
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	Q5
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 .....	2000
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 .....	5145123230

#### DRIVER

Name of Driver .....	TAI PEI REN
NRIC No .....	SXXXX572J
Date Of Birth .....	20/05/1985
Occupation .....	Indoor
Driving Pass Date .....	16/05/2011
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	13 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81897880
Alt. Phone Number .....	-
Email Address .....	karen.tpr@gmail.com
Address .....	BLK 38 BEO CRESCENT
Address complement .....	#10-46
Postcode .....	160038
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 - U-Turn
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) .....	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 ATTACHED SKETCH PLANS

#### 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 .....	SJQ7301C
Vehicle Manufacturer .....	Honda
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 .....	TAI PEI REN
Gender .....	Female
Phone No .....	(Phone) +65-81897880
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNQ1790R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

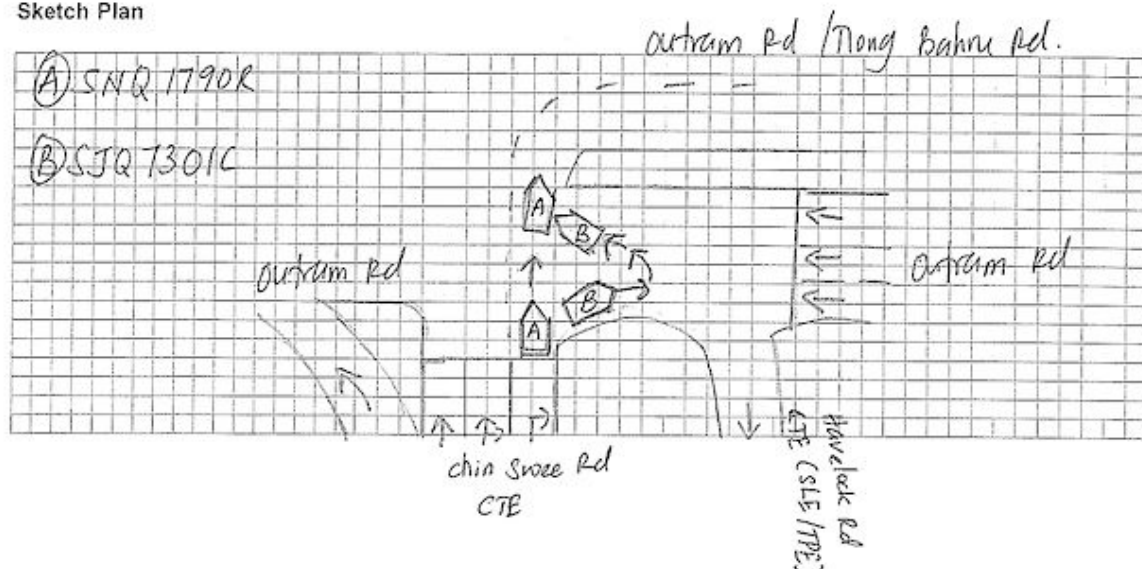
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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



Describe Circumstances of the Accident

Last night, 24th Oct 2024, at around 2233hrs, I was driving along CTE, and made an exit at Outram, going to turn right to Outram Road.

I stopped at the traffic light, I was the second car. When the light turned green, the car in front of me (SJQ7301C) made a u-turn back to the CTE, and I proceed to turn right into Outram Road.

While I am looking at the angle I am turning, I saw from my side mirror, that car (SJQ7301C) is coming straight into me on my right. SJQ7301C, made a sudden 270 degree left turn and collided into me. I could not shift my car leftward, because the lane on my left is turning right too.

☐ Claim OD    ☒ Claim Third Party    ☐ Claim OD/TP at other workshop    ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

