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 witholding 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	09/02/2021 17:46 (SGT)
Date of Accident	08/02/2021 15:00 (SGT)
Exact Location of Accident	Near Bef Adana at Thomson, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX4996T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JASTINA BALEN
NRIC No	SXXXX606D
Email Address	JASTINAFBALNE@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90212782
Alternative Phone No	+65-90212782

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	TIGUAN 1.4 TSI AT BMT 5N22QY
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	Direct Asia
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	GRACE SHANI ANTHONY
NRIC No	TXXXX733C
Date Of Birth	17/05/2001
Occupation	Indoor

Date Of Driving Pass	02/10/2020
Driving experience	4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94799669
Alt. Phone Number	-
Email Address	GRACESHANI55@GMAIL.COM
Address	6 MAR THOMA ROAD #03-01
Address complement	-
Postcode	328688
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Whampoa Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002507999
Alt. Police Station Phone No	(Fax) +65-63554314
Police Station Address	Blk 29 Jalan Bahagia #01-368 Singapore 320029
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD4006C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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)	-

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 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	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	9/2/21	

Sketch Plan

Describe Circumstances of the Accident

Refer to the police report.

Declaration

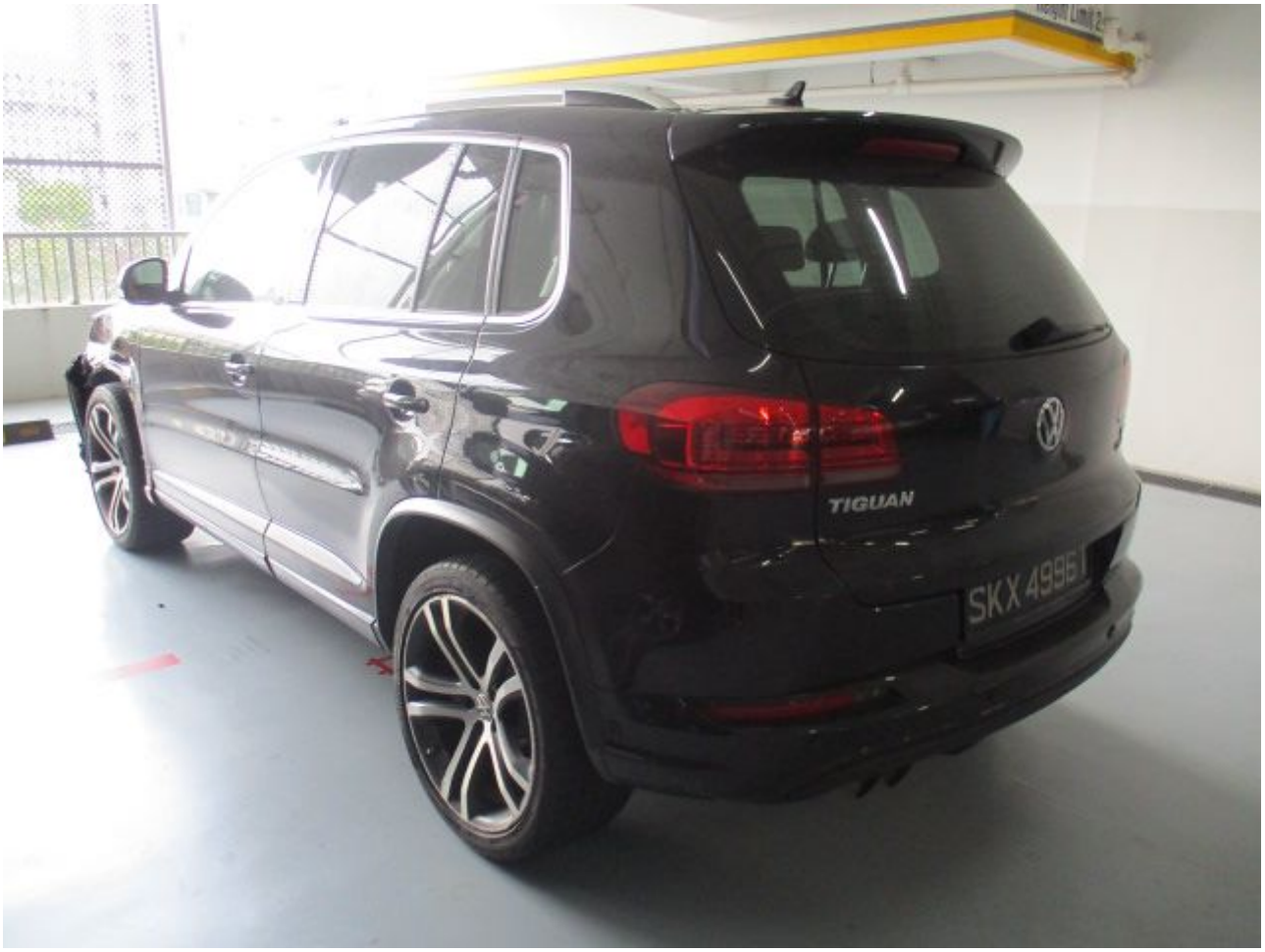
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

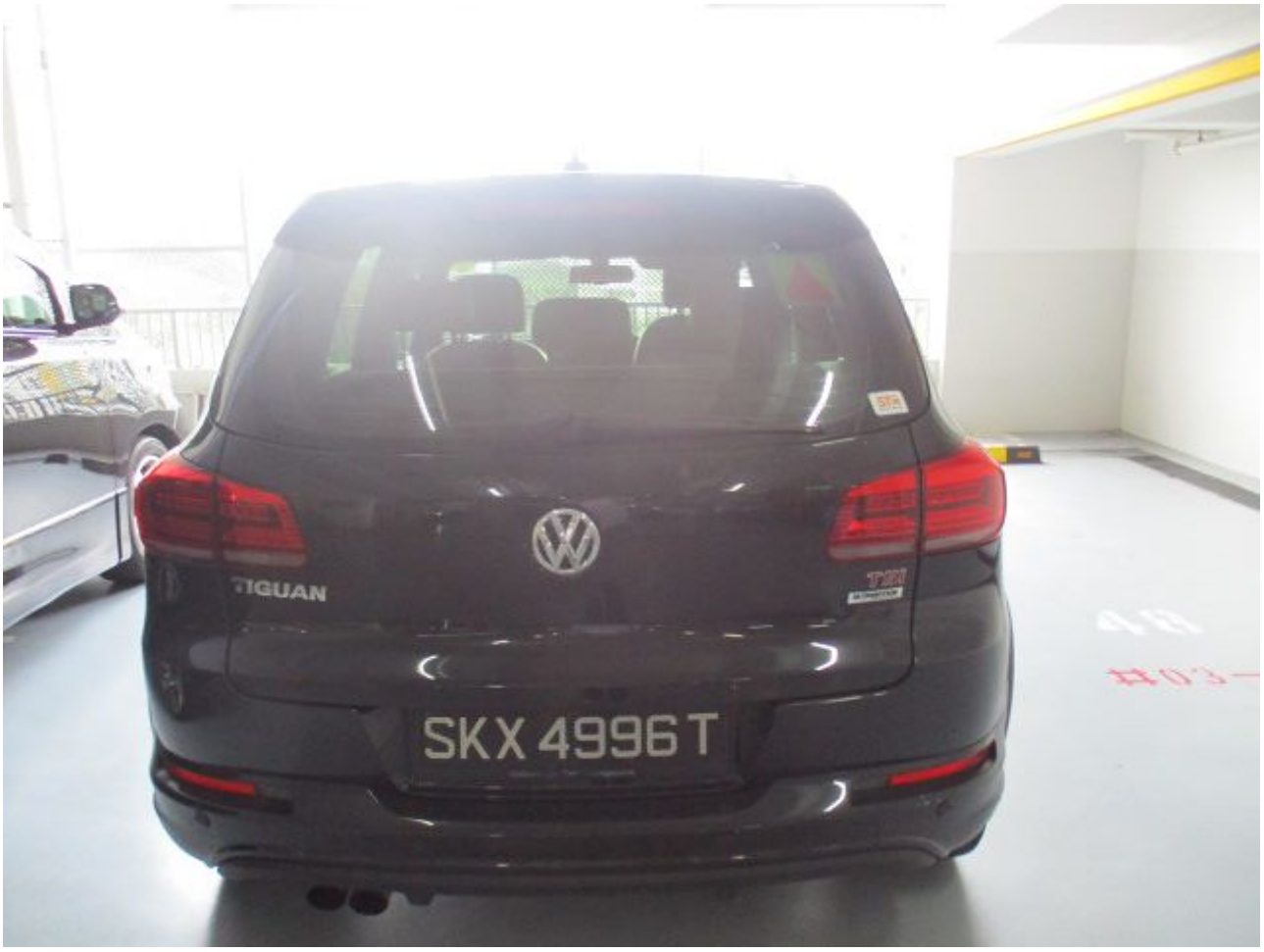
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

