

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 03/03/2021 10:28 (SGT)
Date of Accident 26/02/2021 19:00 (SGT)
Exact Location of Accident Suntec City, Singapore
Additional Location Information ROUNDABOUT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG9590M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AUTOSPRINT PTE LTD
Company Reg No 2XXXXX594D
Email Address ADMIN@MYCAR.SG
Mobile Phone No (Phone) +65-88453456
Alternative Phone No +65-88453456

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 India International
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D20MFL0007305
Cover Note Number -

DRIVER

Name of Driver CHEN GUOXIONG
NRIC No SXXXX227C
Date Of Birth 25/05/1983
Occupation Outdoor

Date Of Driving Pass	07/12/2018
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88453456
Alt. Phone Number	-
Email Address	ADMIN@MYCAR.SG
Address	BLK 214 YISHUN ST 21 #09-185
Address complement	-
Postcode	760214
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	Collision - Change/cross lane
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	JESSIE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT & POLICE REPORT T/20210228/2036

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	SKX9264P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN AI TI
NRIC No	-1
Contact Number	(Phone) +65-98415642
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	CHEN GUOXIONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMG9590M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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

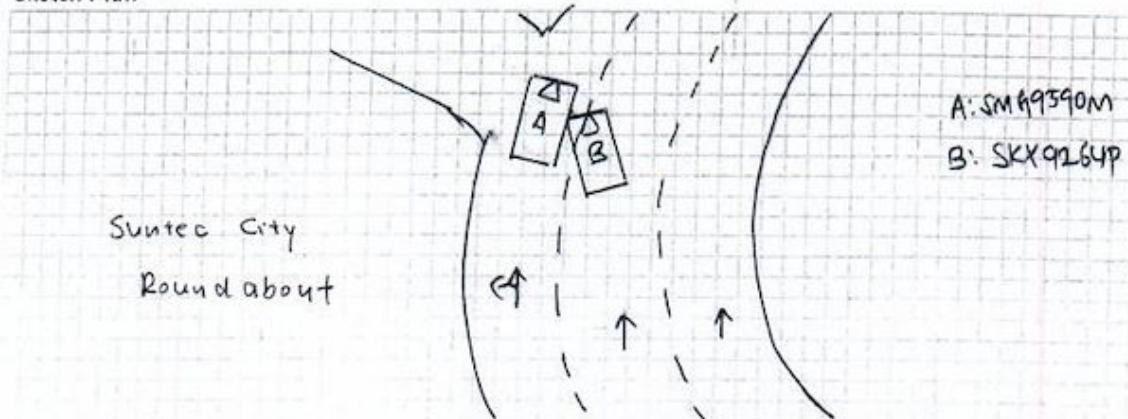
[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along Satec city roundabout. out of sudden, I hit on impact of my vehicle and realised that vehicle B (SKX9264P) collided onto my vehicle right portion while she changing lane from the middle lane.

my passenger : Jessie C female passenger

Refer to police report - T/2021 0228/2036.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

