

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 Submission 07/04/2020 17:49 (SGT)
Date of Accident 06/04/2020 11:15 (SGT)
Exact Location of Accident Farrer Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ4273X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HOUGANG CAR RENTAL PTE LTD
Company Reg No 2XXXXX707M
Email Address ADMIN@MYCAR.SG
Mobile Phone No (Phone) +65-86853446
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Subaru
Model IMPREZA 4DR 1.5R AWD 4AT ABS AIRBAG
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
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 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82684379
Alt. Phone Number	(Office) +65-82684379
Email Address	ADMIN@MYCAR.SG
Address	BLK 108 YISHUN RING ROAD #06-293
Address complement	-
Postcode	760108
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ARIEL ALLYSSA DE SILVA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police Division Hq - Singapore City
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 Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LI XUEJIE

Passport No/FIN	GXXXX443M
Contact Number	(Phone) +65-86876817
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GAEN LAZARUS KOH JIN YUN
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ARIEL ALLYSSA DE SILVA
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


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:



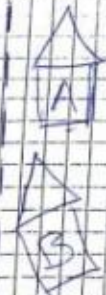

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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

FORM 1 (Accident Report) 1/1

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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)

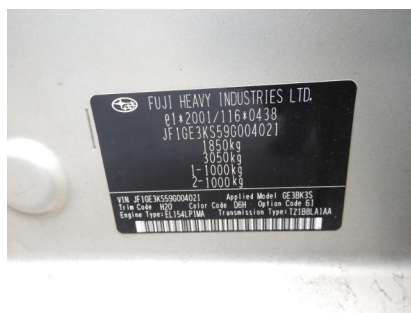
Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRJC/FIN No.:















**SINGAPORE
POLICE FORCE**

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



T/20200407/7014

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Report No. T/20200407/7014

CONTINUATION OF REPORTSketch 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:



SINGAPORE POLICE FORCE



T/20200407/7014

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

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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.:
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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



**SINGAPORE
POLICE FORCE**



T/20200407/7014

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

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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.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120041059 Vehicle Registration No: SMJ 4273X
Name (as shown in NRIC) : Gopu Lazarus Keh Jui Yun NRIC/FIN/Passport No : S9025013C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 108 Yishun Ring Road, #06-293 Singapore (760108)
Contact (Tel) : _____ Mobile No. : 82684379
Email Address : _____
Date of Accident : 06/04/2020 Time of Accident : 11:15
Place of Accident : Farrer Road Towards Commonwealth Ave
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To include email address : Admin@mycar.sg

Policyholder / Driver's Signature
Date:



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