#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	23/07/2020 14:51
Date Of Accident	19/06/2020 11:20
Exact Location Of Accident	JUNC OF SEMBAWANG RD & GAMBAS AVE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX1704L
Insured/Policyholder	
Name Of Registered Owner	WEST WAY CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81288789
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SD20V04708/VPZ/R00
Cover Note Number	
Driver	

Name of Driver NORSITA BINTI ABDUL GHANI

NRIC No SXXXX062J
Date Of Birth 27/07/1970
Occupation INDOOR
Date Of Driving Pass 05/12/1998

Driving Experience 21 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-87121956

Fax Number
Contact Number

EMail Address NOEMAIL

BLK 266 TOH GUAN RD #01-37 Address

600266 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 - CROSS JUNCTION** 

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

1

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)

YES

ROAD: 51 ANG MO KIO AVENUE 9, POSTCODE: 569929, COUNTRY: Police Station Address

**SINGAPORE** 

TEL NO: 1800-2180000 - FAX NO: 64814246 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO POLICE REPORT F/20200719/7039

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

UNKNOWN Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
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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.
- 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 this 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 whole(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)
  - 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.:

GURMC SketchPlanForm\_V3

#### **Accident Sketch Plan**

SEETCH PLAN			
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ECLARATION			
We declare the foregoing part	ticulars are true in every respect.	14	
olicyholder's Signature	Dint S		
ate & Time;	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Person Name:	nel's Signature
SIARMC SketchPlanForm V2	Date & Time:	NRIC/FIN No.*	





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Report No. F/20200719/7039

# POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000

Date/Time Report Made Vide Report No. Station Diary No. 19/07/2020 22:04 Name Of Informant Address CHAN CHEE WEI, FRANKIE 47A EDGEFIELD PLAINS #13-16 SINGAPORE 828714 ID Type / ID No. Contact No. NRIC NO / S7539593J Home/Office: Mobile: 81288789 Nationality Email Address SINGAPORE CITIZEN DREAMCARRENTALSG@GMAIL.COM Occupation Sex Age Date of Birth Race MANAGER Male 44 24/12/1975 Chinese Institution/School Name Language English Date/Time Of Incident Location Of Incident 19/06/2020 10:00 - 19/06/2020 10:05 47A EDGEFIELD PLAINS #13-16 SINGAPORE 828714 Brief details.

My rental company had rented out our vehicle number SGX 1704L on 16 June 2020 to 23 June 2020 @ \$250 to Mdm Norsita Binti Abdul Ghani Nric No: S7028062J and confirm with the hirer Mdm Norsita that there will be no additional driver.

On 19 June 2020 @ 11.20am i had received a call from Sergeant Ho JieKang Ivan informing me that my rental company vehicle bearing No: SGX 1704L had involved in a Road Traffic Accident and the driver abandon the car and fled. Sergeant Ho JieKang Ivan requested for the hirer details and contact number. On the same day @ 1912 hours Sergeant Ho manage to found the hirer and the driver who drove my vehicle. Sergeant Ho also confirm that the driver who drove my vehicle no: SG

Signature Of Officer Recording The Report:	Signature Of Informant:	
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 19/07/2020 22:04	
Officer In-Charge Of Case:	Classification Of Case:	
Authentication Stamp		





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200719/7039

valid driving licence and also wanted by the police for drug related offence. My vehicle was compound by traffic police on the 19 June 2020 till to date. How did the accident happened we are not sure.

Person Name	NORSITA BINITI ARRIU GUAN		and the second s
ID Type	NORSITA BINTI ABDUL GHANI NRIC NO ID No S7038063 I		
Gender		ID No	S7028062J
THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	Female	Race	Malav
Address	266 TOH GUAN ROAD #01-37 SINGAPORE 600266	Mobile No	87121956
Relation To Informant	NON RELATED		

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/07/2020 22:04
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





































