

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 | 01/10/2018 13:17 |
| Date Of Accident | 29/09/2018 15:00 |
| Exact Location Of Accident | CTE(AMK) AFTER BRADDELL RD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SMA3787J |
| Insured/Policyholder | |
| Name Of Registered Owner | AMOUR VENTURES |
| Co Reg No | 53316317W |
| Email Address | AMRITA88KAUR@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-92329495 |
| Alternative Phone No | OFFICE-92329495 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | OPEL |
| Model | CROSSLAND X |
| 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 |
| 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 | 5101305805 |
| Cover Note Number | 05/06/2018 - 04/06/2019 |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | RANDHAWA AMRITA KAUR |
| NRIC No | S8871683C |
| Date Of Birth | 19/08/1988 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/10/2007 |
| Driving Experience | 10 YEARS AND 10 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-92329495 |
| Fax Number | |
| Contact Number | |
| E Mail Address | AMRITA88KAUR@GMAIL.COM |

Address 34 TANAH MERAH KECHIL ROAD #01-30
 Postcode 465560
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

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 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. YES
 Number of Passengers (Including Driver) 5
 Passenger 1
 NAME: : PASSENGER
 GENDER: : MALE
 Passenger 2
 NAME: : PASSENGER
 GENDER: : MALE
 Passenger 3
 NAME: : PASSENGER
 GENDER: : FEMALE
 Passenger 4
 NAME: : PASSENGER
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TRAFFIC POLICE DIVISION HQ
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 65470000 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

TO REFER TO ATTACHED POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: FILE SIZE TOO BIG
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------------------------------|
| Vehicle Registration Number | SLQ3359P |
| Vehicle Make/Model/Colour | HONDA VEZEL |
| Details Of Properties | FRONT PORTION |
| Vehicle Category | PRIVATE HIRE |
| Name of Driver | SHEIK DAUD S/O AMANULLA |
| NRIC/Passport Number | S7802249C |
| Contact Number | 87428047 |
| Address | BLK 180B MARSILING ROAD #26-2224 |
| Postcode | 732180 |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

DETAILS OF INJURED PERSON 1

| | |
|---|-----------------------------------|
| Name | RANDHAWA AMRITA KAUR |
| Approximate Age | |
| Injuries Sustain | SHOULDER,ELBOW |
| Injured person in which vehicle? | SMA3787J |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | 34 TANAH MERAH KECHIL ROAD #01-30 |
| Postcode | 465560 |

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report No: MT _____

D.O.A: 29/09/2018
Time: 15:00 hrs

Report Date & Start Time: 01/10/2018 13:25

Vehicle No: SMA3787J

Reporting Type: TP

SKETCH PLAN


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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.
- (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.

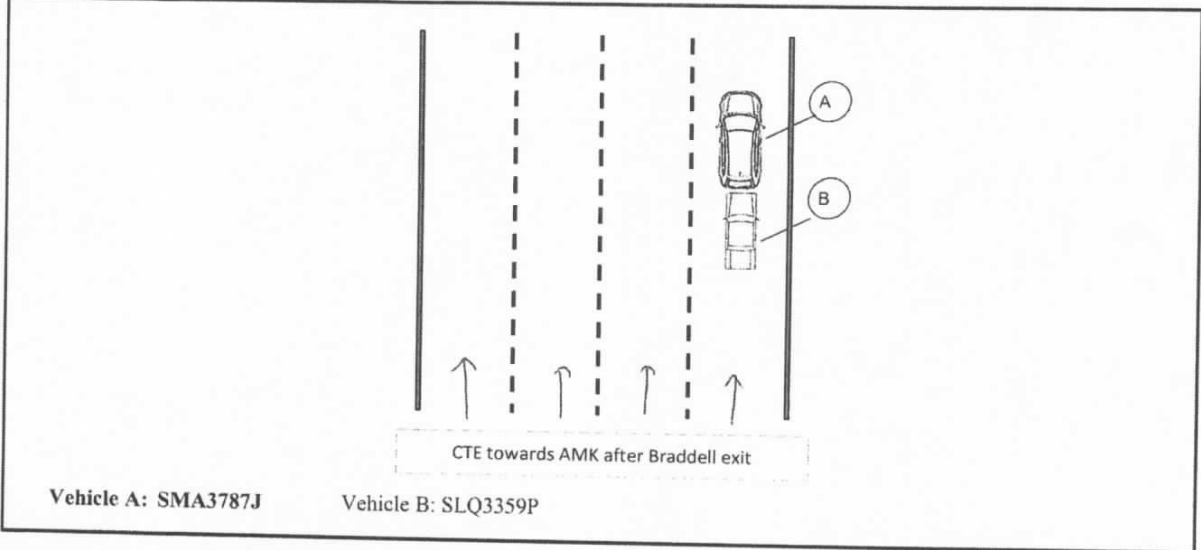
01/10/18 / 13:25
Policyholder's Signature / Date & Time


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


Chen Jun Liang (s990765)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
TO REFER TO ATTACHED POLICE REPORT

Declaration

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

01/10/18 / 13:25
Policyholder's Signature / Date & Time


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


Chen JunLiang (s990765)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel

POLICE REPORT PG 1



**SINGAPORE
POLICE FORCE**



T/20181001/7004

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

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Report No. T/20181001/7004

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 01/10/2018 13:20 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: RANDHAWA AMRITA KAUR | | | Address: 34 TANAH MERAH KECHIL ROAD #01-30 SINGAPORE 485560 | | |
| ID Type / ID No.: NRIC NO / S8871683C | | | Contact No.: Home/Office: Mobile: 92329495 | | |
| Nationality: BRITISH | | | Email: amrita88kaur@gmail.com | | |
| Sex: Female | Age: 30 | Date of Birth: 19/08/1988 | Type of Informant: Driver | | |
| Race: Sikh | | | Language: English | | 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: 29/09/2018 15:00 | Type of Location: Expressway |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 80 Km/h |
| 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 |
|-------------|------|------|-------|-------|-----------|-----------------|
| SMA3787J | Car | | | | | 0 |

Details of Person Involved

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

POLICE REPORT PG 2



**SINGAPORE
POLICE FORCE**



T/20181001/7004

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

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Report No. T/20181001/7004

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-------------------------|--|----------------------------------|
| Name | RANDHAWA AMRITA KAUR | ID No. | S8871683C |
| Related Vehicle | SMA3787J (Car) | Contact No. | 92329495 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | 29/09/2018 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |

Brief Details.

I was driving in Lane 1 on the CTE (towards Ang Mo Kio) when the cars in front of me all jam braked causing me to jam brake too, I stopped with a car length space between mine and the car in front when I was hit in the back by SLQ3359P.

POLICE REPORT PG 3



**SINGAPORE
POLICE FORCE**



T/20181001/7004

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

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Report No. T/20181001/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP158

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

Date/Time:
01/10/2018 13:20

Classification Of Case: