

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 11/12/2020 13:10 (SGT)
Date of Accident 02/07/2019 06:40 (SGT)
Exact Location of Accident Choa Chu Kang Rd, Singapore
Additional Location Information TOWARDS BUKIT PANJANG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP8555K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SUBBURAYAN
NRIC No SXXXX751Z
Email Address shalininaidu2690@gmail.com
Mobile Phone No (Phone) +65-96669221
Alternative Phone No +65-83228897

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
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? No - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5103555750-01
Cover Note Number -

DRIVER

Name of Driver SHALINI D/O S NAIDU
NRIC No SXXXX501I
Date Of Birth 26/03/1990
Occupation Indoor

Date Of Driving Pass	21/11/2008
Driving experience	10 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83228897
Alt. Phone Number	-
Email Address	shalininaidu2690@gmail.com
Address	BLK 21 #12-37
Address complement	QUEEN'S CLOSE
Postcode	104421
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collision - Head to Rear
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

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

Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC10K
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
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)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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")

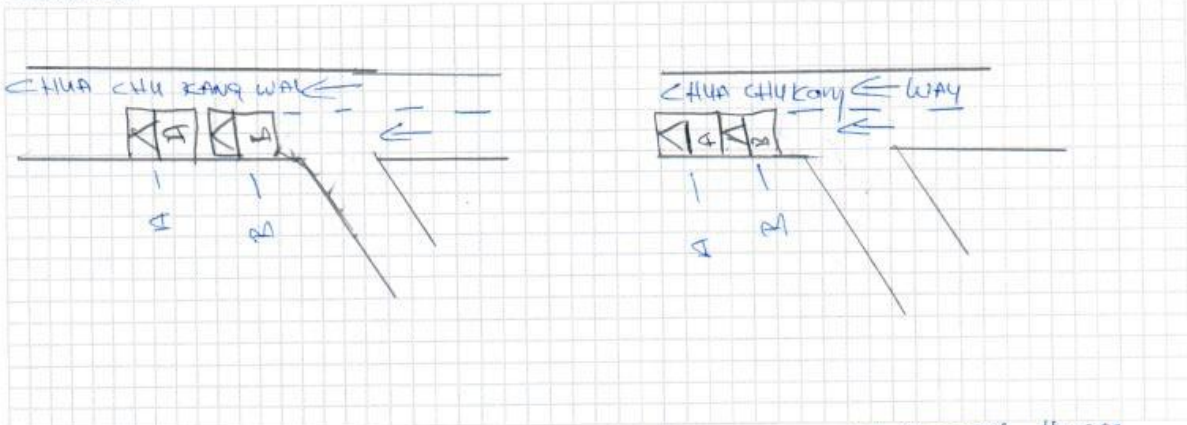
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

- ① A TAXI SHC 10 K
- ② B SBP 8555 K

There were no damages, hence he shared no requirement for contact details exchange. He drove off saying nothing to pursue. There were 3 passengers in my car who could be witness.

Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20190803/2050.

REMARK: THIS IS MY FIRST EXPERIENCE OF THIS INCIDENT WHICH I ONLY REPORT THIS MATTER TO THE POLICE & NOT IDAC.

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

Witnessed by Reporting Centre Personnel



10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

29 Jul 2020

Our ref 2907200501N001577085

SUBBURAYAN NAIDU S/O GOVINDASAMY
APT BLK 21 QUEEN'S CLOSE
#12-137
SINGAPORE 140021

Dear MR SUBBURAYAN NAIDU S/O GOVINDASAMY

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. SJP8555K

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. You are no longer the registered owner of the vehicle with effect from 29 Jul 2020. The details are as follows:

Vehicle No.	: SJP8555K
Application Date	: 29 Jul 2020
Effective Transfer of Ownership Date	: 29 Jul 2020
Vehicle Make	: HONDA
Vehicle Model	: FIT 1.3G A
Chassis No./Trailer Chassis No.	: GE61090797 / -
Engine No./Motor No.	: L13A4100235 / -

2. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.

3. Thank you.

Yours sincerely

Assistant Registrar of Vehicles
Vehicle Licensing Division
Land Transport Authority

[This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Let's keep everyone safe on our roads!



SINGAPORE POLICE FORCE



T/20190803/2050

1 of 3

Report No: T/20190803/2050

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2019 11:34	Vide Report No.:	Station Diary No.: 67
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Informant's Particulars

Name of Informant: SHALINI D/O S NAIDU		Address: APT BLK 21 QUEEN'S CLOSE #12-137 SINGAPORE 140021	
ID Type / ID No.: NRIC NO / S90105011		Contact No.: Home/Office: Mobile: 83228897	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 29	Date of Birth: 26/03/1990	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: School counsellor		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

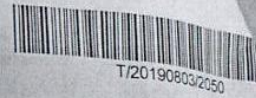
Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/07/2019 06:40	Type of Location: Filter lane
Location: Junction of Road 1 and Road 2 CHOA CHU KANG AVENUE 1 CHOA CHU KANG WAY Filter lane turning left			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC10K	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Yellow	No Damage	0
SJP8555K	Car	HONDA	FIT 1.3G A	White	No Damage	3

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20190803/2050

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Report No: T/20190803/2050

CONTINUATION OF REPORT**Brief Details.**

On 02/07/2019 at about 0640hrs I was driving my car (SJP8555K) along Choa Chu Kang Ave 1 towards Choa Chu Kang Way. At the junction of Choa Chu Kang Ave 1 and Choa Chu Kang Way, I was passing through the filter lane on the left. As I was making the turn to the left at the filter lane, I made a check to my right for incoming traffic. Suddenly, as I turned back to face my front, a yellow Comfort taxi (SHC10K) that was in front of me braked abruptly. As such, I had to apply my brake pedal to make an emergency stop and I saw that the taxi had switched on its hazard lights. Upon checking, I realized that my car's front bumper had made contact with the taxi's rear bumper. I then proceeded to give my particulars to the taxi driver. After taking my particulars and checking his car for damages, the taxi driver informed me that the damage was negligible as such there was no need to exchange particulars and he drove off. I did not make a road traffic accident report as I agreed with his conclusion and also did not acquire his particulars. On 23/07/2019, I then received a letter from Traffic Police regarding the incident vide: TP/IP/45303/2019, as such I am lodging this report for investigation purposes. I would like to state that my vehicle was not equipped with an in-car camera at the material time.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No. 1800-7659999



T/20190803/2050

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Report No. T/20190803/2050

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:
J /
Staff Sgt MUHAMMAD SALIMIN BIN OMAR

Signature Of Interpreter:
Not applicable

Signature :

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

Signature Of Informant:

Date/Time:
03/08/2019 11:34

Classification Of Case:

Authentication Stamp
NP168