

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	04/11/2020 12:47 (SGT)
Date of Accident	23/10/2020 15:30 (SGT)
Exact Location of Accident	Tanjong Katong Rd, Singapore
Additional Location Information	MOUNTBATTEN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2827K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DR VARSHA ATUL SHAH
NRIC No	SXXXX522E
Email Address	varshatul@yahoo.com
Mobile Phone No	(Phone) +65-81617339
Alternative Phone No	+65-81617339

VEHICLE PARTICULARS

Manufacturer	BMW
Model	318I
Variant	-
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5090181977-03
Cover Note Number	-

DRIVER

Name of Driver	DR VARSHA ATUL SHAH
NRIC No	SXXXX522E
Date Of Birth	03/08/1964
Occupation	Indoor

Date Of Driving Pass	04/12/1993
Driving experience	26 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81617339
Alt. Phone Number	+65-81617339
Email Address	varshatul@yahoo.com
Address	1 AMBER ROAD #25-02
Address complement	-
Postcode	439845
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201103/7052

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	SBS6537E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-

Address
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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: 4.11.2020	 Driver's Signature (If driver is not the policyholder)	 Reporting Centre Personnel's Signature Name:
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**SINGAPORE
POLICE FORCE**



T202011037052

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

1 of 3
Report No: T/20201103/7052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2020 23:22 Vide Report No.: Station Diary No.:

Informant's Particulars				
Name of Informant: VARSHA ATUL SHAH			Address: 1 AMBER ROAD #25-02 SINGAPORE 439845	
ID Type / ID No.: NRIC NO / S2608522E			Contact No.: Home/Office: Mobile: 81617339	
Nationality: SINGAPORE CITIZEN			Email: varshatul@yahoo.com	
Sex: Female	Age: 56	Date of Birth: 04/08/1964	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Paediatrician			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Special Vehicle	Drink Drive: No	Date/Time of Accident: 23/10/2020 15:30	Type of Location: X-Junction
Location: TANJONG KATONG ROAD SOUTH				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLC2827K	Car	BMW	318i SEDAN LED NAV	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC2827K	NTUC Income Insurance Co-Operative Limited	5090181977-03	09/05/2020	08/05/2021



**SINGAPORE
POLICE FORCE**



T20201103/7052

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

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Report No. T/20201103/7052

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VARSHA ATUL SHAH	ID No.	S2608522E
Related Vehicle	SLC2827K (Car)	Contact No.	81617339
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 23 October 2020 at around 3.30pm I was driving my white BMW 318i (License Plate No. SLC2827K) along Tanjong Katong Road South upon taking Exit 11 (Tanjong Katong Road) from the East Coast Parkway expressway.

As I approached the intersection of Tanjong Katong Road South and Mountbatten Road I was on the right most lane preparing to make a U-turn in order to make my way to my residence at 1 Amber Road. I was the leading car at the red light of the intersection and noticed a light green SBS bus on my left, on the second most right lane.

When the traffic light turned green, I inched forward in preparation of making the U-turn as there was still oncoming traffic. At the same time, I recall the light green SBS bus on my left very close to my vehicle as it approached its turning pocket in preparation to make a right turn. It was around this period that I heard a short screeching noise. I did not make much of it thinking it could have been from the brakes or another vehicle. I proceeded to make the U-turn and arrived at my residence shortly after.

Upon parking my vehicle, I noticed a few minor scratches above the front left tire and the front left bumper of my vehicle, as shown in the picture attached. I was uncertain as to the cause or origin of these scratches and did not take any further action.

On 3 November 2020, I received a letter from the Singapore Police Force dated 31 October 2020 (Ref: TP/IP/47495/2020) regarding a case of a traffic accident involving my vehicle along Mountbatten Road on 23 October 2020 at 3.29pm. It was only upon receiving this letter that I recollected the events that transpired that afternoon which I have stated above.



**SINGAPORE
POLICE FORCE**

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



T/20201103/7052

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Report No. T/20201103/7052

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

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:
03/11/2020 23:22

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-05 Singapore 048580
 Tel: (65) 6224 0010 Fax: (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S66520000 / GST Reg. No.: M400017733

M1/1108/51-002

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 : MNA 420097239 Vehicle Registration No: SLC 2827K
 Name (as shown in NRIC): Varsha Atul Shah NRIC/FIN/Passport No : 526085225
 (*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
 Address : 1, Amber Rd 25-02 Singapore(4398145)
 Contact (Tel) : 63459565 Mobile No.: 81617339
 Email Address : varshatul@yahoo.com
 Date of Accident : 23/10/20 Time of Accident: 12:30 pm
 Place of Accident : Junction 9, To Katong south / Mounbratten Road
 Insurance Company: NTUC INCOME

(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:

Amend to "Own damage claim"
Preferred workshop:- BMW at alexandra
Contact:- Joseph 91165199
Yaguel.renan.joseph@simedarky.com.sg

M. Shah
 Policyholder / Driver's Signature
 Date: 4/12/2020

[Signature]
 Reporting Centre Personnel's Signature
 Name: [Name]