

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 21/12/2020 16:27 (SGT)
Date of Accident 18/12/2020 19:30 (SGT)
Exact Location of Accident Lucky View, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK9891K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FRESH CARS PTE LTD
Company Reg No 2XXXXX540Z
Email Address jimmywandly@gmail.com
Mobile Phone No (Phone) +65-89999999
Alternative Phone No +--

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNA00005692000
Cover Note Number -

DRIVER

Name of Driver JIMMY WANDLY
NRIC No SXXXX208H
Date Of Birth 03/03/1967
Occupation Outdoor

Date Of Driving Pass	31/08/1994
Driving experience	26 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81139539
Alt. Phone Number	-
Email Address	jimmywandly@gmail.com
Address	81 YISHUN AVENUE 11
Address complement	#06-25
Postcode	768863
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Female

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

REFER TO POLICE REPORT - T/20201221/2028

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FX28Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	CLIFFORD YEO
NRIC No	SXXXX994G
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	JIMMY WANDLY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLK9891K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**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. 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.

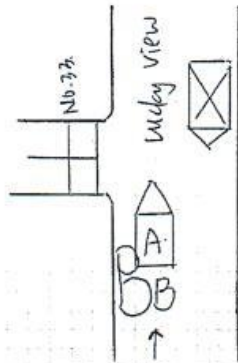


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



(A) = CLK 9891 K.
(B) = FX 212

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling along Lucky View. As I was approaching my destination, I slowed down my vehicle. My vehicle ^{was} near at the side of the curb.

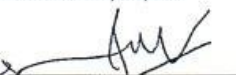
Suddenly vehicle B cut my lane and over take from the left and hit onto my vehicle. whole accident was captured by my vehicle built-in video recorder.

Please refer to the Police Report No: T/2020 1221/2028

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.:





















 SINGAPORE POLICE FORCE		 1/2020 122/12020				
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000		Report No: T12020-1212020				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 21/12/2020 12:10		Vide Report No.:				
Station Diary No.:						
Informant's Particulars						
Name of Informant: JIMMY WANDLY		Address: 81 YISHUN AVENUE 11 #06-25 THE CANOPY SINGAPORE 768863				
ID Type / ID No.: NRIC NO / S1815208H		Contact No.: Home/Office: Mobile: 81139539				
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 53	Date of Birth: 03/03/1987	Type of Informant: Driver			
Race: Indonesian		Language: English	Institution / School Name:			
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:				
General Information of the Accident						
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/12/2020 19:30			
Type of Location: Straight Road						
Location: LUCKY VIEW						
Weather: Clear		Road Surface: Dry	Road Speed Limit:			
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate			
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
FX28Z	Motorcycle	KTM	1290 SUPER DUKE GT	Orange		0
SLK9891K	Car	TOYOTA	WISH 1.8X CVT	Black		By 1
Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL						
Use of Pedestrian Crossing: NA						



**SINGAPORE
POLICE FORCE**

T/20201221/2028

2 of 3

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

Report No. T/20201221/2028

CONTINUATION OF REPORT

Rider			
Name	CLIFFORD YEO	ID No.	S6909994G
Related Vehicle	FX28Z (Motorcycle)	Contact No.	9636630
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
Driver			
Name	JIMMY WANDLY	ID No.	S1815208H
Related Vehicle	SLK9891K (Car)	Contact No.	81139539
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

Brief Details.

ON STATED DATE TIME AND LOCATION.

ON 18/12/2020 AT ABOUT 1930HRS I WAS BEARING A VEHICLE PLATE NUMBER A (SKK9891K) AND THE OTHER PARTY WAS BEARING A VEHICLE PLATE NUMBER B (FX282). I WAS TRAVELLING ALONG LUCKY VIEW. AS I WAS APPROACHING MY DESTINATION, I SLOWED DOWN MY VEHICLE. MY VEHICLE WAS NEAR AT THE SIDE OF THE CURB.

SUDDENLY VEHICLE (B) CUT ONTO MY LANE AND OVER TAKE FROM THE LEFT AND HIT NTO MY VEHIVLE (A). WHOLE ACCIDENT WAS CAPTURED BY MY VEHIVLE BUILD-IN VIDEO CAMERA .THEREFORE I AM MAKING A POLICE REPORT.



**SINGAPORE
POLICE FORCE**

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



T/20201221/2028

3 of 3

Report No: T/20201221/2028

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 65474886 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
SC MUHAMMAD SHAFFIY BIN ROSLAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/12/2020 12:10

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No: 65476151

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

