

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 Authorised 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 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.

ACCIDENT STATEMENT

Date Of Report	10/08/2018 15:52
Date Of Accident	09/08/2018 16:10
Exact Location Of Accident	BLK 657 JLN TENAGA LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8098D
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81669797

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093728301
Cover Note Number	-

Driver

Name of Driver	ASPALELA BINTE MASREE
NRIC No	S8509293F
Date Of Birth	27/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	14/01/2013
Driving Experience	5 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87862517
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 349 UBI AVE 1 #03-1027
Postcode	400349
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS PARKED INSIDE THE BLK 657 JALAN TENAGA LOADING BAY, A LORRY TRY TO REVERSING PARKED INTO THE LOT ON MY LEFT SIDE, WHEN THE LORRY SECOND TIME ADJUST HIS LORRY TRY TO PARKED PROPERLY INTO THE LOT BUT MISJUDGED HIT ONTO MY VEH LEFT HAND SIDE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM5981X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM PUAY TECK (LIN PEIDE)
NRIC/Passport Number	S8521851D
Contact Number	81697224
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ASPALELA BINTE MASREE
Approximate Age	
Injuries Sustain	SHOULDER N NECK
Injured person in which vehicle?	SLR8098D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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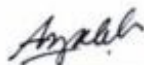
B. Consent under the Personal Data Protection Act (PDPA)

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.
- (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
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

660A JALAN TENAGA (MSCP)

SKETCH PLAN

BLK 660

A = SLR 8098 D
B = YMS981X

BLK 657 JALAN TENAGA

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

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



Policyholder's Signature
Date & Time:

Signature

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

Signature

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180810/2130

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

1 of 3
Report No. T/20180810/2130

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2018 19:07		Vide Report No.:		Station Diary No.: 36
Informant's Particulars				
Name of Informant: ASPALELA BINTE MASREE		Address: APT BLK 349 UBI AVENUE 1 #03-1027 SINGAPORE 400349		
ID Type / ID No.: NRIC NO / S8509293F		Contact No.: Home/Office: Mobile: 87862517		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 33	Date of Birth: 27/03/1985	Type of Informant: Driver	
Race: Malay		Language:		Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/08/2018 16:10	Type of Location: Loading / Unloading Bay
Location: Along Road 1 JALAN TENAGA Blk 657 Jalan Tenaga, Loading/Unloading Bay				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLR8098D	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Silver	Slightly Damaged	0
YM5981X	Lorry	ISUZU		White		2

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

POLICE REPORT



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T/20180810/2130

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20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20180810/2130

CONTINUATION OF REPORT

Driver			
Name	ASPALELA BINTE MASREE		ID No. S8509293F
Related Vehicle	SLR8098D (Car)		Contact No. 87862517
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	10/08/2018	Date Discharge	10/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIM PUAY TECK		ID No. S8521851D
Related Vehicle	YM5981X (Lorry)		Contact No. 81697224
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	NIL	Degree of Injury	NIL

Brief Details.

On 09/08/2018 at about 1610 hours, I had parked my vehicle, SLR8098D, at the loading / unloading bay behind Block 657 Jalan Tenaga. As I had just finished cleaning the interior of my vehicle, I sat in the driver seat wanting to drive off. As there was the lorry, bearing plate YM5981X, reversing into lot behind mine, I waited for it to park before moving off. Suddenly, there was a loud bang and an impact. I realised that the lorry had reversed his vehicle and hit onto the rear passenger side bumper of my vehicle. There was a huge dent on the left side bumper and my taillight was broken. I got out of my vehicle and spoke to the lorry driver. We exchanged particulars and he left thereafter.

On 10/08/2018, I woke up and felt pain on both my shoulder and my neck. Hence, I went to see a doctor and got 3 days medical leave.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180810/2130

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20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20180810/2130

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /
Staff Sgt KWEK LIZA FARLIZA BINTE
BAKHTIAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /
SSI 2 YEO GEAK ENG CECIL
Contact No.: 65476404

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Signature Of Informant:

Date/Time:
10/08/2018 19:07

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

