

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 09/12/2020 13:57 (SGT)
Date of Accident 05/12/2020 12:00 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information AYE(CITY) BEFORE NORTH BUONA VISTA RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKR1975E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AMANDA TAN
NRIC No SXXXX369A
Email Address AMANDA.TANSH@GMAIL.COM
Mobile Phone No (Phone) +65-98456098
Alternative Phone No +65-98456098

VEHICLE PARTICULARS

Manufacturer Honda
Model Jazz
Variant -
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company India International
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D20MPC0002649
Cover Note Number -

DRIVER

Name of Driver AMANDA TAN
NRIC No SXXXX369A
Date Of Birth 21/03/1980
Occupation Outdoor

Date Of Driving Pass	13/02/2004
Driving experience	16 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98456098
Alt. Phone Number	+65-98456098
Email Address	AMANDA.TANSH@GMAIL.COM
Address	5 UPPER BUKIT TIMAH VIEW #04-12
Address complement	-
Postcode	588134
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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)	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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT D/20201205/7070

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	SLT4389E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD9054U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHD6067C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLM6627S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AMANDA TAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKR1975E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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:


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


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

SKETCH PLAN

- (A) SKR 1975E
- (B) SLT 4389E
- (C) SHD 9054U
- (D) SHD 6067C
- (E) SLM 6627S

AYE (City)
Before
North Buona
Vista Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AYE (City) Before North Buona Vista Road.

The traffic is moderate.

As I was driving, the front car (E) slowed down and I followed suit.

Before I could stop completely, vehicle (B) came from behind and hit my car (A).

The impact was so great that it pushed my car (A) forward and crashed onto vehicle (E).

After alighting from my car (A), it was then I realised that it was a chain collision of 5 vehicles.

The ambulance and traffic police arrived at the accident scene.

DECLARATION

I/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.:

CrashPlan SketchPlanForm_V.2






















































**SINGAPORE
POLICE FORCE**


D/20201205/7070

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POLICE REPORT (NP299)

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Report No. D/20201205/7070

Date/Time Report Made 05/12/2020 23:37	Vide Report No.	Station Diary No.
Name Of Informant AMANDA TAN SIN HUI	Address 5 UPPER BUKIT TIMAH VIEW #04-12 SINGAPORE 588134	
ID Type / ID No. NRIC NO / S8009369A	Contact No. Home/Office: Mobile: 98456098	
Nationality SINGAPORE CITIZEN	Email Address amanda.tansh@gmail.com	
Occupation	Sex	Age
Counsellor (family)	Female	40
Institution/School Name	Date of Birth	Race
	21/03/1980	Chinese
Date/Time Of Incident 05/12/2020 12:00	Location Of Incident 5 UPPER BUKIT TIMAH VIEW #04-12 SINGAPORE 588134	

Brief details.

Traffic accident

Report No.: D/20201205/0074

I was travelling along AYE towards city and met with a 5 car collision accident. I was car number 4.
The traffic police, ambulance and EMAS arrived and a lady was conveyed to the hospital.
The traffic police requested that I make a police report.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2020 23:37
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



D/20201205/7070

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201205/7070

The traffic condition was fair, the weather was clear. The car in front of me brake and I too braked. Before I realised, I was sandwiched in between the front and back car. The impact was so great my 2 air bags were activated and there was a strong burning smell.

After I got out of my car, I realised it was chain accident involving 5 vehicles. The first 2 were taxi which I did not manage to get their contact.

The car plates of the vehicles involved in the order of the first car to the last car is as follows:

SHD9054U

SHD6067C

SLM6627S

SKR1975E (Me)

SLT4389U.

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Male		
Victim			
Person Name	AMANDA TAN SIN HUI		
ID Type	NRIC NO	ID No	S8009369A
Gender	Female	Age	40
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:		Date/Time:	
Not applicable		05/12/2020 23:37	
Officer In-Charge Of Case:		Classification Of Case:	
Authentication Stamp			



**SINGAPORE
POLICE FORCE**



D/20201205/7070

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201205/7070

Race	Chinese	Language	English
Occupation	Counsellor (family)	Address	5 UPPER BUKIT TIMAH VIEW #04-12 SINGAPORE 588134
Mobile No	98456098	Is Informant A Victim?	Yes
Person Name	AMANDA TAN SIN HUI (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2020 23:37
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



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: S66SS0020G / 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 : SN0920C9000D Vehicle Registration No: SKR1975E
Name (as shown in NRIC) : Tan Sin Hui NRIC/FIN/Passport No : S8009369E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 5 Upper Bukit Timah View #04-12 Singapore (588134)
Contact (Tel) : _____ Mobile No. : 98456098
Email Address : amanda.tansh@gmail.com
Date of Accident : 5/12/2020 Time of Accident : 12:00
Place of Accident : AYE (City) before North Buona Vista Road
Insurance Company : India

(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:

I wish to claim my own insurance to repair my car first and
submit a recovery claim after repair my car.

Policyholder / Driver's Signature
Date: 21/12/2020

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