SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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

aforesaid.	•
	ACCIDENT STATEMENT
Date Of Report	10/02/2018 12:48
Date Of Accident	09/02/2018 14:00
Exact Location Of Accident	JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS533K
Insured/Policyholder	
Name Of Registered Owner	SOKHJEET KAUR D/O BACHAN SINGH
NRIC No	S2185894C
Email Address	SOKHJEET@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-98385948
Alternative Phone No	OTHERS-98385948
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 CVT SPORTS GLX AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PTE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-003878
Cover Note Number	28/07/17 - 27/07/18
Driver	
Name of Driver	SHARANJIT KAUR
NRIC No	S9030629D
Date Of Birth	23/08/1990
Occupation	INDOOR
Date Of Driving Pass	27/04/2010
Driving Experience	7 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94751947
Fax Number	

MS.SHARANKAUR@GMAIL.COM

Address BLK 636A YISHUN ST 61 #04-94

Postcode 761636

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

1

Was any other material or property damaged? Y

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)

NO

NO

Police Station Address ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-7740000 - **FAX NO**: 67741705

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 15

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

UNKNOWN

COMMERCIAL VEHICLE

Sketch Plan

SKETCH PLAN

VEHICLE NO.: \$18533k

DATE & TIME:

09/02/18 14:00

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- The 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.
- By the lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

10/2

Date & Time:

Driver's Signature

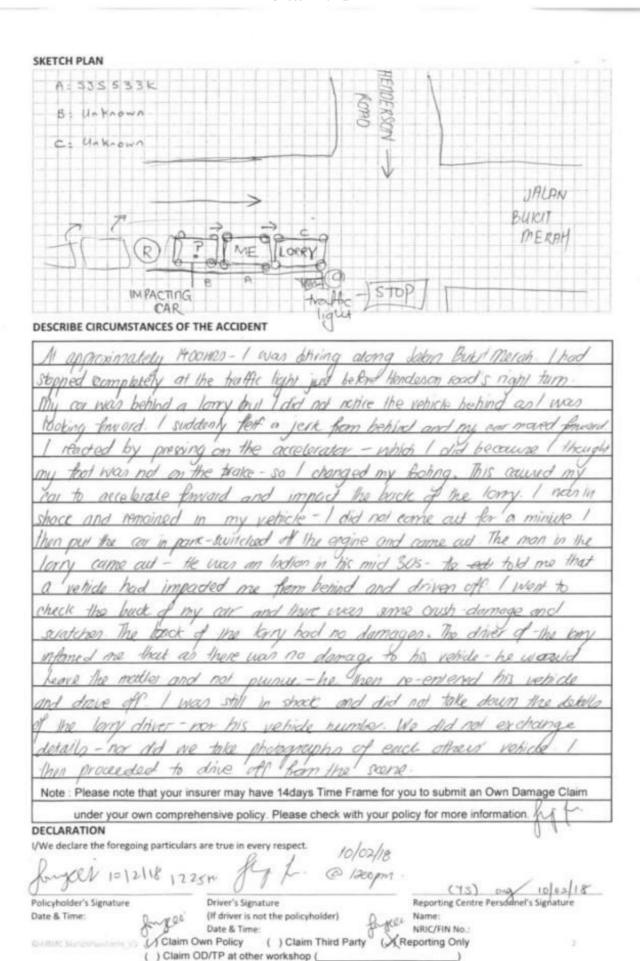
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Clementi Police Divisional HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000 Report No. D/20180211/7007

Date/Time Report Made 11/02/2018 20:51	Vide Rep	ort No.		Station Diary No
Name Of Informant	Address			
SHARANJIT KAUR	APT BLK 636A YISHUN STREET 61 #04-94 SINGAPORE 761636			
ID Type / ID No. NRIC NO / S9030629D	Contact N Home/Of		Mobile: 94751947	
Nationality SINGAPORE CITIZEN	Email Address ms.sharankaur@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
CLINICAL SPECIALIST	Female	27	23/08/1990	Sikh
Institution/School Name	Language English			
Date/Time Of Incident 09/02/2018 14:00 - 09/02/2018 14:15	Location Of Incident 169 JALAN BUKIT MERAH CONNECTION ONE			
	SINGAPORE 150169			

Brief details.

I was waiting at the red stop light in the right lane along Jalan Bukit Merah, with my foot on the brake pedal. I suddenly felt a nudge from behind and felt my car had moved forward. I thought that I had mistakenly shifted my foot from the brake to the accelerator pedal, I looked up and saw a white lorry. I panicked and pressed what I thought was the brake pedal hard. It was unfortunately the accelerator. This caused my car to lurch forward and impact into the back of the lorry. I was in shock and remained in my vehicle for a minute - I began to cry. I then saw the lorry door open; an Indian man, who appeared to

Signature Of Officer Recording The Report:	Signature Of Informant:		
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2018 20:51		
Officer In-Charge Of Case:	Classification Of Case:		

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180211/7007

be in his 30s, approached me. I put the breakdown lights on and turned off my engine to come out of my car. The lorry driver asked me if I was okay. He then said that a car had hit me from behind; and asked me to check on it. I was still dazed and crying- but I walked to the back of my car. By then, the cars behind my car had already started filtering out into the adjoining lane and some had driven off. I could not be sure which was the vehicle that had nudged my car. The lorry driver then surveyed the back of his vehicle and informed me that as there were no damages to his lorry, he would not be making any claim and he proceeded to drive off. We did not exchange details. I am making this report for record purpose as advised by my mother's car insurance company (the car is registered under my mother's name).

Victim			
Person Name	SHARANJIT KAUR		
ID Type	NRIC NO	ID No	S9030629D
Gender	Female	Age	27
Race	Sikh	Language	English
Occupation	CLINICAL SPECIALIST	Address Type	
Address	APT BLK 636A YISHUN STREET 61 #04-94 SINGAPORE 761636	Mobile No	94751947
Is Informant A Victim?	Yes		

The identity of the person making this report has been authenticated by SingPass. No signature is required. Date/Time: 11/02/2018 20:51		





REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9030629D





SHARANJIT KAUR

SIKH

Date of furth 23-08-1990 SINGAPORE

10306293



5199656



~ S9030629D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIEST

PASS DATE

Class 3A Motor cars without clutch pedals (Auro) =< 3000kg with =< 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals =< 2500kg

NP 428A













