

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 11/01/2020 (dd/mm/yy) Time of Accident: 09 : 50 (24-HR-FORMAT)
Vehicle No. : SKR 1658 X Vehicle Make & Model: VOLVO S60 D2
Exact location of Accident: YISHUN AVE 9
Policyholder's Name / IC No. : RAJESWARI D/O BEJOYAN S8005861F
Driver's Name / IC No. : RAJESWARI D/O BEJOYAN S8005861F (As Above) ☐
Driver's Contact No. : 9119 3121 Company Contact No: _____
Driver's Address: 314 YISHUN RING ROAD #06-1192 S760314
Insurance Company: NTUC Email address (if any): _____

Relationship between Owner & Driver: OWNER

or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor/ ☐ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name : _____
Passenger Name : _____

Gender : _____
Gender : _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☒ No (If YES) Injured Person' Name: rider

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: FBP4842C

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

SKETCH PLAN

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. The 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 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.

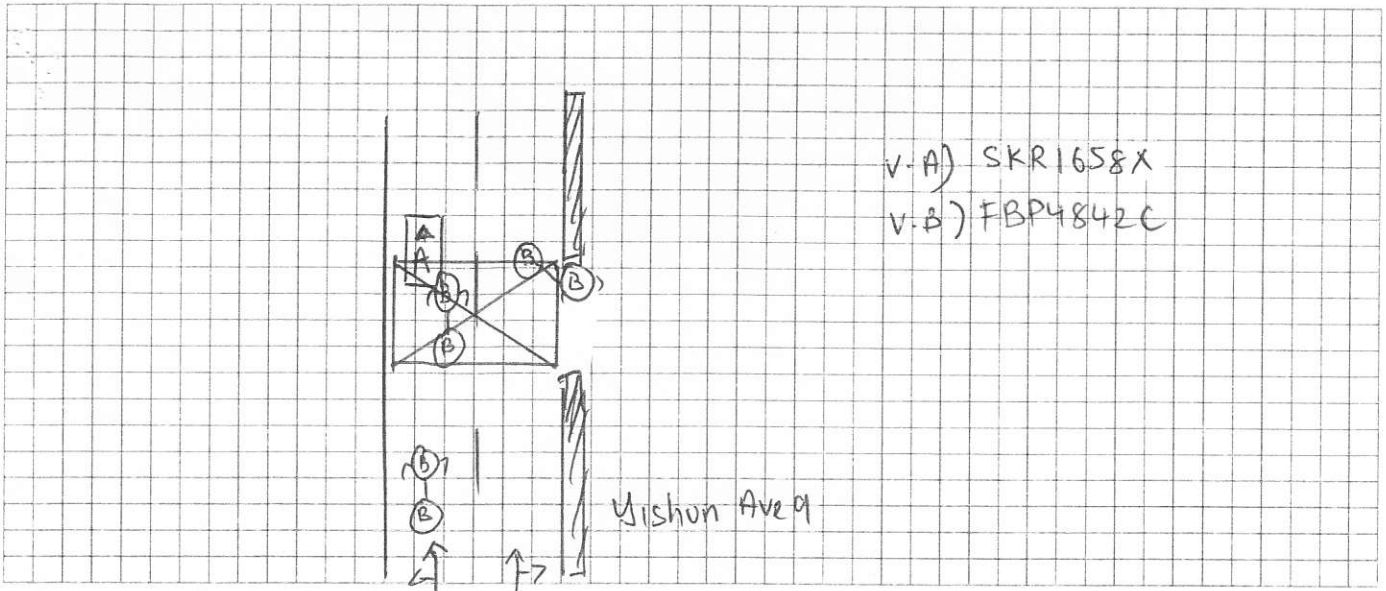


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on the stated venue. I was travelling straight in my lane, as there was a vehicle in front of me stop, hence I slowed down and came to a stop too. The next moment I felt an impact on my vehicle rear right portion, and then I noticed the rider fell towards lane 1 beside the kerb. Shortly I got out of my vehicle and vehicle 'B' driver mentioned he could not stop in time, accidentally collided onto my stationary vehicle rear portion. My vehicle's rear right tyre, tail lamp, bumper and fender was damaged due to this accident. My alignment was off and sound was coming out from the rear right as such I called tow truck.

DECLARATION

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

[Signature]

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.:



SINGAPORE POLICE FORCE



T/20200111/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200111/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2020 14:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: RAJESWARI D/O BEJOYAN			Address: APT BLK 314 YISHUN RING ROAD #06-1192 SINGAPORE 760314		
ID Type / ID No.: NRIC NO / S8005861F			Contact No.: Home/Office: Mobile: 91193121		
Nationality: SINGAPORE CITIZEN			Email: roses@singnet.com.sg		
Sex: Female	Age: 39	Date of Birth: 04/03/1980	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: OTHERS		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/01/2020 09:50	Type of Location:
Location: YISHUN AVENUE 9				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP4842C	Motorcycle					0
SKR1658X	Car	VOLVO	S60 D2	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR1658X	NTUC Income Insurance Co-Operative Limited	5106669537	29/12/2018	20/01/2020



**SINGAPORE
POLICE FORCE**



T/20200111/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200111/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	UNKNOWN	ID No.	NIL
Related Vehicle	FBP4842C (Motorcycle)	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	Slight
Driver			
Name	RAJESWARI D/O BEJOYAN	ID No.	S8005861F
Related Vehicle	SKR1658X (Car)	Contact No.	91193121
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 THE STATED DATE AND TIME, I VEHICLE SKR1658X WAS TRAVELLING ON YISHUN AVE 9. I WAS TRAVELLING STRAIGHT IN MY LANE, AS THERE WAS A VEHICLE INFRONT OF ME STOP, HENCE I SLOWED DOWN AND CAME TO A COMPLETE STOP TOO. THE NEXT MOMENT I FELT AN IMPACT ON MY VEHICLE REAR RIGHT PORTION, AND THEN I NOTICED THE RIDER FELL TOWARDS LANE 1 BESIDE THE KERB. SHORTLY I GOT OUT OF MY VEHICLE AND FBP4842C RIDER MENTIONED HE COULD NOT STOP IN TIME, ACCIDENTALLY COLLIDED ONTO MY STATIONARY VEHICLE REAR PORTION. MY VEHICLE'S REAR RIGHT TYRE, TAIL LAMP, BUMPER AND FENDER WAS DAMAGED DUE TO THIS ACCIDENT. MY ALIGNMENT WAS OFF AND SOUND WAS COMING OUT FROM THE REAR RIGHT AS SUCH I CALLED TOW TRUCK. TRAFFIC POLICE CAME TO THE SCENE AND THE RIDER OF FBP4842C WAS CONVEYED BY AMBULANCE. I WAS GIVEN A CASE CARD NUMBER FROM THE OFFICER, REPORT NO : L/20200111/0108



**SINGAPORE
POLICE FORCE**



T/20200111/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200111/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/01/2020 14:00

Classification Of Case: