

## 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 .....	12/11/2024 12:38 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	11/11/2024 13:35 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ECP TWDS MCE(AYE)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMP5613K
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	JASPAL SINGH S/O NARVAIL SINGH
NRIC No .....	SXXXX168C
Email Address .....	JASPAL2595@GMAIL.COM
Mobile Phone No .....	(Phone) +65-94556585
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	3
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 .....	1500
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 .....	5133034899-01

#### DRIVER

Name of Driver .....	JASPAL SINGH S/O NARVAIL SINGH
NRIC No .....	SXXXX168C
Date Of Birth .....	25/09/1995
Occupation .....	Indoor
Driving Pass Date .....	29/07/2014
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	10 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94556585
Alt. Phone Number .....	-
Email Address .....	JASPAL2595@GMAIL.COM
Address .....	32 LORONG MYDIN #08-22
Address complement .....	-
Postcode .....	416826
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

SEE ATTACHED POLICE REPORT NO : T/20241111/7133

#### 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 .....	SBP339R
Vehicle Manufacturer .....	Volkswagen
Vehicle Model .....	Touran
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	WEE ANN MAY ADRIENNE
NRIC No .....	SXXXX861C
Contact Number .....	(Phone) +65-90889929
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN****IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

 / 12 NOV 2024  
102011

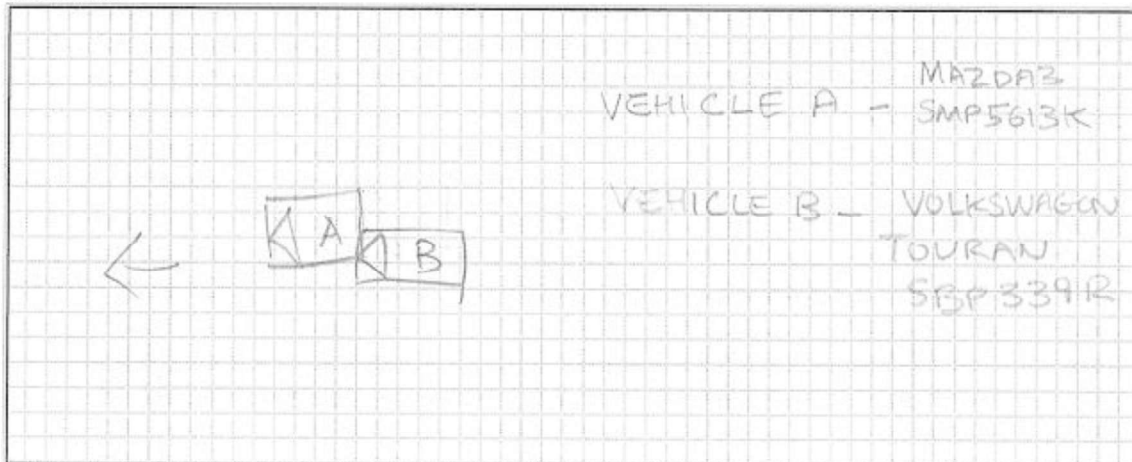
Policyholder's Signature / Date & Time

 /

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**

vJun2022


1

Describe Circumstance of the Accident

REFER TO POLICE REPORT

Declaration

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

 12 Nov 2024  
1020H

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)



**SINGAPORE  
POLICE FORCE**



T/20241111/7133

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

1 of 3

Report No. T/20241111/7133

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2024 19:10		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: JASPAL SINGH S/O NARVAIL SINGH		Address: 32 LORONG MYDIN #08-02 SINGAPORE 416826		
ID Type / ID No.: NRIC NO / S9534168C		Contact No.: Home/Office: Mobile: 94556585		
Nationality: SINGAPORE CITIZEN		Email: jaspal2595@gmail.com		
Sex: Male	Age: 29	Date of Birth: 25/09/1995	Type of Informant: Vehicle Owner	
Race: Sikh		Language: English		
Occupation: AIR FORCE PILOT		Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/11/2024 13:35	Type of Location: Flyover
Location:  TANJONG RHU ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBP339R	Motor car	VOLKSWAGON	Touran	White	Slightly Damaged	0
SMP5613K	Motor car	MAZDA	3	Grey	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMP5613K	NTUC Income Insurance Co-Operative Limited	5133034899-01	29/12/2023	28/11/2024





**SINGAPORE  
POLICE FORCE**



T/20241111/7133

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

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Report No. T/20241111/7133

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	WEE ANN MAY ADRIENNE	ID No.	S7705861C
Related Vehicle	SBP339R (Motor car)	Contact No.	90889929
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
<b>Vehicle Owner</b>			
Name	JASPAL SINGH S/O NARVAIL SINGH	ID No.	S9534168C
Related Vehicle	SMP5613K (Motor car)	Contact No.	94556585
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 travelling along ECP on the flyover going towards MCE(AYE). I was on lane 2 and there was roads works ahead on lane 1 causing cars to merge on lane 2. The car in front of me had come to a stop therefore I kept a safe distance and stopped my car as well.

I observed from my rear view mirror that the vehicle behind me was not slowing down and rear ended my car. Only 2 vehicles were involved in this accident. Two people involved, (Myself and Driver of the car that hit me from behind). There was no damage to other cars/motorist and no damage to any government property. Both Incident vehicles are Singapore Registered.

Upon clarification at time of incident, the driver mentioned she was feeling okay and no injury. Likewise, I was not injured. We pulled over to the road shoulder to exchange particulars thereafter and called our Insurance companies to report the accident.

I have pictures of the accident that took place.



**SINGAPORE  
POLICE FORCE**

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



T/20241111/7133

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Report No. T/20241111/7133

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

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

Date/Time:  
11/11/2024 19:10

Classification Of Case:

NP168