

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	24/04/2019 16:46
Date Of Accident	01/08/2017 17:15
Exact Location Of Accident	PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA8856R
Insured/Policyholder	
Name Of Registered Owner	KSL LEASING PTE LTD
Co Reg No	201607864R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66946567

Vehicle Particulars

Manufacturer	OPEL
Model	COMBO-C-1.3 D DTJ MTA E4 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5079933033-01
Cover Note Number	

Driver

Name of Driver	NOR AZEAN BINTE JAZULI
NRIC No	S7731282Z
Date Of Birth	12/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	16/04/2010
Driving Experience	7 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90281377
Fax Number	
Contact Number	OFFICE-90281377
EEmail Address	NOEMAIL

Address	BLK 702 WOODLANDS DRIVE 40 #05-92
Postcode	730702
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20170822/2070. VEHICLE HAS BEEN SCRAPPED.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE4964Y
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
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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. 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.
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

Handwritten notes on graph paper:

Diagram showing a coordinate system with axes labeled x and y . A point is marked at $(1, 1)$ and labeled A . A line segment connects the origin $(0, 0)$ to point A . The line segment is labeled AB .

Text: $A: 6808856R$
 $B: 5E49644$

Text: AB is the hypotenuse of a right triangle.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/17 6822/2070.

I wish to state that I did manage to fill in the police report on 22/8/17. I did ~~not~~ have time to fill in insurance report until today.

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:

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20170822/2070

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20170822/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2017 12:32		Vide Report No.:		Station Diary No.: 78
Informant's Particulars				
Name of Informant: NOR AZEAN BINTE JAZULI		Address: APT BLK 702 WOODLANDS DRIVE 40 #05-92 SINGAPORE 730702		
ID Type / ID No.: NRIC NO / S7731282Z		Contact No.: Home/Office: Mobile: 90281377		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 39	Date of Birth: 12/11/1977	Type of Informant: Driver	
Race: Malay		Language:		Institution / School Name:
Occupation: Retail/Shop sales manager		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/08/2017 17:15	Type of Location: Straight Road
Location: Along Road 1 PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBA8856R	Van	OPEL	COMBO-C 1.3DTJ MTA E4	Silver	Slightly Damaged	1

Corrected True Copy
in Accordance to Sec. 78 of the
Evidence Act, Cap 97.

[Signature]
Yat Hwee Choo
CSO Traffic Police
Date: 2 APR 2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20170822/2070

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20170822/2070

CONTINUATION OF REPORT

Brief Details.

On 01/08/2017 around 1715hrs, I was driving GBA8856R travelling along paya lebar road. I was on the third lane and about to filter into the forth lane as I am turning to euros avenue 5. As I was changing lane, a grey Honda Stream came at high speed from the back and side swipe my vehicle. There was no injury and we alighted to exchange particulars. We spoke to each other and agreed on private settlement where he acknowledged. However, on 02/08/2017, he message me that he will be claiming insurance and will not be going for a private settlement. I then informed the rental company of this issue. I received a call from TP IO HP:65476325 on 21/08/2017 and he instructed me to lodge a police report.

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97.

Yat Heen Chan
CSO Traffic Police
Date:

- 3 APR 2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20170822/2070

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20170822/2070

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:
J /
LOW JIA CHENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/08/2017 12:32

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case: Certified True Copy
pursuant to Sec. 75 of the
Evidence Act, Cap 97.

Authentication Stamp
NP168

Yat Hwee Choo
CSO Traffic Police
Date: - 3 APR 2019

SCRAP

Land Transport Authority

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref 0703180601N053096699

07 Mar 2018

KSL LEASING PTE. LTD.
2 YISHUN INDUSTRIAL STREET 1
#03-02
NORTH POINT BIZHUB
SINGAPORE 768159

004831



Dear Sir/Madam

DE-REGISTRATION STATUS OF VEHICLE GBA8856R

The above-mentioned vehicle was de-registered on 07 Mar 2018. If the vehicle has yet to be disposed of, you should by no later than 07 Apr 2018, scrap it (including the engine and chassis) at an Appointed Scrapyard or submit to LTA, valid documentary proof that the vehicle has been permanently exported out of Singapore. Otherwise, it constitutes an offence under the Road Traffic Act and you may be prosecuted in Court.

2. We have granted the following rebate(s), where applicable, to you. You may use the rebate(s) if there are no outstanding matters with the vehicle, e.g. no road tax arrears, submitted valid documentary proof that the vehicle has been permanently exported out of Singapore to LTA etc.

PARF Rebate Amount	: -
PARF Rebate Reference No.	: -
Expiry Date of PARF Rebate	: -
COE Rebate Amount	: \$48.00
COE Rebate Reference No.	: 1857972MC0000
Expiry Date of COE Rebate	: 06 Mar 2019

3. The PARF rebate may only be used to offset the Additional Registration Fee (ARF), Registration Fee (RF), Quota Premium (QP) and Used Car Surcharge, where applicable, of a motor car to be registered in your name. The COE rebate may be used to offset the ARF, RF, QP and Used Car Surcharge, where applicable, of any motor vehicle to be registered in your name. The COE rebate can also be used to offset the Prevailing Quota Premium (PQP) payable for revalidating the COE of a vehicle that is currently registered in your name. You may also transfer the PARF/COE rebate(s) together or separately to a third party. A fee of \$15.00 is payable for each transfer.

4. Alternatively, you may apply to encash the PARF/COE rebate(s) rebate before the expiry of the rebate. You can download the application form (Form FR02) for encashment of the rebate(s) from <http://www.onemotoring.com.sg> and mail the completed Form FR02 to LTA, 10 Sin Ming Drive, Singapore 575701, Attn: VRL Service Operations Division, at least 2 weeks before the expiry date of your PARF/COE rebate(s). For your convenience, you may also login to e-Services@ONE.MOTORING (Vehicle Hub > Update Owner Particulars) using your NRIC number/FIN and SingPass or User ID/Password or EASY (for firm and organisation) to register your Refund Bank Account for GIRO refund BEFORE applying online for the encashment (Ownership > PARF/COE Rebate > Apply to encash rebate).

5. Any unused portion of the road tax will be refunded to you automatically.