

## 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	13/08/2019 19:54
Date Of Accident	10/08/2019 11:20
Exact Location Of Accident	BEDOK SOUTH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG1521B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IRVEEN KAUR DANG
NRIC No	S7335240A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96934890
Alternative Phone No	OFFICE-96934890

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097374318-01
Cover Note Number	-

### Driver

Name of Driver	AMRATPAL KAUR
NRIC No	S2037273G
Date Of Birth	25/07/1945
Occupation	INDOOR
Date Of Driving Pass	28/10/1975
Driving Experience	43 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82927389
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	48 KEW AVE
Postcode	466344
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - MOTHER IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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: : AMEER SINGH BAJAJ GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 15 BEDOK SOUTH ROAD #01-117 , <b>POSTCODE:</b> 460015 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2419999 - <b>FAX NO:</b> 64431687
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20190813/2116

#### 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	SMG8995K
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 AMEER SINGH BAJAJ

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJG1521B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

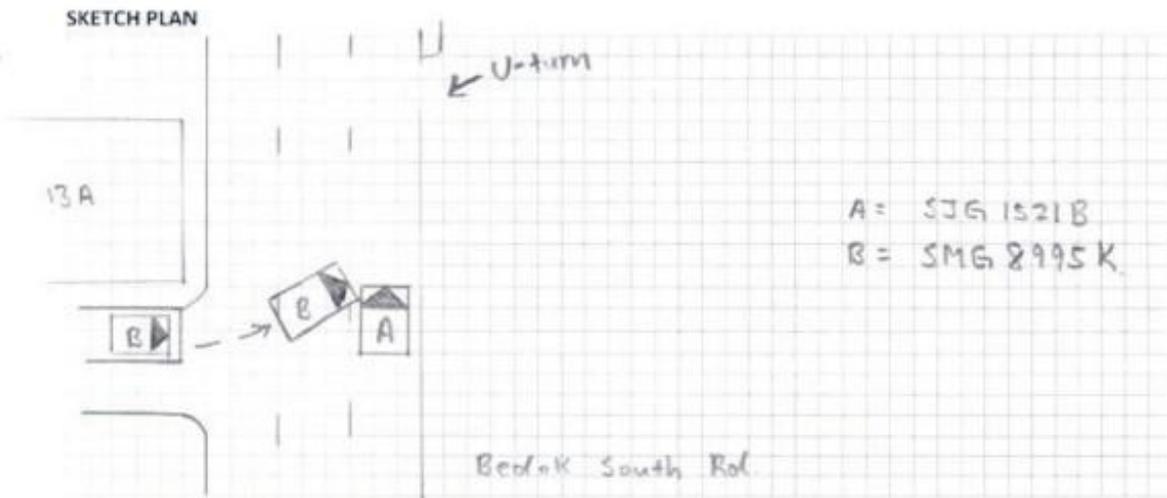
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

*AKB oja j*  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*H*  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to statement

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

### Accident Sketch Plan

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B CAME OUT FROM THE MINOR ROAD AND HE DIRECTLY CUT ONTO 2<sup>ND</sup> AND MOST RIGHT LANE AS HE WANTED TO MAKE AN IMMEDIATE U-TURN. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION WITH A GREAT SPEED.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190813/2116

1 of 3

Report No. T/20190813/2116

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/08/2019 16:20	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars			
Name of Informant: AMRATPAL KAUR		Address: 48 KEW AVENUE SINGAPORE 466344	
ID Type / ID No.: NRIC NO / S2037273G		Contact No.:	Mobile: 82927389
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 74	Date of Birth: 25/07/1945	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Housewife		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: Yes	Date/Time of Accident: 10/08/2019 11:20	Type of Location: Straight Road
Location: Along Road 1 BEDOK SOUTH ROAD  Along Rd 1 near to carpark exit of B/16 Bedok South Rd				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG1521B	Car	TOYOTA	Vios	Blue	Seriously Damaged	1
SMG8995K	Car	MERCEDES BENZ	E250	Blue	Seriously Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date	
SJG1521B	NTUC Income Insurance Co-Operative Limited	5097374318-01	13/01/2019	12/01/2020	

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POLICE REPORT

Station Of Origin:  
 Bedok NPP  
 15 Bedok South Road #01-117 SINGAPORE  
 460015  
 Tel No: 1800-2419999

Report No. T20190813/21

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AMRATPAL KAUR	ID No.	S2037273G
Related Vehicle	SJG1521B (Car)	Contact No.	82927389
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	AMEER SINGH BAJAJ	ID No.	S0368329Z
Related Vehicle	SJG1521B (Car)	Contact No.	98556337
Hospital/Clinic	BEDOK POLYCLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/08/2019	Date Discharge	13/08/2019
No. of Days granted Medical Leave	04	Degree of Injury	NIL

**Brief Details.**

On 10/08/2019 at around 1120hrs, I was driving my car along Bedok South Rd going towards Upper East Coast Rd. I was driving in the middle lane. As I was passing the carpark exit of B/16 Bedok South Rd, another car exited the said carpark and just went straight.

