

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	28/03/2020 16:37
Date Of Accident	27/03/2020 20:05
Exact Location Of Accident	JUNC CHANCERY LANE & DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ435Z
Insured/Policyholder	
Name Of Registered Owner	BETTY HARI CHANDRA
NRIC No	SXXXX252Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93802737
Alternative Phone No	OFFICE-93802737

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS GS450H SUPER LUX
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5116521491
Cover Note Number	

Driver

Name of Driver	BETTY HARI CHANDRA
NRIC No	SXXXX252Z
Date Of Birth	29/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1996
Driving Experience	23 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93802737
Fax Number	
Contact Number	OFFICE-93802737
Email Address	NOEMAIL

Address	33E CHANCERY LANE #01-10
Postcode	309555
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	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)	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 - SINGAPORE CITY
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/20200328/7011.

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	GBF3065M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AYYADURAI RAJESH
NRIC/Passport Number	GXXXX710M
Contact Number	86472353
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name BETTY HARI CHANDRA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJZ435Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

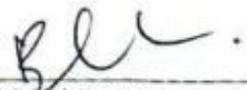
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8. Consent under the Personal Data Protection Act (PDPA)

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)
 Date & Time:



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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200328/7011

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

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Report No. T/20200328/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AYYACLURAI RAJESH	ID No.	G2452710M
Related Vehicle	GBF3065M (Van)	Contact No.	86472353
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
Driver			
Name	BETTY HARI CHANDRA	ID No.	S7231252Z
Related Vehicle	SJZ435Z (Car)	Contact No.	93802737
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/03/2020	Date Discharge	28/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.
V1- SKZ435Z
V2- GBF3065M

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, I WAS DRIVING V1 IN A 3 LANE ROAD ON CHANCERY LANE GOING TOWARDS BALMORAL ROAD. I WAS ON THE 2ND LANE AND WAS GOING TOWARDS BALMORAL ROAD AND IT WAS GREEN LIGHT AS SUCH I CONTINUED TO DRIVE IN A MODERATE SPEED GOING TOWARDS BALMORAL ROAD. V2 WHICH WAS FROM BALMORAL ROAD MAKE A TURN TO DUNEARN ROAD. V2 WAS ON 1ST LANE AND CAME IN A HIGH SPEED AND MAKE A TURN TOWARDS BALMORAL ROAD AND IT HIT MY RIGHT HEADLIGHT. I THEN WENT DOWN AND CONFRONT HIM AND THE DRIVER OF V2 ADMITTED THAT IT WAS HIS FAULT AND WE EXCHANGE PARTICULARS, V1 INFORMED THAT HE WAS FOLLOWING A VAN IN FRONT OF HIM AS DID ASSUME THAT THERE WAS NO TRAFFIC. TRAFFIC POLICE DID ATTENDED TO MY CAR ACCIDENT BUT THEY INFORM ME TO REPORT FOR INSURANCE CLAIM. THERE WAS NO IN CAR CAMERA INSTALLED IN MY CAR AND THERE WAS NO GOVERNMENT PROPERTY DAMAGE AND THERE WAS NO ONE CONVEYED TO HOSPITAL. V2 COUSIN CAME DOWN AND APOLOGIZED TO ME AND ALSO TOLD ME THAT IT WAS V2 FAULT.

ON 27/03/2020 AT ABOUT 2042HRS A PERSON NAMED (JOHN, 92656065), CALLED ME AND INFORMED THAT HE WAS THE OWNER OF V2 AS HE RENTED OUT TO THE DRIVER OF V2 FOR 'LALAMOVE'. HE ALSO DID APOLOGIZE TO ME. I THEN PASSED MY HANDPHONE TO MY HUSBAND AND MY HUSBAND TOLD ME THAT JOHN TOLD MY HUSBAND TO SETTLE WITHIN OUR OWNSELF FOR INSURANCE CLAIM, WHICH MY HUSBAND REFUSE AS WE WANTED TO HEAD OVER FOR LEXUS FOR THE INSURANCE CLAIM.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200328/7011

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

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Report No. T/20200328/7011

CONTINUATION OF REPORT

I AM WRITING THIS TO CONTINUE TO MY STATEMENT,
AND TO INCLUDE INJURIES I HAVE SUSTAINED AFTER I FILED THE REPORT AND THAT WE ARE
TRYING TO REACH OUT TO 'LALAMOVE'
I FELT STRAINS ON MY UPPER RIGHT ARM, RIGHT KNEE AND MY SHOULDER IN THE NEXT
MORNING IN WHICH I CONSULTED A DOCTOR AND WAS GIVEN A INITIAL 5-DAYS MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200328/7011

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

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Report No. T/20200328/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
28/03/2020 13:30

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