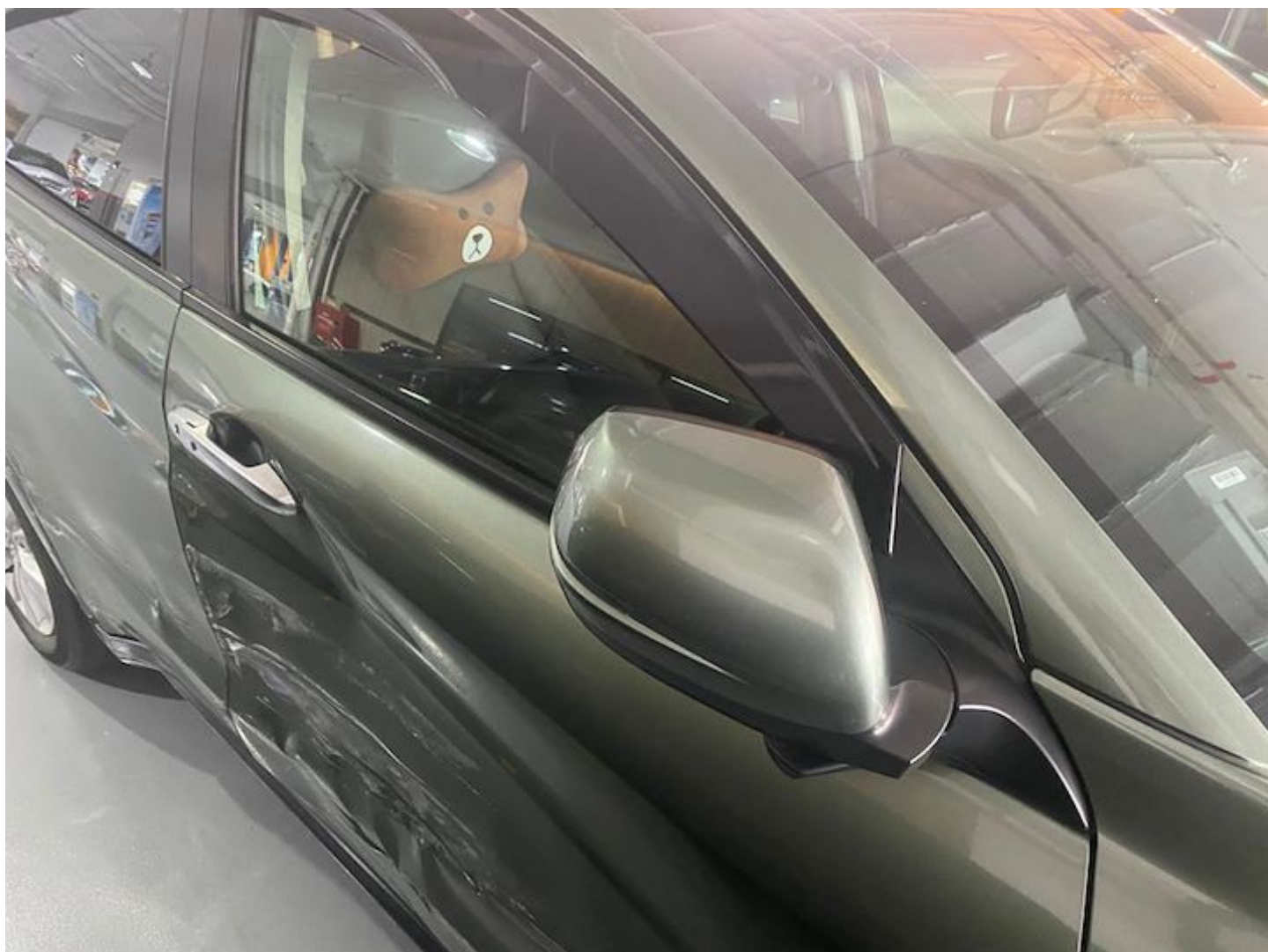
[Signature]

Witnessed by Reporting Centre Personnel























**SINGAPORE
POLICE FORCE**



T/20210228/2036

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Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768627
Tel No: 1800-8529899

Report No. T/20210228/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2021 13:49	Vide Report No.: L/20210226/2093	Station Diary No.: 39
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Informant's Particulars

Name of Informant: CHEN GUOXIONG		Address: APT BLK 214 YISHUN STREET 21 #09-185 SINGAPORE 760214	
ID Type / ID No. NRIC NO / S8315227C		Contact No. Home/Office: Mobile: 88453458	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 25/05/1983	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2021 18:00	Type of Location: Roundabout
Location: TEMASEK BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
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
SKX9264P	Car				Slightly Damaged	0
SMG9590M	Car		HONDA	Green	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210228/2038

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No. 1800-8529999

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Report No. T/20210228/2038

CONTINUATION OF REPORT


Driver			
Name	Chan Ai Ti	ID No.	S7402336H
Related Vehicle	SKX9264P (Car)	Contact No.	98415842
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	CHEN GUOXIONG	ID No.	S8315227C
Related Vehicle	SMG9590M (Car)	Contact No.	88453456
Hospital/Clinic	OEI & KHO CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/02/2021	Date Discharge	28/02/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	JESSIE	ID No.	NIL
Related Vehicle	SMG9590M (Car)	Contact No.	97992512
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.


I am a grab car driver and I am driving a private rented car SMG9590M

On 25/02/2021 at about 7pm, I was driving my rented car (SMG9590M) from Fromendade MRT to Temasek Boulevard (Fountain of wealth) with a passenger. As I was driving along the fountain of wealth on the extreme left lane, I noticed there was a vehicle SKX9264P in the middle lane. The driver of the vehicle, wanted to exit towards Temesek boulevard. As the driver was changing lanes, she collided onto my vehicle.

I stopped my vehicle and checked on the collision and found that my right side of my vehicle was dented. The other vehicle's front left was dented. I managed to get her particulars and contact number. I contacted her later and she provided me her plate number, SKX9264P

 **SINGAPORE
POLICE FORCE**






Police Station Of Origin:
Yishun North N.P.C.
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8528999


T/20210228/2036

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Report No: T/20210228/2036

CONTINUATION OF REPORT

On 27.02.2021, I felt pain on my neck and my back. I took painkillers. On 28.02.21, I went to see a doctor and was given 3 days of MC.

 SINGAPORE POLICE FORCE		 T/20210228/2036
Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 763827 Tel No: 1800-8529999		4 of 4 Report No: T/20210228/2036
CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch plan		
<p>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 <u>report number</u> as reference.</p>		
Signature Of Officer Recording The Report: L/ SI MOHAMED SAHIR		Signature Of Informant: 
Signature Of Interpreter: Not applicable		Date/Time: 28/02/2021 13:49
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185		Classification Of Case: 
Authentication Stamp NPT68		