The said car knocked onto the front left side of my car near to the front left wheel. After the accident, I and the driver came out. The driver was very aggressive and was shouting and scolding me. My husband was seated in the front passenger seat but he was not able to come out as the front passenger door was damaged.

Traffic Police and ambulance came down to scene. No one was conveyed to hospital. During the time of accident, no one was injured. Both of the vehicles was towed away.

On 11/08/2019, my husband started to feel pain on his body. He only goes to see the doctor on 13/08/2019 as the previous days was the holidays. Doctor gave him 4 days MC.

POLICE REPORT

**SINGAPORE POLICE FORCE**

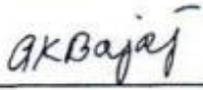
Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

T/20190813/2110  
3 of 3  
Report No. T/20190813/2110

CONTINUATION OF REPORT

**Sketch Plan**  
Informant is not able to provide sketch plan

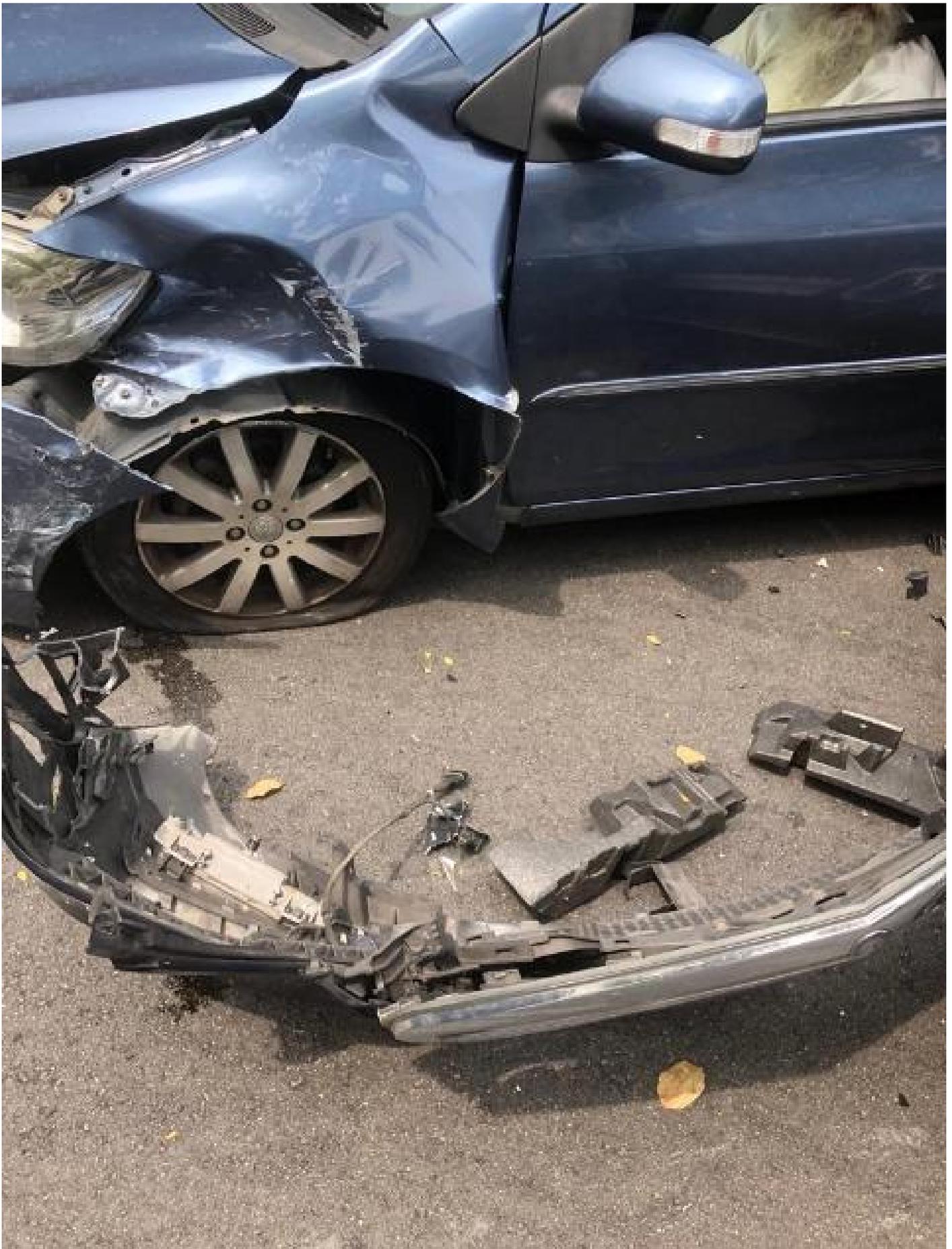
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sr Staff Sgt AHMAD RIDZWAN BIN MD YAT 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2019 16:20
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE

