

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 15/02/2021 11:21 (SGT)
Date of Accident 09/02/2021 20:00 (SGT)
Exact Location of Accident Sengkang W Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV4878M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PATWANT SINGH S/O GURBACHAN SINGH
NRIC No SXXXX894E
Email Address patwant@singnet.com.sg
Mobile Phone No (Phone) +65-90013380
Alternative Phone No +65-90013380

VEHICLE PARTICULARS

Manufacturer MG
Model HS 1.5T AT
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V12898/VPC/R00
Cover Note Number -

DRIVER

Name of Driver PATWANT SINGH S/O GURBACHAN SINGH
NRIC No SXXXX894E
Date Of Birth 11/04/1966
Occupation Indoor

Date Of Driving Pass	17/08/1985
Driving experience	35 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90013380
Alt. Phone Number	+65-90013380
Email Address	patwant@singnet.com.sg
Address	29 ANCHORVALE CRESCENT
Address complement	#17-40
Postcode	544658
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	3
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ANIK A K A U R
Gender	Female

PASSENGER 2

Name	ARON DAVE SINGH
Gender	Male

PASSENGER 3

Name	NISHA BINTE OMAR KHAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POKICE REPORT:T/20210210/2016

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 SLZ6624G
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 SJN1239E
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 PATWANT SINGH S/O GURBACHAN SINGH
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained Upper shoulder & neck
Injured person in which vehicle? SMV4878M
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person ANIKA KAUR
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained TEETH & HEAD
Injured person in which vehicle? SMV4878M
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person	ARON DAVE SINGH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SMV4878M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	NISHA BINTE OMAR KHAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT EYE & RIGHT CHEEK
Injured person in which vehicle?	SMV4878M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

Refer to police report T/20210210/2016.

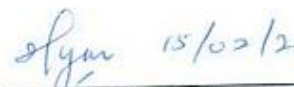
Declaration

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20210210/2016

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Report No. T/20210210/2016

CONTINUATION OF REPORT



Brief Details.

On 09/02/2021 at about 2000hrs, I had just finished dinner with my family at Serangoon and headed back to my home at Anchorvale Crescent. My vehicle was along Sengkang West road in the direction of Fernvale, just outside bus stop 67081 B01 Sengkang West Road, at the pedestrian traffic light. My vehicle was stationary in the middle lane of the 3 lane road. Traffic light just next to the bus stop was red and I had another vehicle in-front of me (SJN1239E). Before I know it, I heard a loud thud and my car was hit from the back and jerked forwards hitting the car in-front.

The passengers in my car, especially my wife and daughter were badly shaken. The impact had caused my wife's right side of her face to hit the dashboard as she was flung forward despite being buckled up with her seat belt. This caused bruising around her right eye. The impact had also caused my daughter's handphone to flung out of her hand which in turn hit her on her lips causing her upper gums to bleed. I then got out of the vehicle and saw that a white Honda Civic (SLZ6624G) had hit me from the rear causing my vehicle to jerk forward. My vehicle sustained damage to the rear bumper which was badly dented in, and the diffuser was almost ripped off the bumper, the tail gate was also damaged. The Honda's front end had been buckled in quite badly and his 2 airbags were deployed. When I checked on the front of my vehicle, I did not see any damage to my vehicle, the front vehicle sent me a photo showing the rear of his vehicle had dented in.

When I spoke to the Honda driver, he admitted that he was not looking ahead but rather at his phone as he is a trader and was looking at stocks, he was not paying attention accelerated, thus hitting my car with great force from close distance. He even informed the driver of the other vehicle, Mr Seah Kok Ann, NRIC: S7337427H, who spoke in mandarin, to leave the scene which I felt was not quite right, the driver then heeded his advise and left the scene. We then called for the police as my wife was injured. Upon hearing the police being called, the other driver Mr Chew Bing Jie, NRIC: S8427298A, then left the scene. The ambulance arrived at scene and advised that they should go to the nearest A&E if they were still concerned about their injuries. Traffic police came later and I then informed them of what had happened. The then asked for my in-car camera's SD Card which I then handed over to them and informed me that report was F/20210209/0157 under TP IO Yus Mastari.

