

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	07/04/2020 17:38
Date Of Accident	06/04/2020 11:15
Exact Location Of Accident	FARRER RD TWDS COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ4273X
Insured/Policyholder	
Name Of Registered Owner	HOUGANG CAR RENTAL PTE LTD
Co Reg No	2XXXXX707M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86853446
Alternative Phone No	OFFICE-86853446

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 4DR 1.5R AWD 4AT ABS AIRBAG
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5114049923
Cover Note Number	

Driver

Name of Driver	GAEN LAZARUS KOH JIN YUN
NRIC No	SXXXX018C
Date Of Birth	11/07/1990
Occupation	INDOOR
Date Of Driving Pass	20/01/2010
Driving Experience	10 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82684379
Fax Number	
Contact Number	OFFICE-82684379
Email Address	NOEMAIL

Address	BLK 108 YISHUN RING ROAD #06-293
Postcode	760108
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: : ARIEL ALLYSSA DE SILVA GENDER: : FEMALE

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/20200407/7014.

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	GBE6246T
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LI XUEJIE
NRIC/Passport Number	GXXXX443M
Contact Number	86876817

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GAEN LAZARUS KOH JIN YUN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMJ4273X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ARIEL ALLYSSA DE SILVA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMJ4273X
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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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: _____

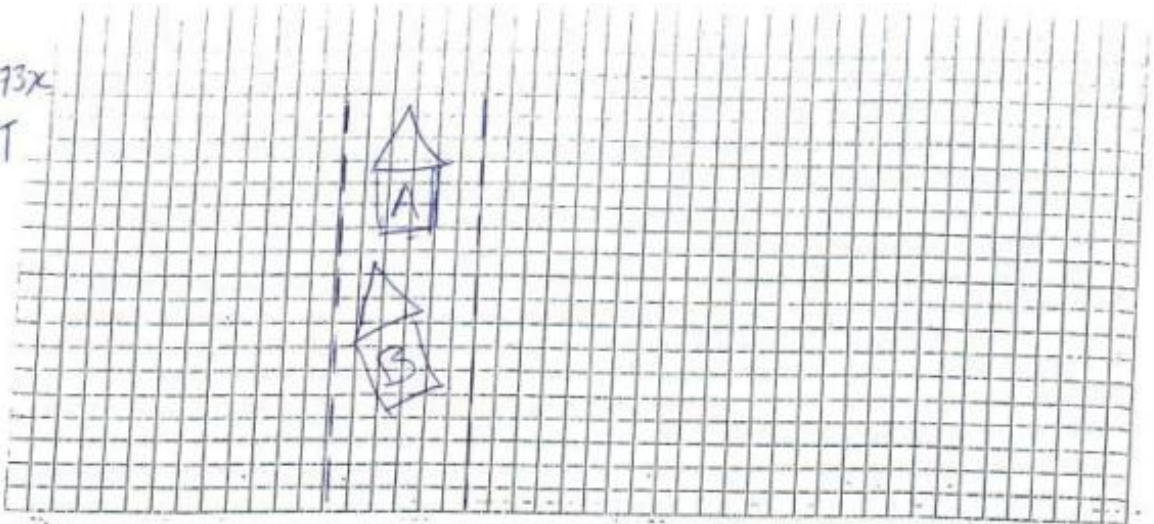



Driver's Signature
(If driver is not the policyholder)
Date & Time: _____


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

Accident Sketch Plan

A-SM14273X
B-GEE6246T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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:

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

201808010002

Police Report



**SINGAPORE
POLICE FORCE**



T/20200407/7014

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

1 of 3

Report No. T/20200407/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2020 11:31		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GAEN LAZARUS KOH JIN YUN			Address: APT BLK 108 YISHUN RING ROAD #06-293 SINGAPORE 760108		
ID Type / ID No.: NRIC NO / S9025018C			Contact No.: Home/Office:		Mobile: 82684379
Nationality: SINGAPORE CITIZEN			Email: gaenkoh@gmail.com		
Sex: Female	Age: 29	Date of Birth: 11/07/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Commercial artist			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: 06/04/2020 11:00	Type of Location: Y-Junction
Location: FARRER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
GBE6246T	Lorry	TOYOTA			Slightly Damaged	0
SMJ4273X	Car	SUBARU	Impreza	Gold	Seriously Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200407/7014

