

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	10/07/2019 13:48
Date Of Accident	09/07/2019 13:50
Exact Location Of Accident	CTE TOWARD AYE NEAR EXIT 7D
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ1585R
Insured/Policyholder	
Name Of Registered Owner	NIRMALA D/O K BALAKRISHNAN
NRIC No	S7343214F
Email Address	BNIRMALA7@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91834416
Alternative Phone No	OTHERS-91834416

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.3 LX (GE6) (A)
Exact Purpose for which vehicle was being used at time of accident	TO WORK
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MS001676-R00
Cover Note Number	

Driver

Name of Driver	NIRMALA D/O K BALAKRISHNAN
NRIC No	S7343214F
Date Of Birth	25/11/1973
Occupation	INDOOR
Date Of Driving Pass	03/08/2000
Driving Experience	18 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91834416
Fax Number	
Contact Number	OTHERS-91834416
Email Address	BNIRMALA7@GMAIL.COM

Address	APT BLK 642 PASIR RIS DRIVE 10 #13-36 SINGAPORE
Postcode	510642
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 (including own vehicle) 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)	2
Passenger 1	NAME: : MUHAMAD SABAR BIN ADAM GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT - THIRD PARTY DIRECT SETTLEMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5515M
Vehicle Make/Model/Colour	RENAULT/ RED
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN KIN HOCK
NRIC/Passport Number	S6800146C
Contact Number	87111959

Address

Postcode

Insurance Company Name

AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NIRMALA D/O K BALAKRISHNAN

Approximate Age 45

Injuries Sustain PAIN AT THE TOP OF HEAD

Injured person in which vehicle? SMJ1585R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address APT BLK 642 PASIR RIS DRIVE 10
#13-36 SINGAPORE

Postcode 510642

DETAILS OF INJURED PERSON 2

Name MUHAMAD SABAR BIN ADAM

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

Vehicle Number: SMB1585R

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: You Po Soon
NRIC/FIN No.:

Sketch Plan Pg. 2

Vehicle Number: SMJ1585R

SKETCH PLAN

A- SMJ1585R
B- SHC5515M

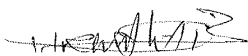
CTE Toward AYE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report. No T/20190710/2057

DECLARATION

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



Policyholder's Signature

Date & Time: 9/7/19

3.30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: You Po Soon

NRIC/FIN No.:

Sketch Plan Pg. 3



SINGAPORE
POLICE FORCE



T/20190710/2057

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4
Report No. T/20190710/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2019 11:51		Vide Report No.:	Station Diary No.: 34
Informant's Particulars			
Name of Informant: NIRMALA D/O K BALAKRISHNAN		Address: APT BLK 642 PASIR RIS DRIVE 10 #13-36 SINGAPORE 510642	
ID Type / ID No.: NRIC NO / S7343214F		Contact No.: Home/Office: Mobile: 91834416	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 45	Date of Birth: 25/11/1973	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: SECONDARY SCHOOL TEACHER		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: 09/07/2019 13:45	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY AYER RAJAH EXPRESSWAY BEFORE EXIT 7D				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
SHC5515M	Car				Slightly Damaged	0
SMJ1585R	Car	HONDA	JAZZ 1.3 CVT	Orange	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ1585R	TOKIO MARINE INSURANCE SINGAPORE LTD.	MS001676	25/02/2019	24/02/2020

Sketch Plan Pg. 4



SINGAPORE
POLICE FORCE



T/20190710/2057

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20190710/2057

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	TAN KIN HOCK	ID No.	S6800146C
Related Vehicle	SHC5515M (Car)	Contact No.	87111959
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
Driver			
Name	NIRMALA D/O K BALAKRISHNAN	ID No.	S7343214F
Related Vehicle	SMJ1585R (Car)	Contact No.	91834416
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	MUHAMMAD SABAR BIN ADAM	ID No.	S7420927J
Related Vehicle	SMJ1585R (Car)	Contact No.	97769815
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 09/7/2019 at about 1.45pm, I was driving along the first lane at CTE towards AYE. Traffic was moving very slowly and I also heard Ambulance siren. The taxi behind me suddenly collided into the rear portion of my vehicle. The rear portion of my vehicle was crushed in. I have an in-car camera (front and rear) and it had recorded the incident. My passenger and I are both slightly injured. I managed to exchange particulars with the taxi driver and we agreed to claim from insurance.



SINGAPORE
POLICE FORCE



T/20190710/2057

Police Station Of Origin:
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Report No. T/20190710/2057

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20190710/2057

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20190710/2057

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 S EVA SHERRIENA BINTI S AFFINDY

Signature Of Informant:

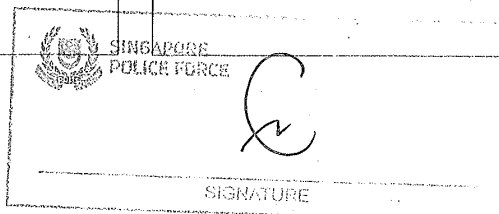
Signature Of Interpreter:
Not applicable

Date/Time:
10/07/2019 11:51

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo