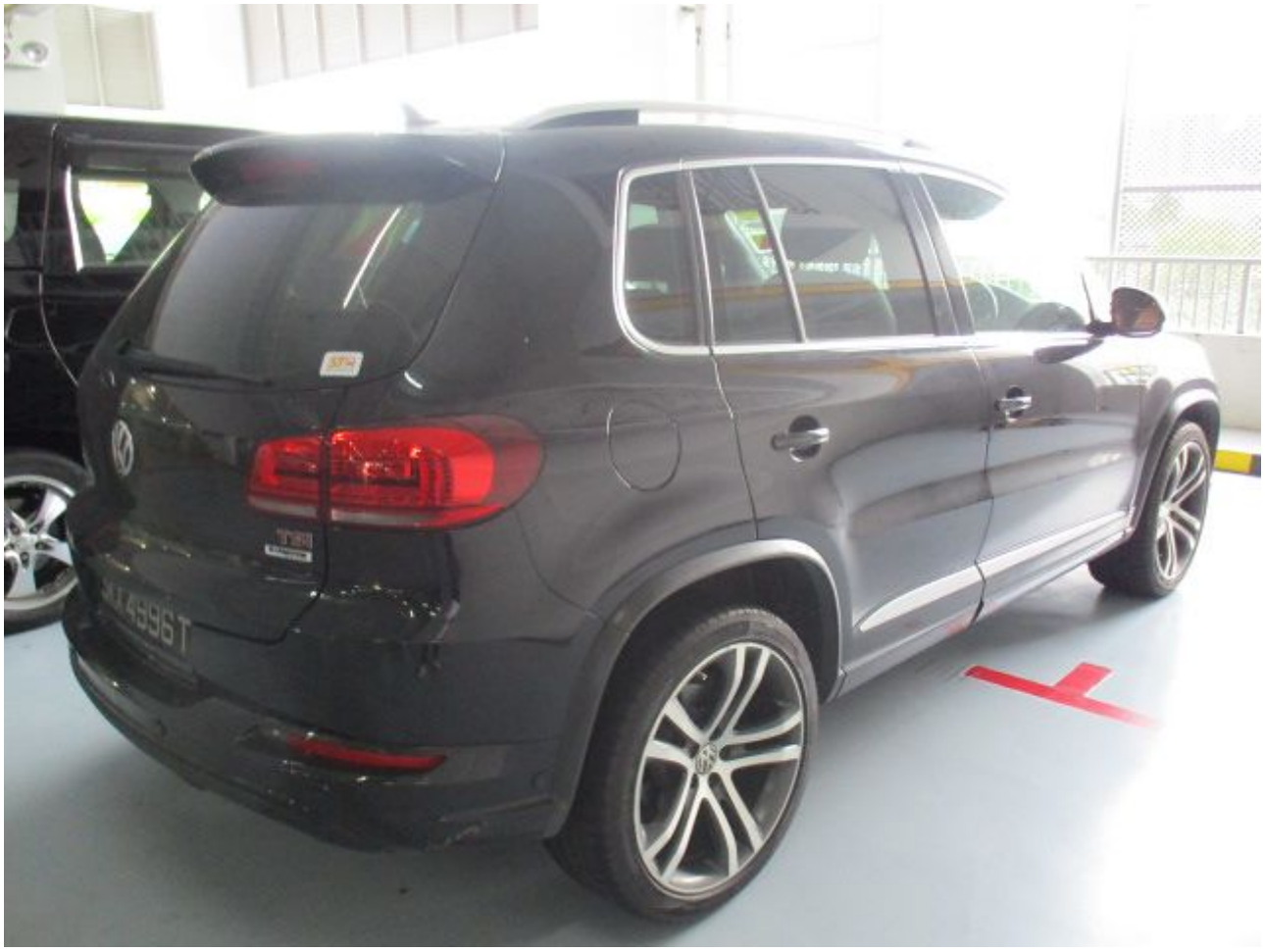
IMAGES



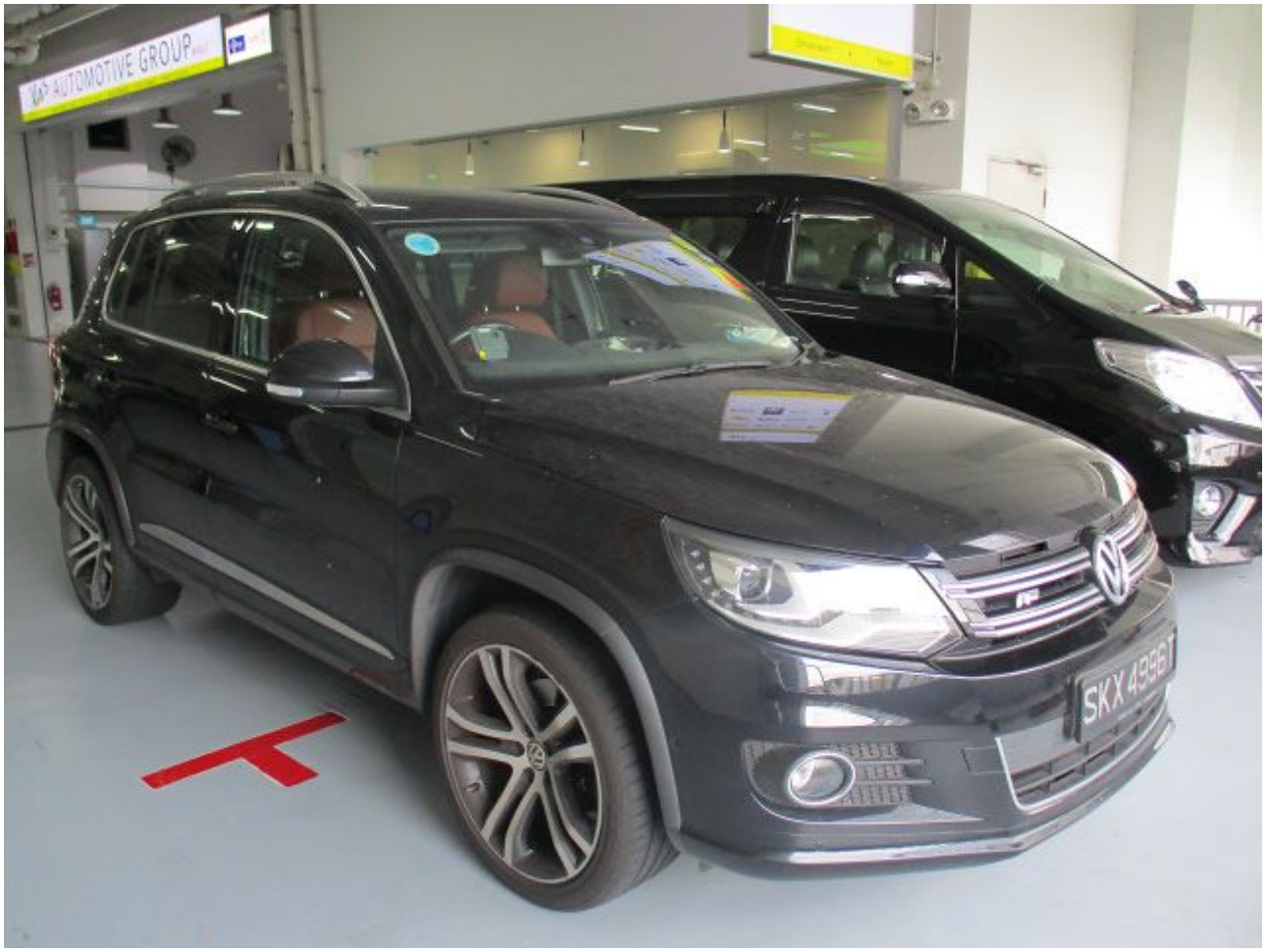
IMAGES #2



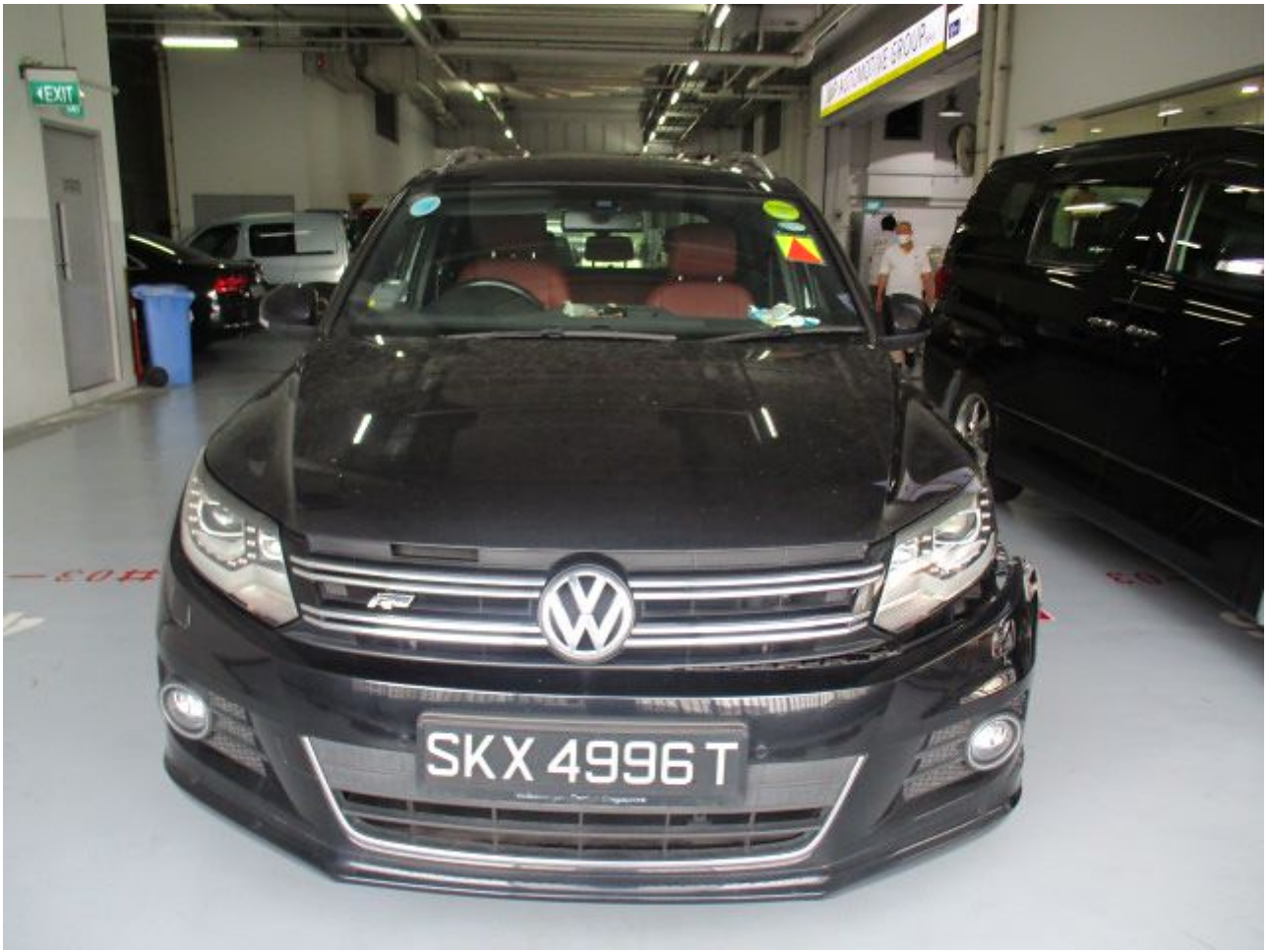
IMAGES #3



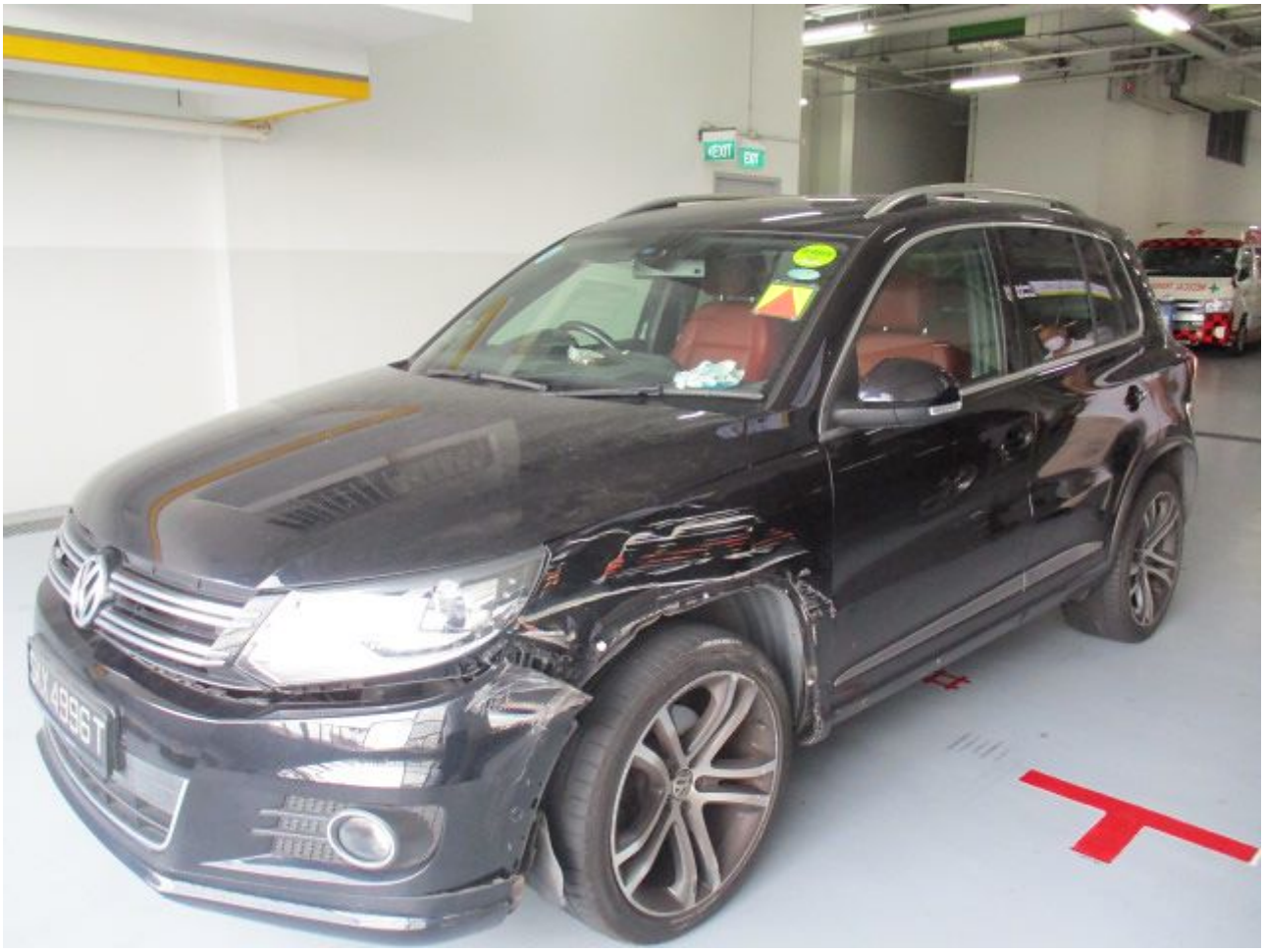
IMAGES #4



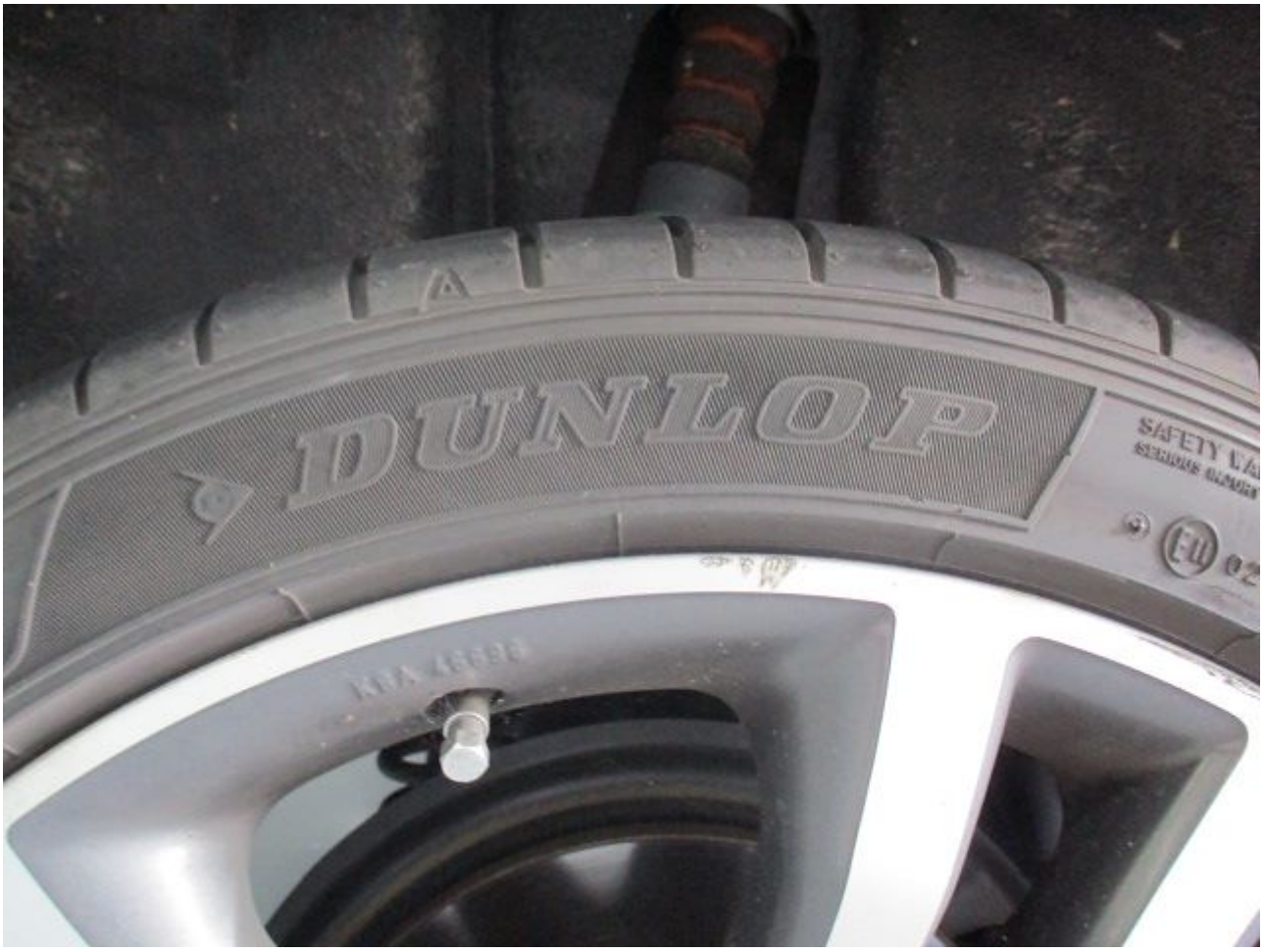
IMAGES #5



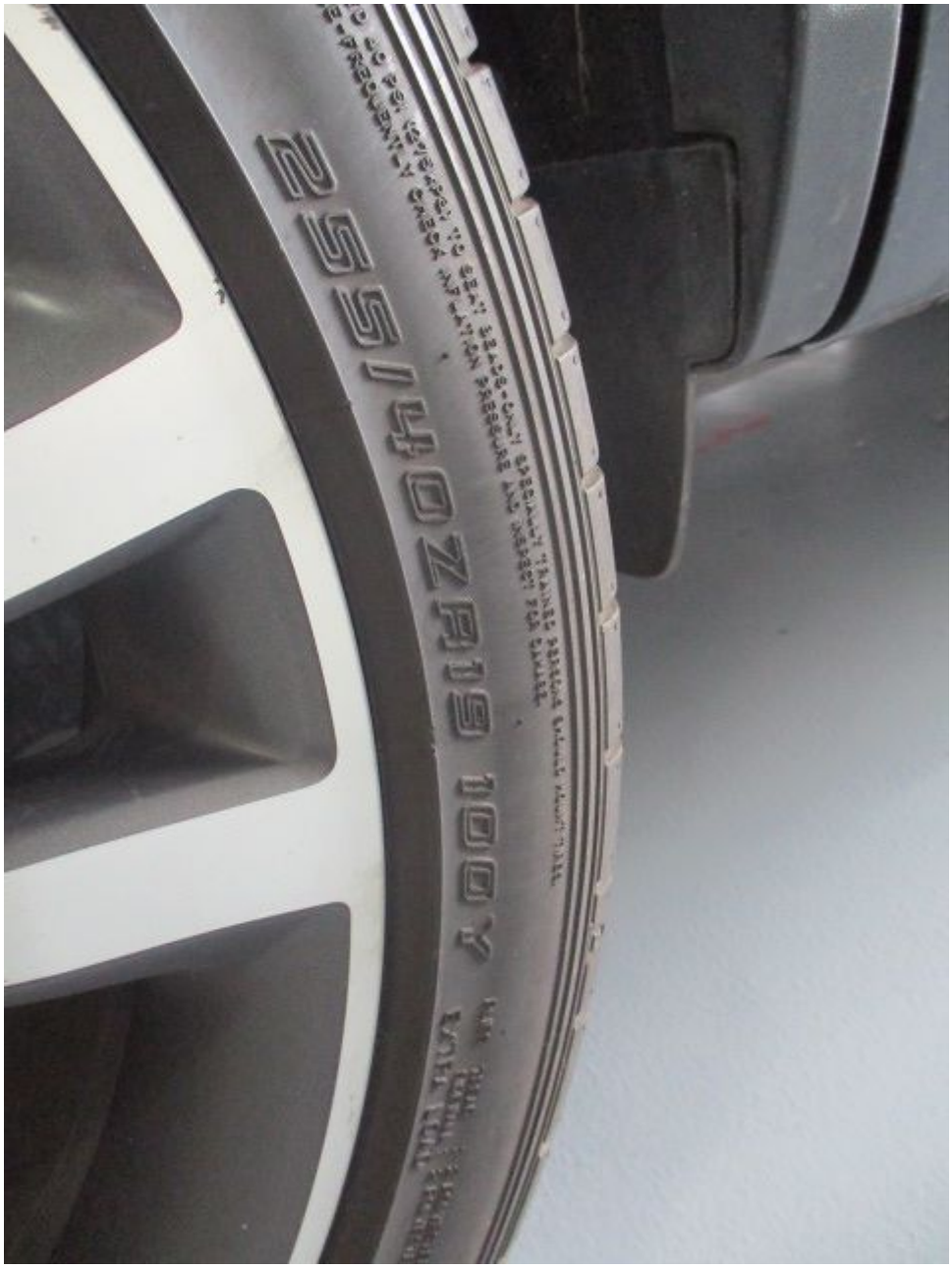
IMAGES #6



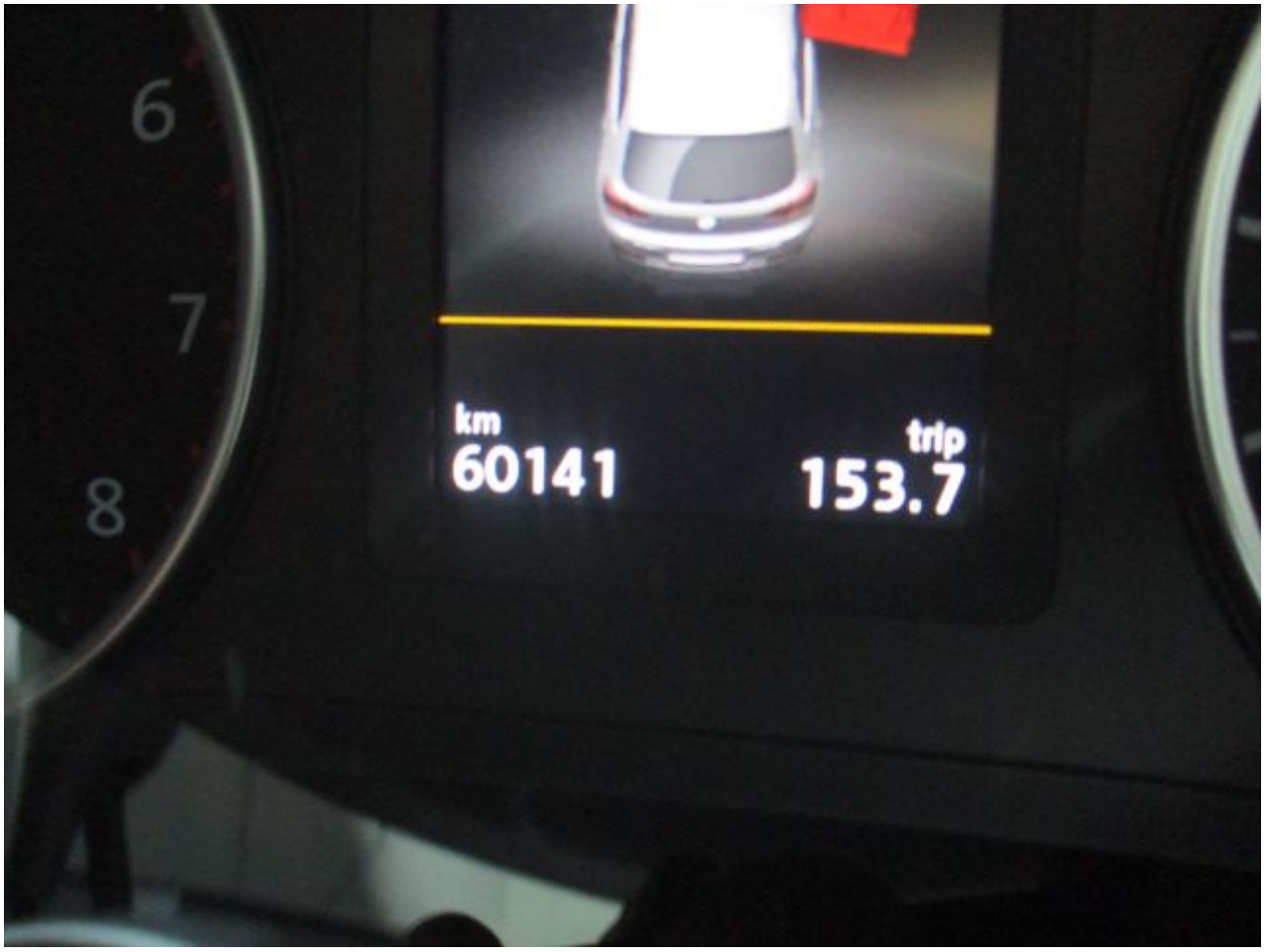
IMAGES #7



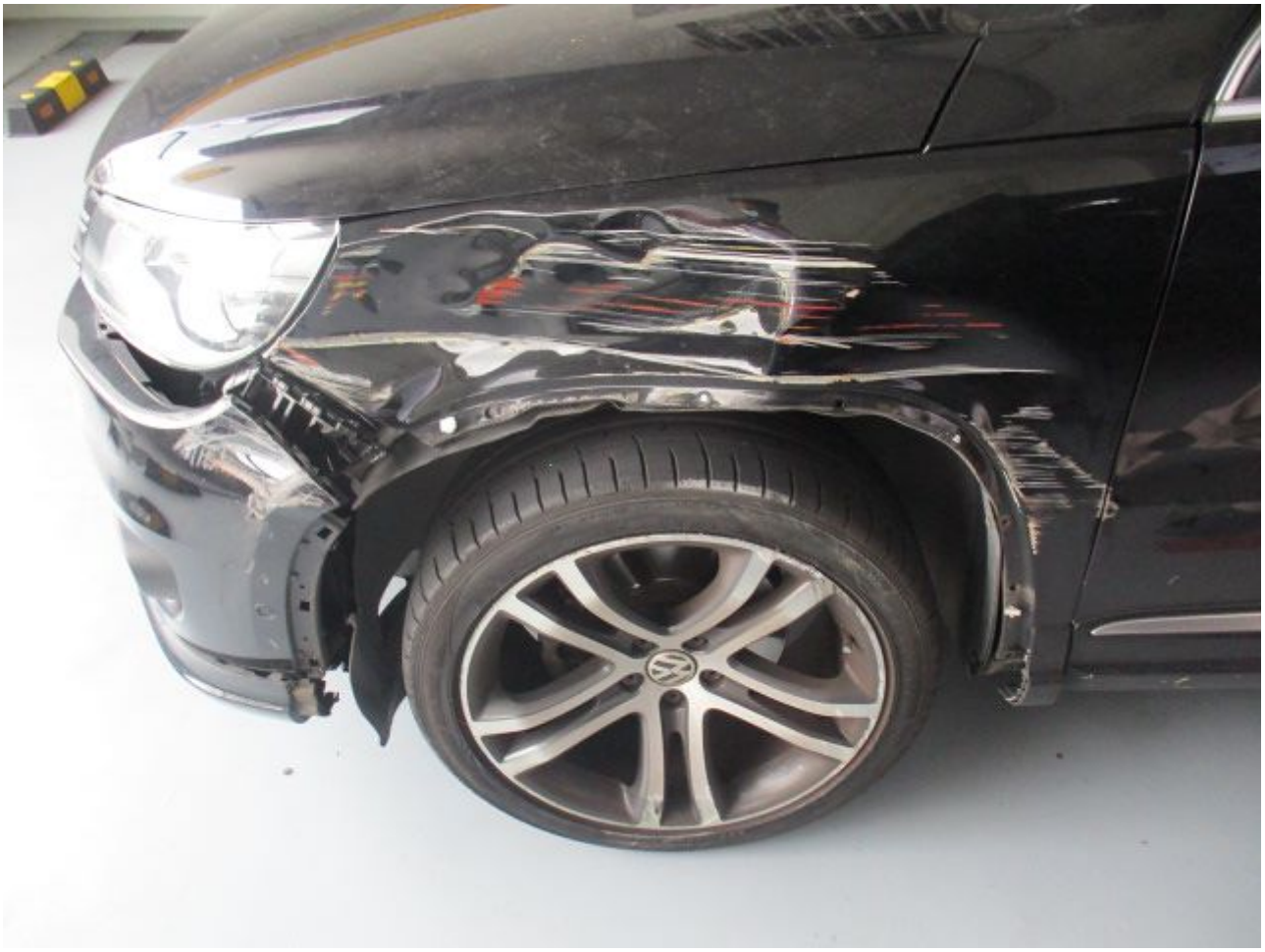
IMAGES #8



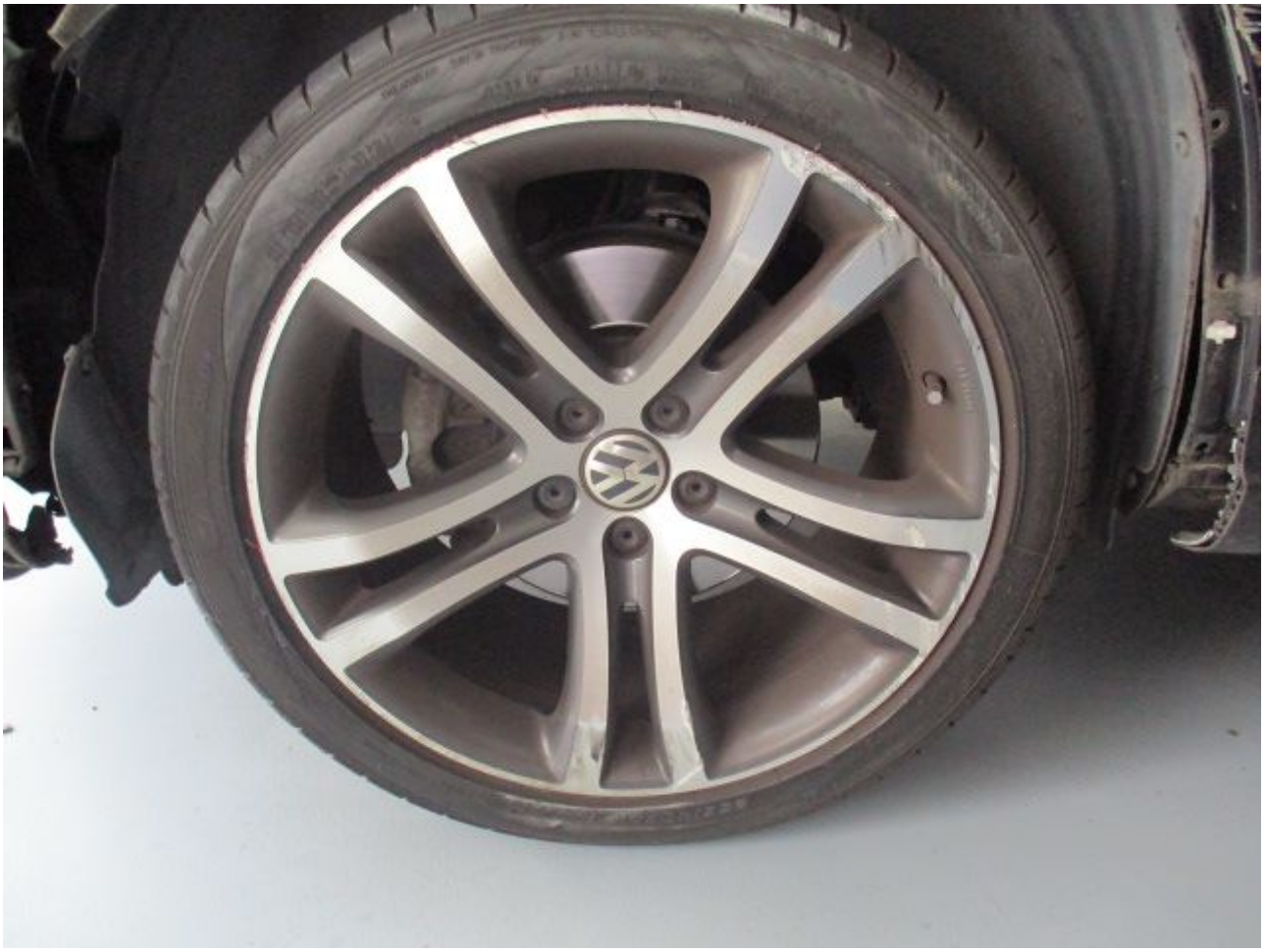
IMAGES #9



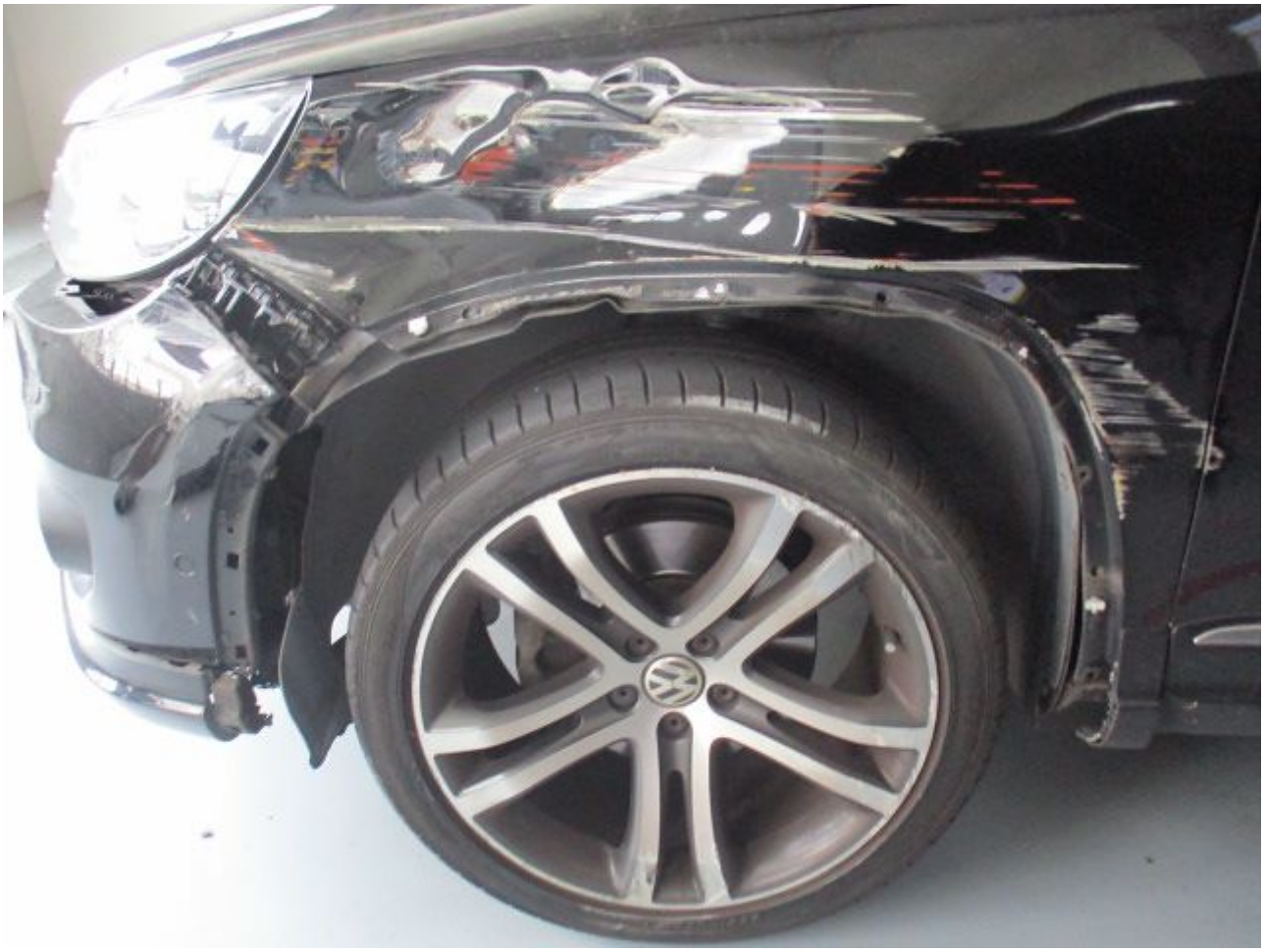
