

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	14/03/2020 10:53
Date Of Accident	13/03/2020 18:40
Exact Location Of Accident	YISHUN AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK9982U
Insured/Policyholder	
Name Of Registered Owner	PRIYA D/O KARUNA MOORTHY
NRIC No	SXXXX206C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92310041
Alternative Phone No	OFFICE-92310041

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (AMBIENTE)
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	5110440255
Cover Note Number	

Driver

Name of Driver	PRIYA D/O KARUNA MOORTHY
NRIC No	SXXXX206C
Date Of Birth	13/02/1990
Occupation	INDOOR
Date Of Driving Pass	06/05/2013
Driving Experience	6 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92310041
Fax Number	
Contact Number	OFFICE-92310041
Email Address	NOEMAIL

Address	1 YISHUN STREET 51 #02-02
Postcode	767996
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	CHAIN COLLISION
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	3
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200313/7038.

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	SMJ2042J
Vehicle Make/Model/Colour	AUDI A4
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKW1055J
Vehicle Make/Model/Colour	MAZDA 3
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	PRIYA D/O KARUNA MOORTHY
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMK9982U
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: 15th March 2010

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15th March 2010


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

VEHICLE
A: SMK 9182U
B: SM 32042J
C: SKW 1065J



YISHUN AVE 7


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME, I WAS TRAVELLING ON
YISHUN AVE 7 LANE 2. IN FRONT OF MY VEHICLE SLOWED
DOWN AND CAME TO A STOP AND I ~~AND~~ FOLLOW SUIT.
AFTER MY VEHICLE STOPPED, ALL OF A SUDDEN A BIG
IMPACT COLLIDED ONTO MY REAR.

DECLARATION

(We declare the foregoing particulars are true in every respect.)


Policyholder's Signature
Date & Time: 15th March 2020


Driver's Signature
(If driver is not the policyholder)
Date & Time: 15th March 2020


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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200313/7038

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

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Report No. T/20200313/7038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2020 22:54		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: PRIYA D/O KARUNA MOORTHY		Address: 1 YISHUN STREET 51 #02-02 SINGAPORE 767996	
ID Type / ID No.: NRIC NO / S9005206C		Contact No.: Home/Office: Mobile: 92310041	
Nationality: SINGAPORE CITIZEN		Email: Priyakaruna@skool4kidz.com.sg	
Sex: Female	Age: 30	Date of Birth: 13/02/1990	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: School principal		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: 13/03/2020 18:40	Type of Location: Straight Road
Location: YISHUN AVENUE 7				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	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
SKW1055J	Car	MAZDA	MAZDA 3	Blue	Seriously Damaged	1
SMJ2042J	Car	AUDI	A4 B9	Blue	Seriously Damaged	2
SMK9982U	Car	AUDI	A3 SEDAN 1.4 TFSI (AMBIENTE)	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20200313/7038

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

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Report No. T/20200313/7038

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK9982U	NTUC Income Insurance Co-Operative Limited	5110440255	21/06/2019	26/08/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PRIYA D/O KARUNA MOORTHY		ID No. S9005206C
Related Vehicle	SMK9982U (Car)		Contact No. 92310041
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	13/03/2020		Date Discharge 13/03/2020
No. of Days granted Medical Leave	03		Degree of Injury Slight

Brief Details.

ON THE STATED DATE AND TIME, I WAS TRAVELING AT YISHUN AVE 7 LANE 2. IN FRONT OF MY VEHICLE SLOWED DOWN AND CAME TO A STOP AND I FOLLOW SUIT. AFTER MY VEHICLE STOPPED, ALL OF A SUDDEN I FELT A BIG IMPACT FROM MY REAR. I CAME OUT OF MY VEHICLE AND REALIZE I WAS INVOLVED IN A 3 CAR CHAIN COLLISION. I FELT PAIN ON MY HEAD AND BODY. WENT TO CONSULT MY FAMILY CLINIC AND WAS GIVEN 3 DAYS MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200313/7038

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

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Report No. T/20200313/7038

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 / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

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:
13/03/2020 22:54

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

