

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	16/01/2021 12:16 (SGT)
Date of Accident	15/01/2021 12:50 (SGT)
Exact Location of Accident	Tai Seng Ave, Singapore
Additional Location Information	TAI SENG ST / TAI SENG AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM2866H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO DRIVING CENTRE PTE LTD
Company Reg No	1XXXXX882C
Email Address	DARYLTAN@CDC.COM.SG
Mobile Phone No	(Phone) +65-67401636
Alternative Phone No	(Office) +65-67401636

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D20FL0000618
Cover Note Number	-

DRIVER

Name of Driver	LU XUE MIN RACHEL
NRIC No	SXXXX347H
Date Of Birth	11/01/1999
Occupation	Indoor

Date Of Driving Pass	15/01/2021
Driving experience	0 MONTH
Gender	Female
Mobile Number	(Phone) +65-97116526
Alt. Phone Number	-
Email Address	R.LUXUEMIN@GMAIL.COM
Address	87 FLORA DRIVE #06-62
Address complement	-
Postcode	506889
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Hit and run / Vandalism / Damaged whilst parked
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WILSON OH YEW SENG
Gender	Male

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

ON 15 JAN 2021 AT ABOUT 1250HRS. I WAS DRIVING ALONG THE JUNCTION OF TAI SENG AVE & TAI SENG ST WHEN A 3RD PARTY VEHICLE (GBE 331U) SUDDENLY COLLIDED INTO THE SIDE OF MY VEHICLE (SMM2866H).

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE331U
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

WITNESS DETAILS

WITNESS 1

Name	WILSON OH YEW SENG
Phone	(Phone) +65-88280520
Email	-

SKETCH PLANIMPORTANT NOTICE

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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.

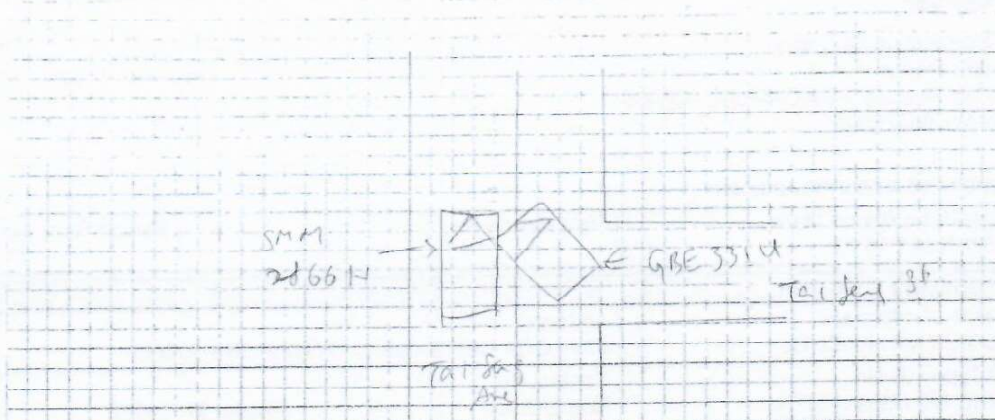
ComfortDelGro Driving Centre Pte Ltd
205 Ubi Ave 4
Singapore 408805

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15 Jan 2021 at about 1250 hrs, I was driving along the junction of Tai Leng Ave & Tai Leng St when a 3rd party vehicle (GRE 3314) suddenly collided into the side of my vehicle (SMM 2866H).

DECLARATION

I/We declare the foregoing particulars are true in every respect.

DelGro Driving Centre Pte Ltd
205 Ubi Ave 4
Singapore 408805

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**



T/20210115/7021

1 of 3

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

Report No. T/20210115/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2021 16:27	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LU XUE MIN RACHEL	Address: 87 FLORA DRIVE #06-62 SINGAPORE 506889		
ID Type / ID No.: NRIC NO / S9901347H	Contact No.:	Mobile: 97116526	
Nationality: SINGAPORE CITIZEN	Email:	r.luxuemin@gmail.com	
Sex: Female	Age: 22	Date of Birth: 11/01/1999	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: Student	Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/01/2021 12:55	Type of Location:
Location: TAI SENG AVENUE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE311U	Van					0
SMM2866H	Car					0

Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



**SINGAPORE
POLICE FORCE**



T/20210115/7021

2 of 3

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

Report No. T/20210115/7021

CONTINUATION OF REPORT

Driver			
Name	LU XUE MIN RACHEL		ID No. S9901347H
Related Vehicle	SMM2866H (Car)		Contact No. 97116526
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
Passenger			
Name	WILSON OH		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
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 15 Jan 2021, at about 1250 hrs, I was driving along the junction of Tai Seng Ave and Tai Seng St when a 3rd party vehicle (GBE311U) suddenly collided into the side of my vehicle (SMM2866H). The 3rd party vehicle was speeding and did not stop at the stop line. Upon honking, the driver refused to stop and drove away.



**SINGAPORE
POLICE FORCE**



T/20210115/7021

3 of 3

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

Report No: T/20210115/7021

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 / TPIB /
TAN JEOK LENG
Contact No.: 65476144

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:
15/01/2021 16:27

Classification Of Case: