

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	23/07/2024 11:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/07/2024 09:10 (SGT)
Exact Location of Accident	243 Bukit Batok East Ave 5, Singapore 650243
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC3230B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GP AUTO LEASING PTE LTD
Company Reg No	202329659M
Email Address	MLABEL_RENTAL@MCORPORATIONS.SG
Mobile Phone No	(Phone) +65-88987781
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
Variant	NOTE E-POWER 1.2L PREMIUM
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 hire
Transmission	Auto
CC	1198

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00021252300

DRIVER

Name of Driver	SELINE JEWEL LOH
NRIC No	S7212781A
Date Of Birth	22/04/1972
Occupation	Outdoor

Driving Pass Date	17/06/2005
Driving experience	19 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97888598
Alt. Phone Number	-
Email Address	MLABEL_RENTAL@MCCORPORATIONS.SG
Address	APT BLK 556 BEDOK NORTH STREET 3 #15-936
Address complement	-
Postcode	460556
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 - Head on collision
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)	3
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	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
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 THE ATTACHED 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	SHA400D
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	SELINE JEWEL LOH
Gender	Female
Phone No	(Phone) +65-97888598
Address	APT BLK 556 BEDOK NORTH STREET 3 #15-936
Address Complement	-
Post Code	460556
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNC3230B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No


Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT

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
 (Name as in NRIC/ID card)



SKETCH PLAN**IMPORTANT NOTICE**

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

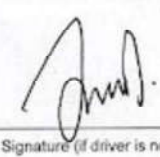
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

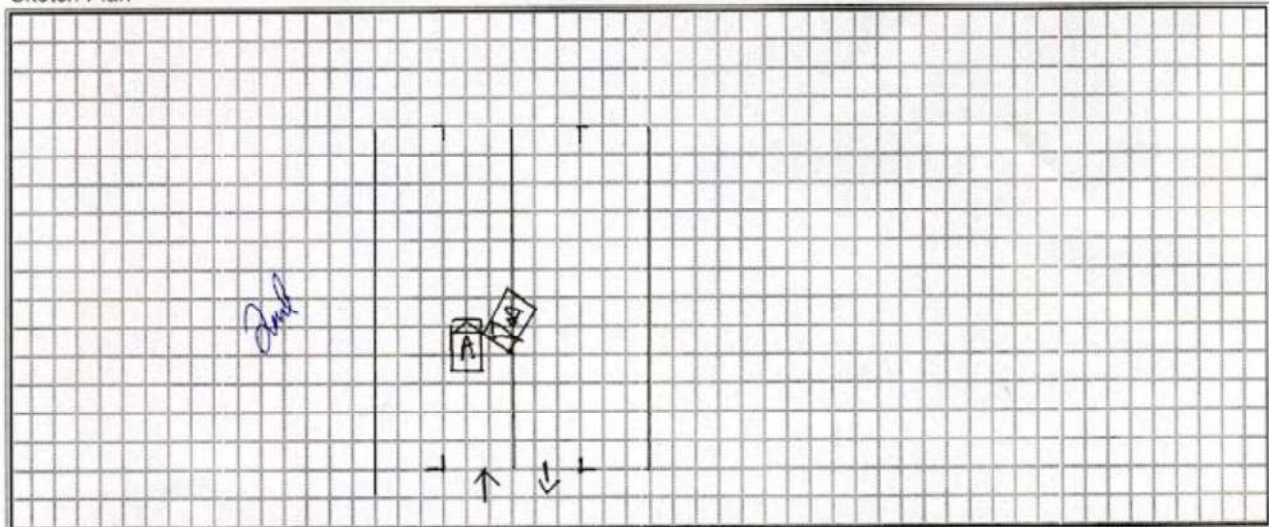
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
 3pm

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


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


Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20240722/7043

1 of 3

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

Report No. T/20240722/7043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2024 12:40		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: SELINE JEWEL LOH		Address: 556 BEDOK NORTH STREET 3 #15-936 SINGAPORE 460556		
ID Type / ID No.: NRIC NO / S7212781A		Contact No.: Home/Office: Mobile: 97888598		
Nationality: SINGAPORE CITIZEN		Email: MJEWEL.LOH@GMAIL.COM		
Sex: Female	Age: 52	Date of Birth: 22/04/1972	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Private-hire car driver		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/07/2024 09:10	Type of Location: Car Park
Location: BUKIT BATOK EAST AVENUE 5				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SHA400D	Motor car	TOYOTA	PRIUS	Yellow	Seriously Damaged	0
SNC3230B	Motor car	NISSAN	NOTE	Grey		2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240722/7043

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

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Report No. T/20240722/7043

CONTINUATION OF REPORT

Driver			
Name	SELINE JEWEL LOH	ID No.	S7212781A
Related Vehicle	SNC3230B (Motor car)	Contact No.	97888598
Hospital/Clinic	KEE SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/07/2024	Date Discharge	22/07/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious

Brief Details.

On the stated date and time, I was driving vehicle A (SNC3230B) along the stated location with 2 passengers. As i was driving straight in my lane. Vehicle B (SHA400D) suddenly came toward and collide into my vehicle from the opposite lane. I felt some pain afterward so i went and consult a doctor and was given 3 days of MC.



**SINGAPORE
POLICE FORCE**

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



T/20240722/7043

3 of 3

Report No. T/20240722/7043

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

NP168

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

Date/Time:
22/07/2024 12:40

Classification Of Case: