

# 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 ..... 20/03/2021 15:57 (SGT)  
Date of Accident ..... 19/03/2021 17:25 (SGT)  
Exact Location of Accident ..... Queensway, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGG1796K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... JAGJIT SINGH S/O MOKAND SINGH  
NRIC No ..... SXXXX788D  
Email Address ..... jagjit220966@gmail.com  
Mobile Phone No ..... (Phone) +65-92781622  
Alternative Phone No ..... +65-92781622

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Sunny  
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  
Transmission ..... Auto  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5107161110-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... JAGJIT SINGH S/O MOKAND SINGH  
NRIC No ..... SXXXX788D

Date Of Birth .....	22/09/1966
Occupation .....	Outdoor
Date Of Driving Pass .....	31/12/2016
Driving experience .....	4 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92781622
Alt. Phone Number .....	+65-92781622
Email Address .....	jagjit220966@gmail.com
Address .....	BLK 112 HOUGANG AVE 1
Address complement .....	#03-1114
Postcode .....	530112
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 .....	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? .....	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 .....	HAIRI
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

PLS REFER TO THE POLICE REPORT:T/20210319/7027

#### 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 .....	FBK549C
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 .....	JAGJIT SINGH S/O MOKAND SINGH
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SGG1796K
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")

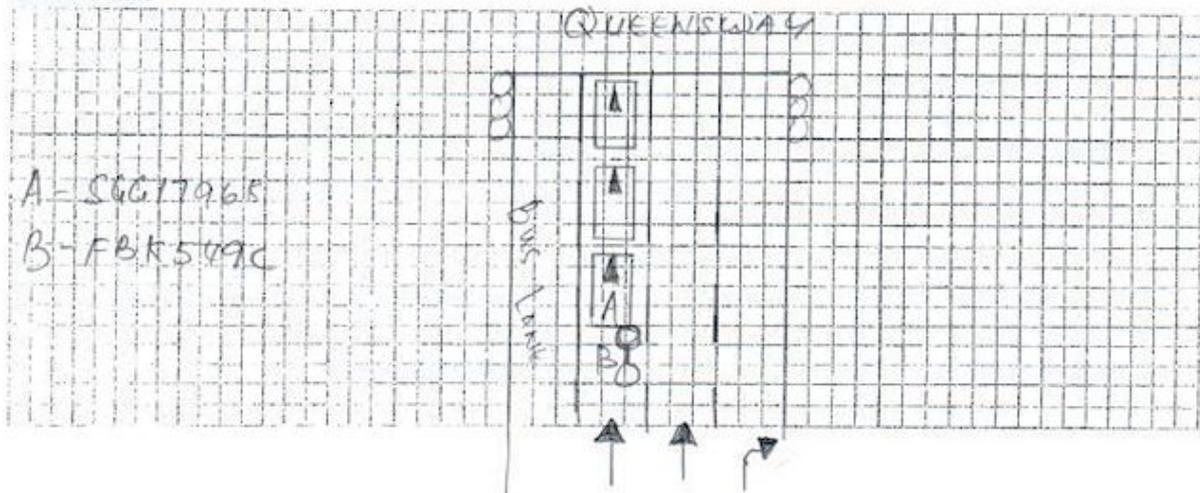
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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

*[Signature]*  
 Policyholder's Signature / Date & Time  
 20/3/21

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

*[Signature]*  
 Witnessed by Reporting Centre Personnel  
 20/03/21

**Sketch Plan**







**SINGAPORE  
POLICE FORCE**



T/20210319/7027

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

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Report No. T/20210319/7027

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGG1796K	NTUC Income Insurance Co-Operative Limited	5107161110-01	03/05/2020	02/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	HAIRI	ID No.	NIL	
Related Vehicle	SGG1796K (Car)	Contact No.	81384238	
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	
Driver				
Name	JAGJIT SINGH S/O MOKAND SINGH	ID No.	S1737788D	
Related Vehicle	SGG1796K (Car)	Contact No.	92781622	
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 2A,3 Date of Expiry: NIL	
Date	19/03/2021	Date	19/03/2021	
No. of Days granted Medical Leave	05	Degree of	Slight	

## Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SGG1796K WAS STATIONARY BEHIND A FEW VEHICLES AS THE TRAFFIC LIGHT IS RED.

AS THE TRAFFIC LIGHT TURN GREEN, THE VEHICLE IN FRONT START MOVING.

AS I WAS ABOUT TO MOVE, SUDDENLY I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. I ALIGHTED MY VEHICLE AND REALISED A MOTOR BIKE, BEARING MOTOR PLATE NO: FBK549C HAD BANG ONTO MY VEHICLE AND THE RIDER WAS LYING ONTO THE GROUND.

SHORTLY AFTER, THE AMBULANCE AND TRAFFIC POLICE ARRIVED TO THE ACCIDENT SCENE.

AFTER THE ACCIDENT, I SUFFERED INJURIES ON MY NECK AND BACK. SO I WENT TO OUR FAMILY PHYSICIAN CLINIC & SURGERY TO CONSULT A DOCTOR AND RECEIVED 5 DAYS OF



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T/20210319/7027

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Report No. T/20210319/7027

**CONTINUATION OF REPORT**

MC.

















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T/20210319/7027

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Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	HAIRI	ID No.	NIL	
Related Vehicle	SGG1796K (Car)	Contact No.	81384238	
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	
Driver				
Name	JAGJIT SINGH S/O MOKAND SINGH	ID No.	S1737788D	
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T/20210319/7027

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Report No. T/20210319/7027

**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 /  
JOFILIANO BIN MOHAMED ALI  
Contact No.: 65476960

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:  
19/03/2021 20:56

Classification Of Case:

