

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 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 Report	11/10/2018 17:08
Date Of Accident	10/10/2018 15:00
Exact Location Of Accident	ALONG JURONG PORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA729X
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	201602573M
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-87515494
Alternative Phone No	OFFICE-87515494

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994595
Cover Note Number	

Driver

Name of Driver	GURVIR KAUR
NRIC No	S8611189F
Date Of Birth	24/04/1986
Occupation	INDOOR
Date Of Driving Pass	11/06/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87515494
Fax Number	
Contact Number	OFFICE-87515494
Email Address	EDWIN@CARCOVE.COM.SG

Address	BLK 40 TEBAN GARDENS ROAD #01-341
Postcode	600040
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181010/2124

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ2085Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	GURVIR KAUR
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKA729X
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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7. 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:
 - (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.



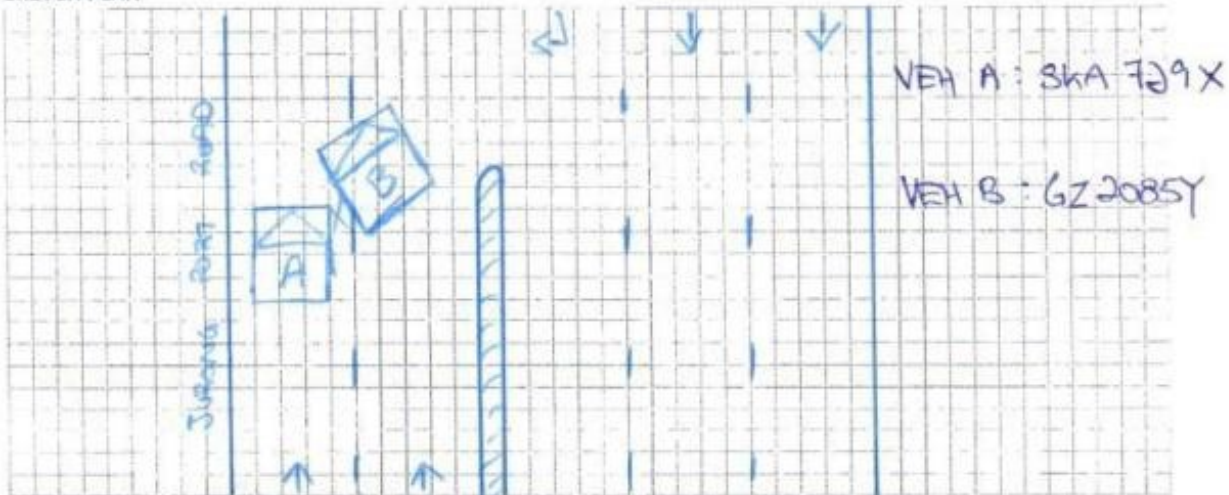
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT: T/20181010/21244

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

Date & Time:

GSA-BB-09-Significant-Comm_V3

Driver's Signature
(If driver is not the policyholder)

Date & Times:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181010/2124

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20181010/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2018 18:18	Vide Report No.: D/20181010/0068	Station Diary No.: 49
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Informant's Particulars

Name of Informant: GURVIR KAUR			Address: APT BLK 40 TEBAN GARDENS ROAD #01-341 SINGAPORE 600040	
ID Type / ID No.: NRIC NO / S8611189F			Contact No.: Home/Office: Mobile: 87515494	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 32	Date of Birth: 24/04/1986	Type of Informant: Driver	
Race: Sikh			Language:	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/10/2018 15:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JURONG PORT ROAD CORPORATION ROAD Along Jurong port road towards corporation road after the junction with Jalan Buroh near 28 Jurong Port Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ2085Y	Van					0
SKA729X	Car				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181010/2124

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No, T/20181010/2124

CONTINUATION OF REPORT

Driver			
Name	GURVIR KAUR	ID No.	S8611189F
Related Vehicle	SKA729X (Car)	Contact No.	87515494
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	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was driving my car, SKA729X along Jurong Port road towards corporation road, after the junction with Jalan Buroh near no.28 Jurong port road. I was travelling straight on the most left lane when suddenly a van, GZ2085Y tried to cut into my lane from my right. I honked once at the van to alert the driver but he ignored and the left side of the van hit onto the front right bumper of my car. I honked at the van again after the collision but the driver drove off without stopping.