IMAGES #10



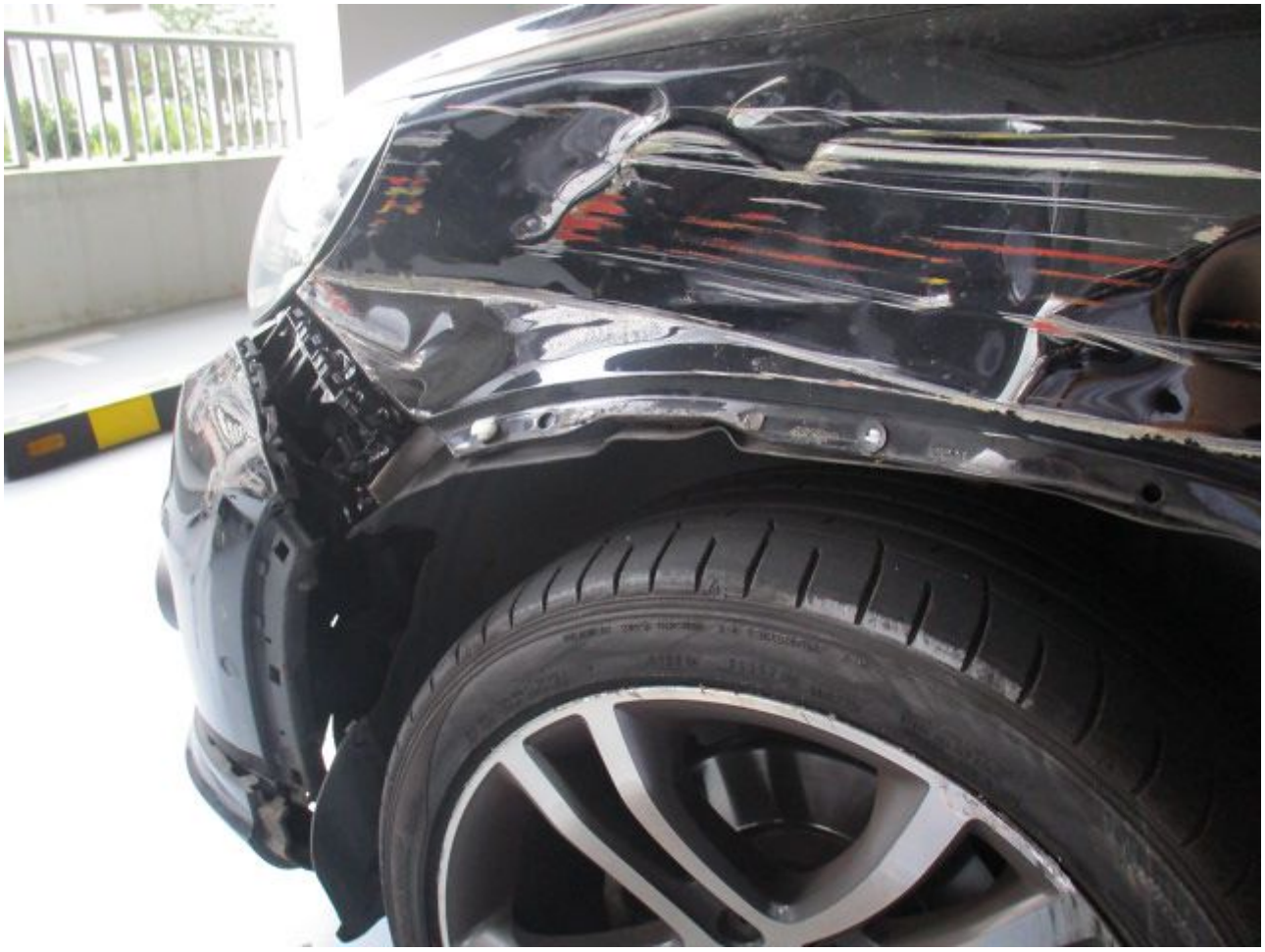
IMAGES #11



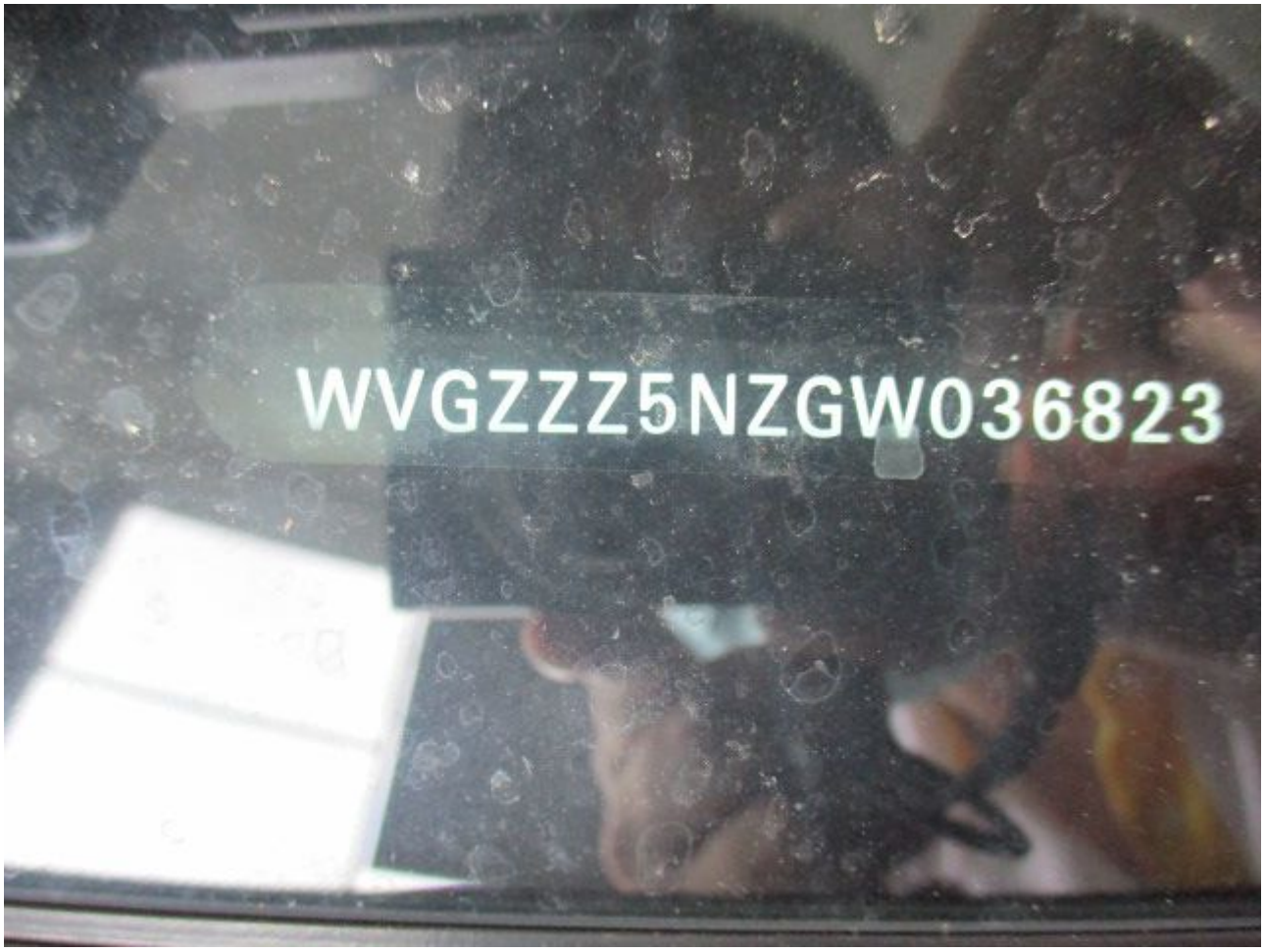
IMAGES #12



IMAGES #13



IMAGES #14



SINGAPORE POLICE FORCE

T/20210208/2179

Report No. T/20210208/2179

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE 320029
Tel No: 1800-2507999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
08/02/2021 22:07		41

Informant's Particulars

Name of Informant: GRACE SHANI ANTHONY			Address: 6 MAR THOMA ROAD #03-01 SINGAPORE 328688	