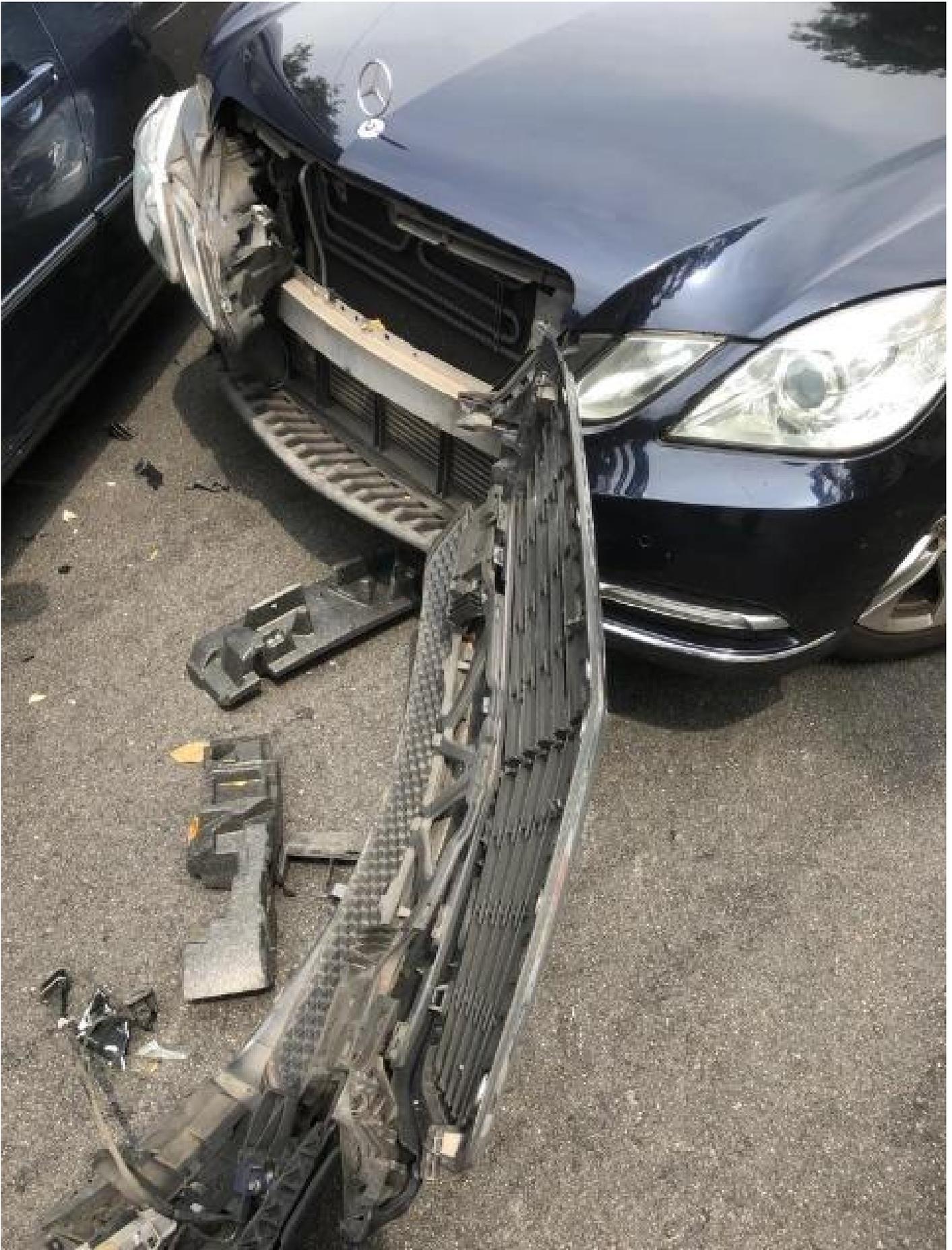
**SINGAPORE POLICE FORCE**

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Accident Photo