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

2 of 3

Report No. T/20200407/7014

CONTINUATION OF REPORT

Passenger			
Name	ARIEL ALLYSSA DE SILVA	ID No.	S9200147D
Related Vehicle	SMJ4273X (Car)	Contact No.	97911992
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/04/2020	Date Discharge	06/04/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	GAEN LAZARUS KOH JIN YUN	ID No.	S9025018C
Related Vehicle	SMJ4273X (Car)	Contact No.	82684379
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/04/2020	Date Discharge	06/04/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I was travelling along farrer road towards commonwealth avenue in vehicle bearing SMJ4273X on the extreme left lane before exiting to Commonwealth Avenue. The traffic was heavy at the point of time, when suddenly the car in front of me E-brake, i manage to stop in time. However a lorry bearing vehicle number GBE6246T could not stop in time and collided onto my vehicle rear portion, causing damages to my vehicle. I alighted and took photos of the accident and exchange particulars with the driver. I wish to state that at the point of time during the accident, i have a passenger with me (Ariel Allyssa De Silva, S9200147D). After the accident, we both felt pain and discomfort and consulted a doctor at Intemedical 24hours clinic. I was given 5 days of MC and my passenger is given 2 days of MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200407/7014

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

3 of 3

Report No. T/20200407/7014

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:
07/04/2020 11:31

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



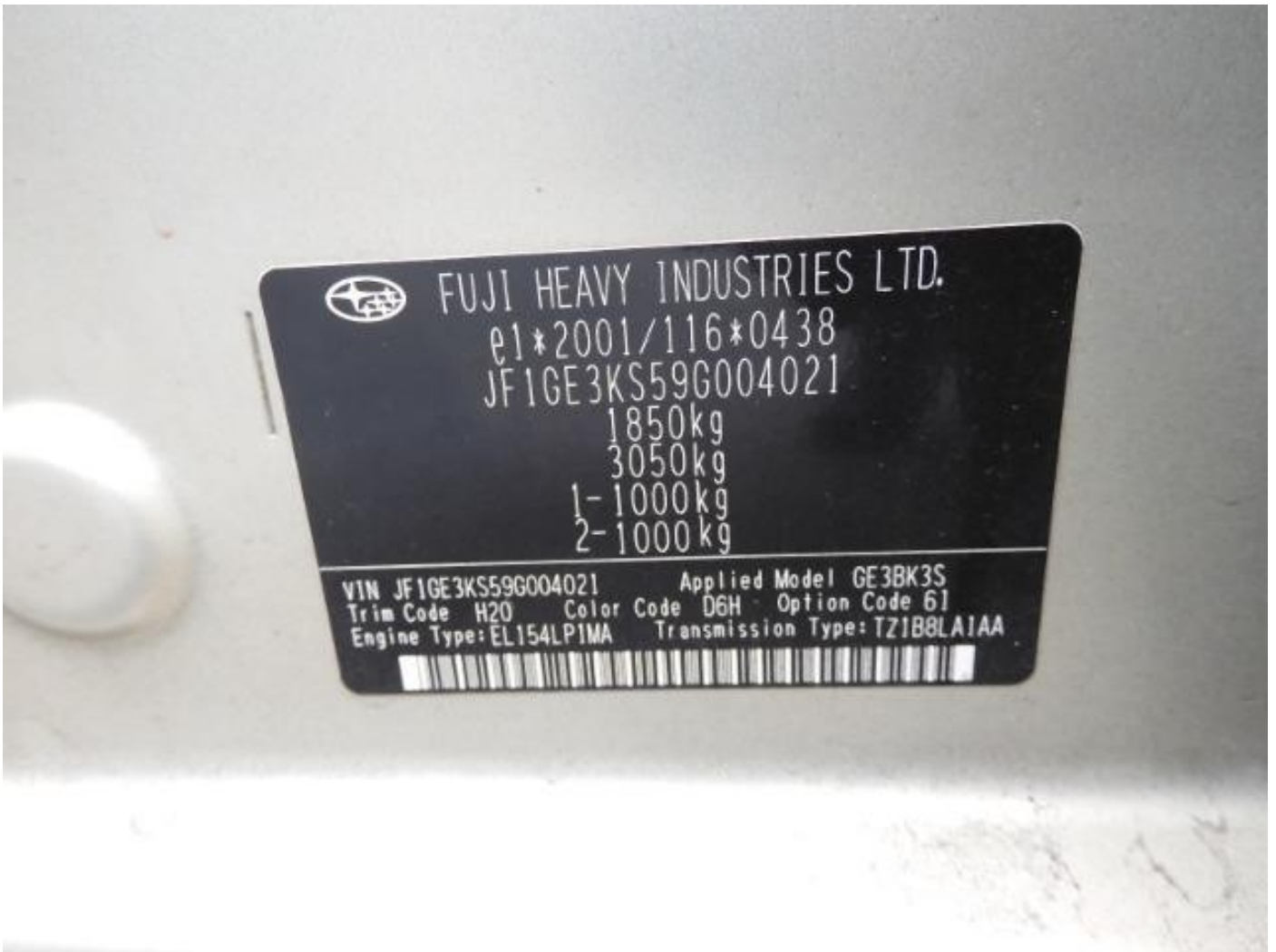
Accident Photo



Accident Photo



Accident Photo



Accident Photo

