

## 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	26/06/2020 12:16
Date Of Accident	24/06/2020 13:30
Exact Location Of Accident	SELETAR AEROSPACE DR TWDS SELETAR WEST LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9375L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KC CAR RENTAL PTE LTD
Co Reg No	2XXXXX588M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94281330

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

### Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	M0015802
Cover Note Number	19/04/2020 TO 18/04/2021

### Driver

Name of Driver	IRYANTI BINTE ANIS
NRIC No	SXXXXX752C
Date Of Birth	21/01/1975
Occupation	INDOOR
Date Of Driving Pass	02/12/1995
Driving Experience	24 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94281330
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 269 YISHUN ST 22 #03-24 (S) 760269
Postcode	
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
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)	2
Passenger 1	NAME: : HANISAH BINTE MOHD YATIM / S7437488C GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

refer with attach police report. Remarks : audio file type not able to upload

#### 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	SHA5496U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YAP CHENG CHOR
NRIC/Passport Number	SXXXX996J
Contact Number	91681409
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	IRYANTI BINTE ANIS
Approximate Age	
Injuries Sustain	KHOO TECK PUAT HOSPITAL
Injured person in which vehicle?	SLA9375L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name	HANISAH BINTE MOHD YATIM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLA9375L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	

Address

Postcode



SKETCH PLAN

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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: \_\_\_\_\_



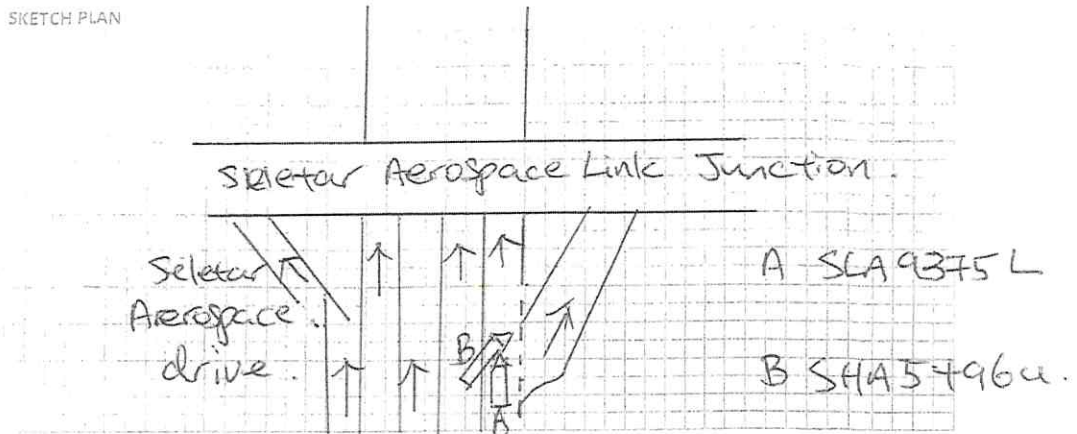


Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_



# Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/6/20 at around 1.30pm I was driving SLA 9375 L along Seletar Aerospace drive towards Seletar West Link. I was driving on the 2nd Lane just before I reach Seletar Aerospace Link Junction a taxi SHA 5496 u driving on the 3rd lane slightly in front of me suddenly cut into my lane and I hit onto his right of his car. Taxi driver MR YAP admitted that he cut into my lane. On the same night I felt pain on my neck and was given 3 days MC.

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)

Reporting Centre Personnel's Signature  
Name:



**INTERVIEW FORM**

Name (Driver) : Inyanti Binte Anis

Policy No : M0015802

Vehicle No : SLA9375L

Place of Accident : Sektor aerospace dr towards sektor west IMF

Insured Driver's relationship with Insured : hirer

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 1 passenger

Injury to Insured and/or Insured driver, please indicate which hospital: \_\_\_\_\_

Yes

Third Party Vehicle No (if any) : SHA5496U

No of passenger(s) in Third Party Vehicle : Nil

Injury to Third Party driver and/or passenger(s), please indicate which hospital: \_\_\_\_\_

No

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved: \_\_\_\_\_

change / cross lane

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement): \_\_\_\_\_

Nil

Traffic Police report (enclosed) : yes

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) / Date \_\_\_\_\_  
I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature) / Date \_\_\_\_\_

Workshop Name: \_\_\_\_\_

Etiqa Insurance Pte Ltd  
One Raffles Quay  
#22-01 North Tower  
Singapore 048583

T +65 63360477  
F +65 63392109

www.etiqa.com.sg  
Company Reg. No. 2013100056

A Member of Maybank



police report



**SINGAPORE  
POLICE FORCE**



T/20200625/2031

1 of 3

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

Report No. T/20200625/2031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/06/2020 11:44	Video Report No.:	Station Diary No.: 24
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**Informant's Particulars**

Name of Informant: IRYANTI BINTE ANIS			Address: APT BLK 269 YISHUN STREET 22 #03-24 SINGAPORE 760269		
ID Type / ID No.: NRIC NO / S7500752C			Contact No.: Home/Office: Mobile: 94281330		
Nationality: SINGAPORE CITIZEN			Email: iryantianis@gmail.com		
Sex: Female	Age: 45	Date of Birth: 21/01/1975	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: TEACHER			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: 24/06/2020 13:30	Type of Location: Y-Junction
Location: Along Road 1 Traveling Toward Road 2 SELETAR AEROSPACE DRIVE SELETAR WEST LINK Seletar Aerospace Drive towards Seletar West Link				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA5496U	Car					0
SLA9375L	Car				Seriously Damaged	1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999



T/20200625/2031

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Report No. T/20200625/2031

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	YAP CHENG CHOR		ID No.	S1228996J
Related Vehicle	SHA5496U (Car)		Contact No.	91681409
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
<b>Driver</b>				
Name	IRYANTI BINTE ANIS		ID No.	S7500752C
Related Vehicle	SLA9375L (Car)		Contact No.	94281330
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/06/2020		Date Discharge	24/06/2020
No. of Days granted Medical Leave	03		Degree of Injury	Slight

**Brief Details:**

On the 24/06/20 at around 1330hrs, I was driving my vehicle SLA9375L along Seletar Aerospace Drive towards Seletar West Link. I was driving on the 2nd lane.

Just before I reach Seletar Aerospace Link junction, a taxi, SHA5496U, driving on the 3rd lane slightly in front of me suddenly cut into my lane and I hit onto the right side of the taxi. The taxi driver, namely Mr Yap, admitted that he cut into my lane.

On the same night, I felt pain on my neck and was given 3 days MC.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 459045  
Tel No: 1800-2448999



T/20200625/2031

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Report No. T/20200625/2031

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /  
Sgt 3 MUHAMMAD NUR ISKANDAR BIN MUHD  
NUR GHAZALI LIM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No. 65476404



SINGAPORE  
POLICE FORCE

Signature Of Informant:

*[Handwritten Signature]*

Date/Time  
25/06/2020 11:44

Classification Of Case:

