

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	26/04/2019 16:10
Date Of Accident	25/04/2019 08:10
Exact Location Of Accident	ALJUNIED ROAD AFTER 611 ALJUNIED RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6717Z
Insured/Policyholder	
Name Of Registered Owner	ARNE MOTHS
NRIC No	S6968952C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81017067
Alternative Phone No	OTHERS-81017067

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106175290
Cover Note Number	

Driver

Name of Driver	CHHUKI MOTHS
NRIC No	S7987532E
Date Of Birth	17/08/1979
Occupation	INDOOR
Date Of Driving Pass	23/05/2013
Driving Experience	5 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90276443
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	39 AMBER GARDENS #1920 THE ESTA
Postcode	439970
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	4
Passenger 1	NAME: : LARA GENDER: : FEMALE
Passenger 2	NAME: : RIANNA GENDER: : FEMALE
Passenger 3	NAME: : VIHAAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3449999 - FAX NO: 64474185
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20190426/2044;

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	GBA8507Z
Vehicle Make/Model/Colour	MITSUBISHI FB70BB1SRDEA
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

CHHUKI MOTHS

Approximate Age

39

Injuries Sustain

BACK & NECK PAIN

Injured person in which vehicle?

SLU6717Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

39 AMBER GARDENS #1920 THE ESTA

Postcode

439970

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.

26 APR 2019

Policyholder's Signature
Date & Time:


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

IDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4
Reporting Centre Personnel's Signature
Name: Singapore 41-992
Tel: 67416697
NRIC/FIN No.: Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN

A hand-drawn sketch on a grid background. Two small rectangles are drawn, labeled 'A' and 'B'. To the right of the rectangles, the following text is handwritten:

A = SLK 6717Z
B = GBA 8507Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to the police report

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:

GUARANTY SketchPlanForm_V3

26 APR 2019

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933

Reporting Centre Person's Signature
Name: Fax: 67492305
NRIC/FIN No: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190426/2044

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

1 of 3
Report No. T/20190426/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2019 13:26	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: CHHUKI MOTHS			Address: 39 AMBER GARDENS #19-20 SINGAPORE 439970	
ID Type / ID No.: NRIC NO / S7987532E			Contact No.:	
Nationality: INDIAN			Home/Office:	Mobile: 90276443
			Email:	
Sex: Female	Age: 39	Date of Birth: 17/08/1979	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Real estate agent			Driving Licence Information: Class: 3	
			Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2019 08:10	Type of Location: Straight Road
Location: Along Road 1 ALJUNIED ROAD				
After 611 Aljunied Road Esso Petrol Station				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two 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
GBA8507Z	Lorry	MITSUBISHI	FUSO	White		0
SLU6717Z	Car	HONDA	Vezel	Silver	Slightly Damaged	3

Details of Person Involved

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

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190426/2044

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

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Report No. T/20190426/2044

CONTINUATION OF REPORT

Driver			
Name	CHHUKI MOTHS	ID No.	S7987532E
Related Vehicle	SLU6717Z (Car)	Contact No.	90276443
Hospital/Clinic	RAFFLESMEDICAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/04/2019	Date Discharge	25/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 25/04/2019 at about 0810hrs, I was driving along Aljunied Road at the center lane out of three lane. I then signaled right as I wanted to change lane to the right. I then check my mirror and blindspot, it was clear for me to change lane, I then proceeded on to change lane. When I had already lane change when suddenly a lorry from the middle lane then suddenly change lane without checking his blind spot as my car was situated at the blindspot. The lorry right side had hit onto my left side of my car. We then stopped at the side of the road and exchange details. No one was injured during the point of time. After a while later, I felt pain on my neck and shoulder and as such I went to Raffles Medical and received 3 days of MC. My car suffered damages and dents on the left side of the front passenger door. I also have a inbuilt camera and I have the footage of the accident.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20190426/2044

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

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Report No. T/20190426/2044

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 /
Sgt 3 MUHAMMAD IMRAN HADI BIN JOHARI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/04/2019 13:26

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168