ID Type / ID No.: NRIC NO / T0115733C			Contact No.: Home/Office:	Mobile: 94799669
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 19	Date of Birth: 17/05/2001	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name: Raffles Institution
Occupation: Student			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/02/2021 15:00	Type of Location: Bend

Location:
SELETAR EXPRESSWAY

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX4998T	Car	VOLKSWAGON	Tiguan	Black	Seriously Damaged	0
XD4006C	Trailer Truck			White	No Damage	0

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20210208/2179

Report No. T/20210208/2179

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

CONTINUATION OF REPORT

Driver			
Name	GRACE SHANI ANTHONY	ID No.	T0115733C
Related Vehicle	SKX4996T (Car)	Contact No.	94799669
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 driving a Volkswagen SKX4996T, however the vehicle is not registered under my name, but my friend's mother instead. My friend name is Thomas Jun Ando (+65 82997316), whereas his mother name is Jastina F Balen (+65 90212782).

On the 8/2/2021 at about 1500hrs, I was driving the said vehicle (SKX4996T) exiting SLE Exit 5, turning right heading towards Upper Thomson Road. I was driving behind the trailer truck bearing two vehicle plate numbers XD4006C and TRC7902Y. When we are approaching towards the right turn into Upper Thomson Road where the lane will be split into two lanes, both of us reduced our speed gradually. Upon spotting two lanes, I signalled and moved to the right lane and went beside the trailer truck. When my vehicle was fully into the right lane, my vehicle was side swiped by the rear right of the trailer truck, resulting my vehicle's front left bumper to be dislodged, front left fender to suffered dents and scratches. Upon realizing the trailer truck had side swiped my vehicle, I immediately came to a full stop. As the traffic turned green, the trailer truck just moved on.

As I was unsure of what is needed to be done, I only took a photo of the trailer truck from its rear and there was no particulars exchanged.

I wish to state that the vehicle that I was driving do not have any dashcam installed.

SINGAPORE POLICE FORCE

T/20210208/2179

Report No. T/20210208/2179

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

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: E / Sgt 2 GUO JUNLIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2021 22:07
Officer In Charge Of Case: TP / HRT / Contact No.:	Classification Of Case:

Authentication Stamp SN 197

SIGNATURE