I/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

















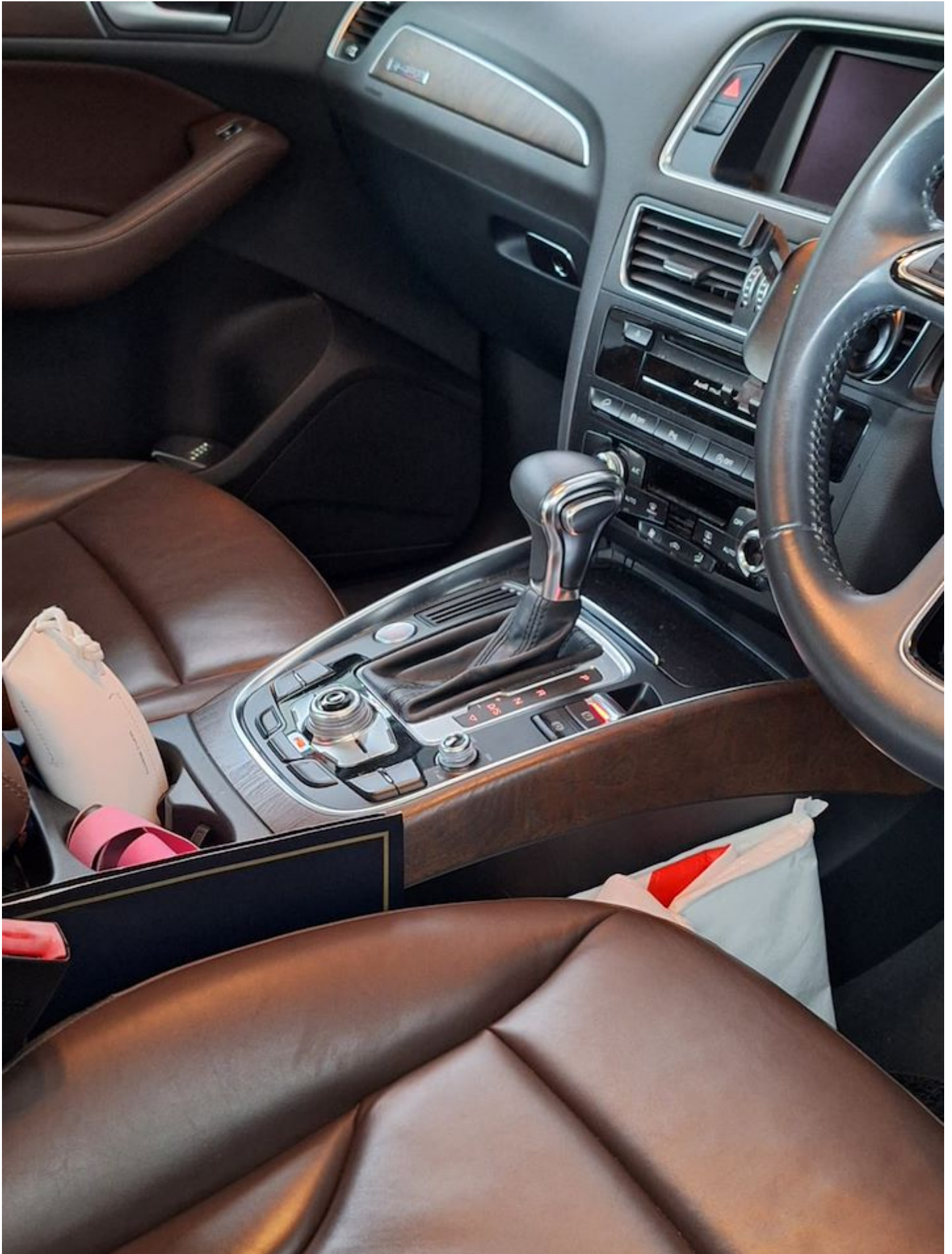






























# SINGAPORE POLICE FORCE



T/20241025/7111

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

1 of 3

Report No. T/20241025/7111

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2024 16:47		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAI PEI REN			Address: 38 BEO CRESCENT #10-46 THE BEO CRESCENT SINGAPORE 160038		
ID Type / ID No.: NRIC NO / S8516572J			Contact No.: Home/Office: Mobile: 81897880		
Nationality: SINGAPORE CITIZEN			Email: KAREN.TPR@GMAIL.COM		
Sex: Female	Age: 39	Date of Birth: 20/05/1985	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		
Occupation: Real estate agent			Driving Licence Information: Class: 3 Date of Expiry: 25/10/2024		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/10/2024 22:33	Type of Location: Bend
Location:  OUTRAM ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ7301C	Motor car	HONDA		Grey	Slightly Damaged	0
SNQ1790R	Motor car	AUDI	Q5	White	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNQ1790R	INCOME INSURANCE	5145123230	25/04/2024	24/04/2025



**SINGAPORE  
POLICE FORCE**



T/20241025/7111

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

2 of 3  
Report No. T/20241025/7111

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owner</b>			
Name	TAI PEI REN	ID No.	S8516572J
Related Vehicle	SNQ1790R (Motor car)	Contact No.	81897880
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 25/10/2024
Date Treatment	25/10/2024	Date Discharge	25/10/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

**Brief Details.**

24TH OCT 2024 AT AROUND 2233HR, I WAS DRIVING ALONG CTE, AND MAKING AN EXIT AT OUTRAM, GOING TO TURN RIGHT TO OUTRAM ROAD.

I STOPPED AT TRAFFIC LIGHT, I WAS THE SECOND CAR. WHEN THE LIGHT TURNED GREEN, THE CAR IN FRONT OF ME (SJQ7301C) MADE A UTURN BACK TO THE CTE, AND I PROCEED TO TURN RIGHT INTO OUTRAM ROAD. WHILE I AM LOOKING AT THE ANGLE I AM TURNING, I SAW FROM MY SIDE MIRROR, THAT CAR (SJQ7301C) IS COMING STRAIGHT INTO ME ON MY RIGHT. SJQ7301C, MADE A SUDDEN 270 DEGREE LEFT TURN AND COLLIDED INTO ME. I COULD NOT SHIFT MY CAR LEFTWARD TO AVOID THE ACCIDENT, BECAUSE THE LANE ON MY LEFT IS TURNING RIGHT TOO.

**SINGAPORE  
POLICE FORCE**

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



T/20241025/7111

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Report No. T/20241025/7111

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65476404

This report is lodged at Thomson NPP  
NP168

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

Date/Time:  
25/10/2024 16:47

Classification Of Case: