

## 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	16/11/2020 20:16
Date Of Accident	12/11/2020 18:10
Exact Location Of Accident	ALONG PUNGGOL DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR1115J
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#### Insured/Policyholder

Name Of Registered Owner	ALVIN TRANSPORT & LIMO CAR RENTAL SERVICES
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90044605
Alternative Phone No	OFFICE-90044605

#### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0003924_01
Cover Note Number	

#### Driver

Name of Driver	CHIA SEOK GUET, CINDY (XIE SHUYUE)
NRIC No	SXXXX026E
Date Of Birth	13/02/1985
Occupation	INDOOR
Date Of Driving Pass	16/10/2008
Driving Experience	12 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90044605
Fax Number	
Contact Number	OTHERS-90044605
Email Address	NOEMAIL

Address	BLK 505A YISHUN STREET 51 #08-26
Postcode	761505
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201113/2126

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH9145J
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH CHIA YEE, FREDERICK
NRIC/Passport Number	SXXXX498F
Contact Number	90696977
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
DETAILS OF INJURED PERSON 1	
Name	CHIA SEOK GUET, CINDY (XIE SHUYUE)
Approximate Age	
Injuries Sustain	SERIOUS INJURIES
Injured person in which vehicle?	SLR1115J
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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5. Any false reporting may be referred to the Police for investigation.
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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:

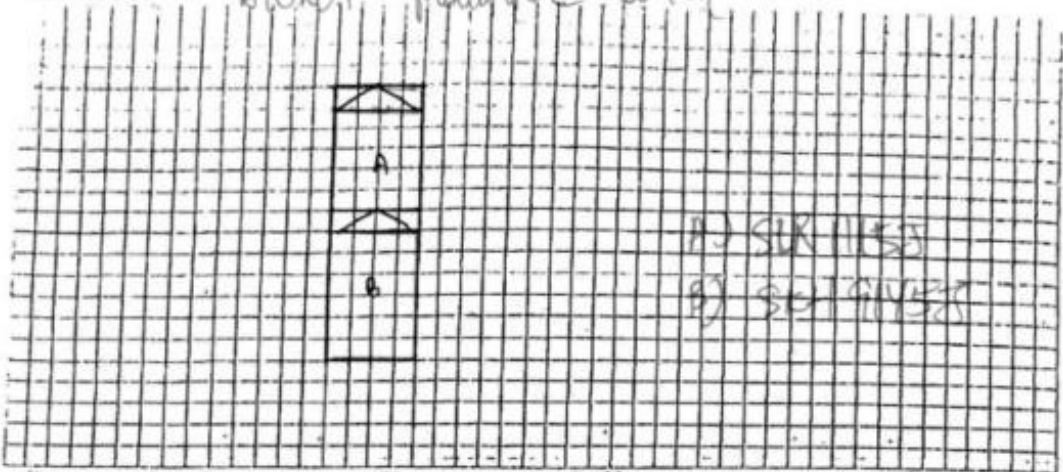
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

SKETCH PLAN

Along Punggol Drive



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/2020/1113/2126

## 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:  
NRIC/FIN No.:

2020/11/13 16:00

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201113/2126

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No: T/20201113/2126

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2020 22:34	Vide Report No.:	Station Diary No.: 118
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### Informant's Particulars

Name of Informant: CHIA SEOK GUET, CINDY			Address: APT BLK 505A YISHUN STREET 51 #08-06 SINGAPORE 761505		
ID Type / ID No.: NRIC NO / S8505026E			Contact No.: Home/Office: Mobile: 90044605		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 35	Date of Birth: 13/02/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Manicurist			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: 12/11/2020 18:10	Type of Location: Gradient
Location:  PUNGGOL DRIVE				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKH9145J	Car					2
SLR1115J	Car				Seriously Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR1115J	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0003924_01	31/07/2020	30/07/2021

# POLICE REPORT



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POLICE FORCE**

Police Station Of Origin:  
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31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999



T/20201113/2126

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Report No. T/20201113/2126

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	GOH CHIA YEE, FREDERICK	ID No.	S8604498F
Related Vehicle	SKH9145J (Car)	Contact No.	90696977
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	CHIA SEOK GUET, CINDY	ID No.	S8505026E
Related Vehicle	SLR1115J (Car)	Contact No.	90044605
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/11/2020	Date Discharge	13/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious

### Brief Details.

On 12/11/2020 at about 1810hrs, I was driving my personal car, a red color Honda Vezel bearing plate number, SLR1115J, along Edgedale Plains. The weather was clear and the road surface was dry. The traffic was heavy at the point of time.

Whilst stopping at the filter lane to Punggol Drive, to check for ongoing traffic, a silver color Volkswagen bearing plate number, SKH9145J, hit the rear of my car with impact. No one was injured at the point of time. No police and ambulance were called in.

We alight our respective vehicles to check on the damages and took photo of the accident scene. The rear boot of my vehicle is dented in due to the accident. I have in-vehicle camera installed in my car and it was on recording mode. We exchanged particulars and left the scene.

Upon reaching home, I felt uncomfortable on my right back region. I went to seek treatment at Mount Alvernia Hospital. I was given 3 days of MC due to the injury.



POLICE REPORT



SINGAPORE  
POLICE FORCE

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31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999



T/20201113/2126

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Report No: T/20201113/2126

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:

L /

Staff Sgt FRANCIS PEH JIAN HAO

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/11/2020 22:34

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No.: 65476219

Classification Of Case:

Authentication Stamp  
NP168

SN 000



Accident Photo



Accident Photo



Accident Photo



Accident Photo









Accident Photo





Accident Photo