Accident Photo



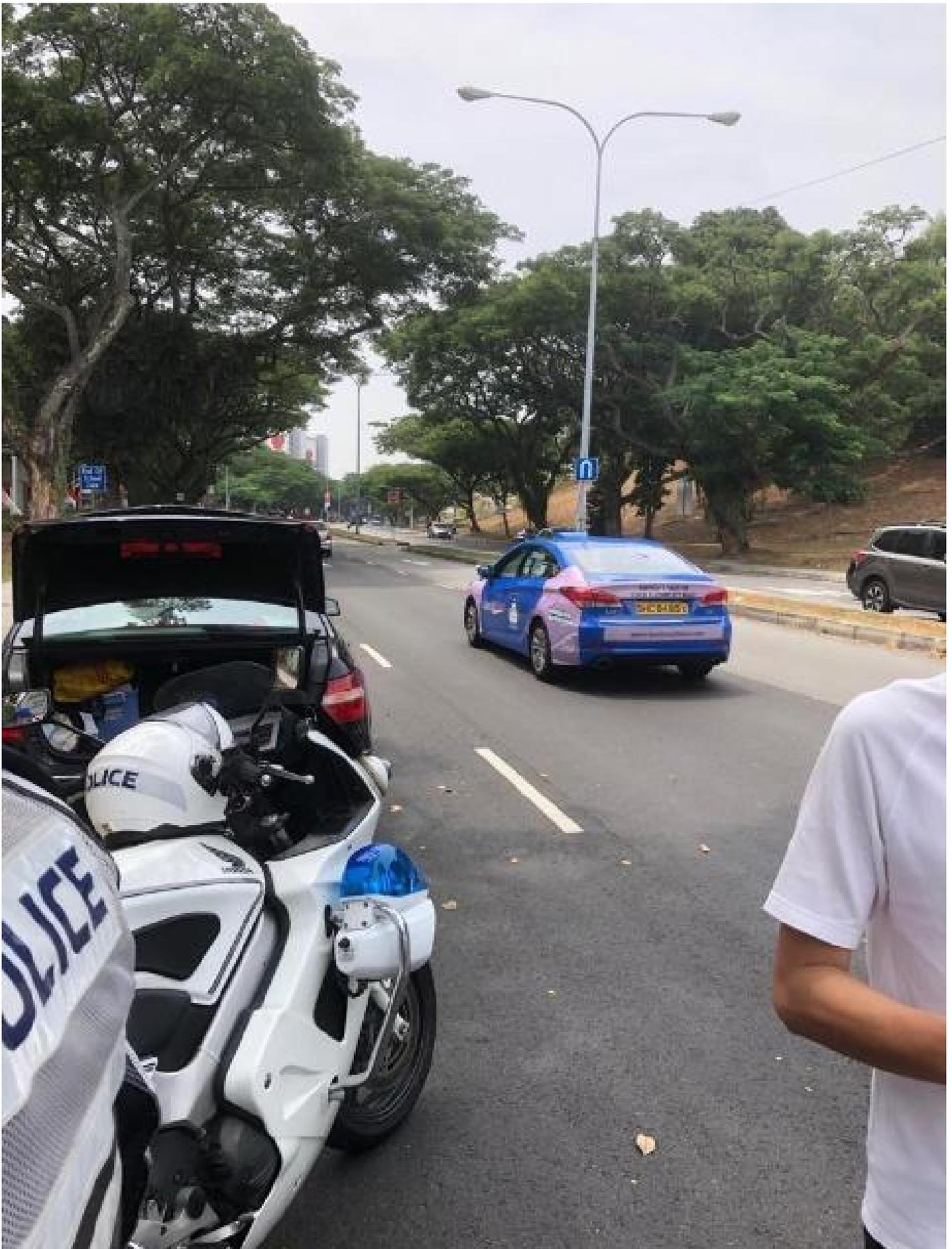
Accident Photo



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