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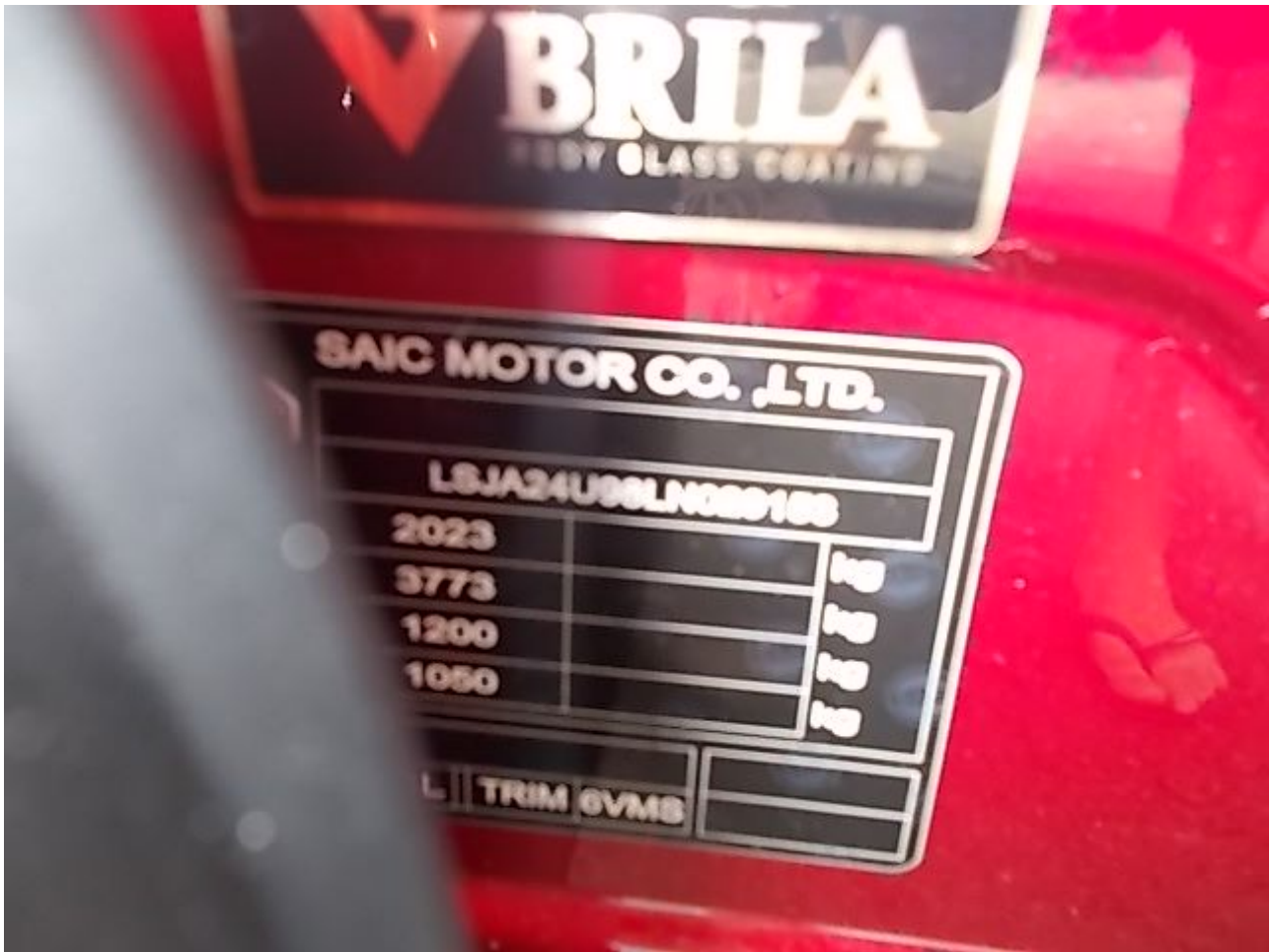















**SINGAPORE
POLICE FORCE**


T/20210210/2016

1 of 3

Report No: T/20210210/2016

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2021 09:11	Vide Report No.: F/20210209/0157	Station Diary No.: 45
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Informant's Particulars

Name of Informant: PATWANT SINGH S/O GURBACHAN SINGH		Address: 29 ANCHORVALE CRESCENT #17-40 SINGAPORE 544658	
ID Type / ID No.: NRIC NO / S1737894E		Contact No.: Home/Office:	Mobile: 90018830
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 11/04/1966	Type of Informant: Driver
Race: Sikh		Language:	Institution / School Name:
Occupation: ADJUNCT LECTURER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: Yes	Date/Time of Accident: 09/02/2021 20:00	Type of Location: Straight Road
Location: SENGKANG WEST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume:	
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
SUN1239E	Car					1
SLZ6624G	Car					0
SMV4878M	Car				Slightly Damaged	3

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20210210/2016

2 of 3

Report No. T/20210210/2016

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SINGAPORE POLICE FORCE



T/20210210/2016

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Report No. T/20210210/2016

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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:
F /
Staff Sgt WEE JUN WEI, MOSES

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/02/2021 09:11

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt CHONG GUAN FATT
Contact No.: 65476083

Classification Of Case:

Authentication Stamp
NP168

SN 153

SIGNATURE

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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: S66550020G / 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 : SN09212F0001 Vehicle Registration No: SMV4878M
Name(as shown in NRIC) : DATWANT SINGH S/O GURBACHAN SINGH NRIC/FIN/Passport No : SXXXX894E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 29 ANCHORVALE CRESCENT #17-40 Singapore(54658)
Contact (Tel) : _____ Mobile No. : 90013350
Email Address : _____
Date of Accident : 09/02/21 Time of Accident : 20:00
Place of Accident : SENGKANG WEST RD
Insurance Company: LIBERTY

(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:

Amend Injury

Policyholder / Driver's Signature
Date:

Shyam 15/02/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: