

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	23/07/2019 17:01
Date Of Accident	23/07/2019 13:50
Exact Location Of Accident	CANBERRA DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA5721A
Insured/Policyholder	
Name Of Registered Owner	SAN TRANSPORT SERVICES
Co Reg No	53367377A
Email Address	K_CHAN06@YMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-98341104

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.5 (M)

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 BUS

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D18MTSCBU000500
Cover Note Number	

Driver

Name of Driver	KUMARI D/O CHANDRASIGARAN
NRIC No	S7939952C
Date Of Birth	22/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	23/12/2002
Driving Experience	16 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98341104
Fax Number	
Contact Number	
Email Address	K_CHAN06@YMAIL.COM

Address	BLK689B CHOA CHU KANG DRIVE #05-306
Postcode	682689
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	WET

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)	6

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHOA CHU KANG N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

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 Witness 1

Name	SHANEN
Phone Number	88154982
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC446L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TEH ENG HAI
NRIC/Passport Number	S6840082A
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KUMARI D/O CHANDRASIGARAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

PA5721A

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

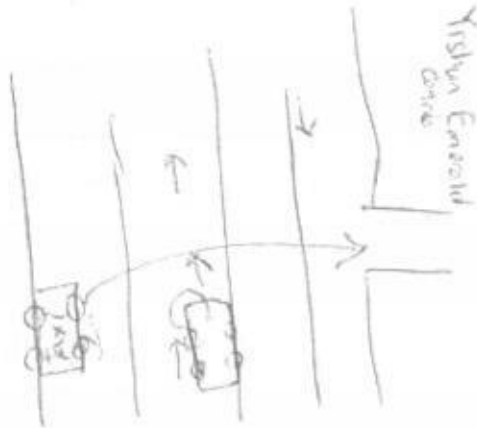
BLK689B CHOA CHU KANG DRIVE #05-306

Postcode

682689

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am going straight to enter Yishun Shopping Condo, on my right.

On my left lane the taxi was parked and suddenly made a right turn into Yishun Emerald Condo.

At the 9

DECLARATION

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



[Signature]

Common Statement

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.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190723/2116

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20190723/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2019 16:43		Vide Report No.:		Station Diary No.: 108	
Informant's Particulars					
Name of Informant: KUMARI D/O CHANDRASIGARAN			Address: APT BLK 689B CHOA CHU KANG DRIVE #05-306 SINGAPORE 682689		
ID Type / ID No.: NRIC NO / S7939952C			Contact No.: Home/Office: Mobile: 98341104		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 39	Date of Birth: 22/12/1979	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Bus driver			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: 23/07/2019 13:50	Type of Location:
Location: Along Road 1 CANBERRA DRIVE Infront of Yishun Emerald Condo				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
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
PA5721A	Van	TOYOTA	Hiace	Silver	Slightly Damaged	5
SHC446L	Car			Yellow	Slightly Damaged	2

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



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T/20190723/2116

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SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20190723/2116

CONTINUATION OF REPORT

Driver			
Name	KUMARI D/O CHANDRASIGARAN	ID No.	S7939952C
Related Vehicle	PA5721A (Van)	Contact No.	98341104
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/07/2019	Date Discharge	23/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Teh Eng Hai	ID No.	S6840082A
Related Vehicle	SHC446L (Car)	Contact No.	NIL
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 23/07/2019 at about 1350hrs, while driving my van along Canberra Drive, I was involved in a minor accident. My vehicle was on first lane when I noticed a City Cab stationary at the second lane. Out of a sudden, the said vehicle swerved to my lane and collided onto the left portion of my vehicle. The driver intention was to turn right to Yishun Emerald Condo.

At the juncture, I have 5 students in my van. No one was injured. Subsequently, I consulted a doctor after the incident and was given 3 days of MC.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20190723/2116

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20190723/2116

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 /

Sr Staff Sgt WANG ZHENXIONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/07/2019 16:43

Officer In Charge Of Case:

TP / AEIT /

Insp NEO CHENG BEET, CECILIA

Contact No.: 65476089

Classification Of Case:

Authentication Stamp

NP168