I proceeded to 25 industrial park road to collect a payment for my item and called for the police as the traffic at the incident location was very heavy. Subsequently, the traffic police officer came and met me at 25 industrial park road, ambulance was not activated as I do not need immediate medical attention.

The front right bumper of my car was dented and there are some scratches. I felt pain from my neck down to my lower back and will be seeing a doctor after lodging this report.
There was no in-car camera installed on my car.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181010/2124

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20181010/2124

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: F / Sgt 2 GOH GEK LING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/10/2018 18:18
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246 	Classification Of Case:  SW 505
Authentication Stamp NP168	Signature:  

TAX INVOICE



TO:
MS. GURVIR KAUR
BLK 40 #01-341
TEBAN GARDENS ROAD
SINGAPORE - 600040

MRN/NRIC : S8611189F
CASE NO : 1518997151C-00001
VISIT DATE : 11.10.2018 08:24
LOCATION : NCA&E
INVOICE DATE : 11.10.2018
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : M2-0069889-4

PATIENT NAME : GURVIR KAUR
LOCATION : EMERGENCY

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE	AMOUNT
A&E Facility/Service Fee	230.00
XR, CERVICAL SPINE, AP & LATERAL	55.00
KETOPROFEN 30MG PLAST (KEFENTECH) 7S/8S	5.20
Total Charges	290.20
Government Subsidy	170.00-
Total Amount Payable	120.20
PAYMENT: GURVIR KAUR	0.00
TOTAL DUE AFTER PAYMENT	120.20
DUE FROM: GURVIR KAUR	120.20

FOR INFORMATION

Total amount payable after GST is \$128.61.
Total GST for this bill at 7% is \$8.41 which is absorbed by the Government.

MC

TAX INVOICE



TO:
MS. GURVIR KAUR
BLK 40 #01-341
TEBAN GARDENS ROAD
SINGAPORE - 600040

MRN/NRIC : S8611189F
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INVOICE DATE : 11.10.2018
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GST REG NO : M2-0069889-4

PATIENT NAME : GURVIR KAUR
LOCATION : EMERGENCY

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE

AMOUNT

CHEQUE/CREDIT CARD PAYMENT SLIP

For cheque or credit card payment, please fill in the details below.

PATIENT NAME: GURVIR KAUR

CASE NUMBER: 1518997151C-00001

Payment amount:

Contact No:

Cheque Detail: (Bank) (Cheque Number)

Credit Card No: Expiry Date:

Cardholder's Name: Cardholder's Signature:



PAGE 2 OF 2

National University Hospital (S) Pte Ltd, 5 Lower Kent Ridge Road, Singapore 119074
Tel: (65) 6779 5555, Fax: (65) 6779 5678, www.nuh.com.sg, Company Registration No. 198500843R
For bill enquiries, please call Tel: (65) 6511 4338, Email: Payment@nhg.com.sg

A member of the NUHS

11/10/2018 12:30

MC

National University Hospital (Singapore) Pte Ltd
5 Lower Kent Ridge Road, Singapore 119074
TEL: (65) 6779 5555
Business Registration No. 198500843R



MEDICAL CERTIFICATE AMENDED ORIGINAL NUH18263657

NAME: GURVIR KAUR

NRIC: S8611189F

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named is unfit for duty for a period of 9 day(s) from 11-Oct-2018 to 19-Oct-2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 11-Oct-2018 08:24 to 11-Oct-2018 09:37

11-Oct-2018

TAN YI HUI JANELLE (64128F)

A&E

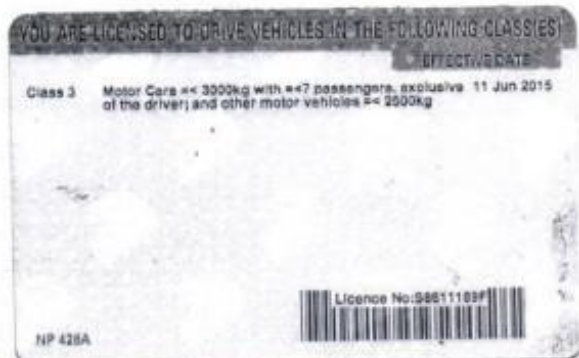
Date

Issued by

Location

Signature

A member of the NUHS



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

