

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	07/08/2019 12:17
Date Of Accident	03/08/2019 15:30
Exact Location Of Accident	SLE TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2243T
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Insured/Policyholder

Name Of Registered Owner	ASCOTT CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90094354

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	18-MI001390-R01
Cover Note Number	-

Driver

Name of Driver	LETHYESREE D/O SHASHI KUMAR
NRIC No	S9711013A
Date Of Birth	17/01/1997
Occupation	INDOOR
Date Of Driving Pass	27/07/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91742761
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 21 JLN TENTERAM #06-477
Postcode	320021
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 - 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: : GAYATHIRI D/O SHASHI KUMAR GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.T/20190806/2167

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	SLR6372A
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)

DETAILS OF INJURED PERSON 1

Name LETHYESREE D/O SHASHI KUMAR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJV2243T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name GAYATHIRI D/O SHASHI KUMAR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJV2243T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

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:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A

B

A = SJV 2243T

B = SLR 6372A

SLE turn's CTE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report
T / 20190806 / 2167

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:

[Signature]

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

[Signature]

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190806/2167

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

1 of 3

Report No. T/20190806/2167

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2019 22:29	Vide Report No.:	Station Diary No.: 53
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Informant's Particulars

Name of Informant: LETHYESREE D/O SHASHI KUMAR			Address: APT BLK 21 JALAN TENTERAM #06-477 SINGAPORE 320021		
ID Type / ID No.: NRIC NO / S9711013A			Contact No.: Home/Office: Mobile: 91742761		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 22	Date of Birth: 17/01/1997	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/08/2019 15:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY Along CTE towards Little India				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SJV2243T	Car				Slightly Damaged	1
SLR6372A	Car				No Damage	0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190806/2167

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

2 of 3

Report No. T/20190806/2167

CONTINUATION OF REPORT

Driver			
Name	LETHYESREE D/O SHASHI KUMAR		ID No. S9711013A
Related Vehicle	SJV2243T (Car)		Contact No. 91742761
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	Slight
Driver			
Name	KENNETH GOH		ID No. S8214455B
Related Vehicle	SLR6372A (Car)		Contact No. 98799544
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 03/08/2019 at around 1530hrs, I was driving my vehicle (SJV2243T) along CTE towards Little India. As I was entering the slip road, I felt a slight impact at the back of my vehicle. I stopped my vehicle and made a check on my vehicle. Another vehicle (SLR6372A) who was at the back of my vehicle caused the said impact by hitting the rear end of my vehicle with the front of his vehicle. The damages of the rear of my vehicle is slight whereas the damages on the other party's vehicle is none at all. I took down the other driver particulars and drove into the road shoulder nearby to make a closer inspection of my vehicle as it was slowing down abnormally. After which, I drove off.

On the same day at around 2130hrs, I felt pain around my neck and slowly felt pain at my back as well. I have yet to visit the doctor.

On 04/08/2019 at around 1000hrs, my sister who was sitting in the front passenger seat on the day of the accident also felt pain on my head. She has yet to visit the doctor.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190806/2167

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

3 of 3

Report No. T/20190806/2167

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: E / Sgt 2 ZHANG JIABAO, JASON 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/08/2019 22:29
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp
NP167



SINGAPORE
POLICE FORCE

SN 167

Whampoa Clinic

Blk 88 Whampoa Drive #01-863 Singapore 320088
Tel: 62521020 Fax: 62551595

Medical Certificate

Date : 07 Aug 2019

MC No. : 0000015847

This is to certify that :

Name : GAYATHIRI D/O SHASHI KUMAR

NRIC : T0321110F

is Unfit for Duty for 2 days

from 07/08/2019 to 08/08/2019 inclusive.

WHAMPOA CLINIC
BLK 88 WHAMPOA DRIVE
#01-863 SINGAPORE 320088
TEL: 6252 1020 FAX: 6255 1595

DR ANG YIAU HUA

MBBS (Spore), DFD (Spore)

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Whampoa Clinic

Blk 88 Whampoa Drive #01-863 Singapore 320088

Tel: 62521020 Fax: 62551595

Medical Certificate

Date : 07 Aug 2019

MC No. : 0000015846

This is to certify that :

Name : LETHYESREE D/O SHASHI KUMAR

NRIC : S9711013A

is Unfit for Duty for 2 days

from 07/08/2019 to 08/08/2019 inclusive

WHAMPOA CLINIC
BLK 88 WHAMPOA DRIVE
#01-863 SINGAPORE 320088
TEL: 6252 1020 FAX: 6255 1595

DR ANG YIAU HUA

MBBS (Spore), DFD (Spore)

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

