

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 31/03/2021 12:41 (SGT)
Date of Accident 30/03/2021 05:45 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU2847H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner DE ROZARIO DENNIS DOMINIC
NRIC No SXXXX213Z
Email Address DRDEN@HOTMAIL.COM
Mobile Phone No (Phone) +65-90067768
Alternative Phone No (Home) +65-90067768

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
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 5115710967
Cover Note Number -

DRIVER

Name of Driver DE ROZARIO DENNIS DOMINIC
NRIC No SXXXX213Z

Date Of Birth	04/08/1962
Occupation	Outdoor
Date Of Driving Pass	23/06/1983
Driving experience	37 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90067768
Alt. Phone Number	(Home) +65-90067768
Email Address	DRDEN@HOTMAIL.COM
Address	APT BLK 713 PASIR RIS ST 72 #07-39
Address complement	-
Postcode	510713
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?	Yes
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	DE ROZARIO JUDE MARTIN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL524T
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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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	DE ROZARIO JUDE MARTIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLU2847H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	DE ROZARIO DENNIS DOMINIC
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLU2847H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 sections/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 and insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers", the insurers' lawyer(s) firm(s), the Ministry/Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes of:
 - (i) processing, handling and/or dealing with my claim including the settlement of the claim and any necessary investigation relating to the claim;
 - (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 claim 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 services 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 claim (collectively the "Purposes");
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyer(s) firm(s) 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 lawyer(s) firm(s)), which may be situated 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 collected under (a) 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.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NREC/IN No.:

2. ACCIDENT REPORT FORM_V3

SKETCH PLAN

① SLU 0847 H

② GBL 524T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper. A small portion of a blue pen or pencil tip is visible at the bottom right corner.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





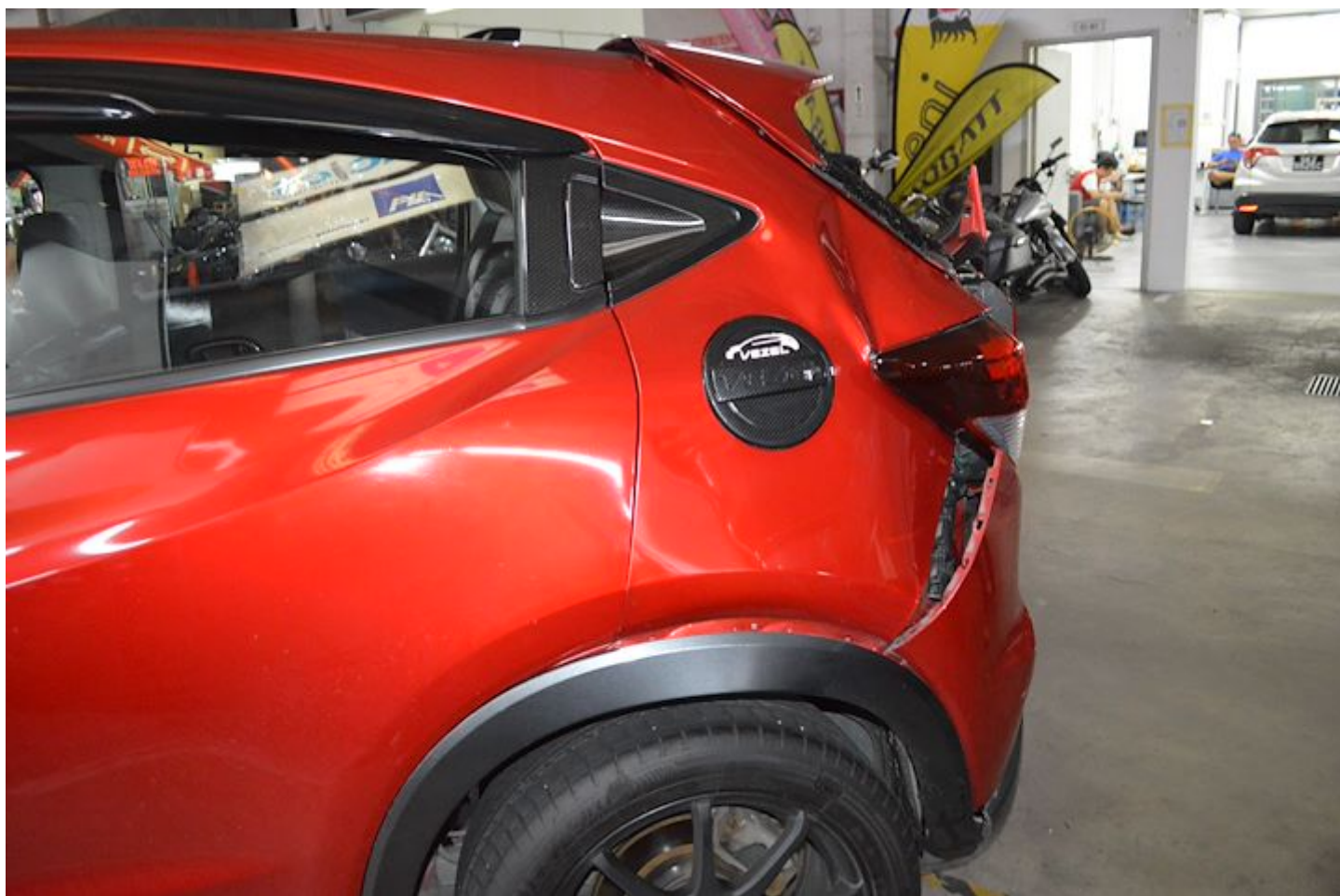


















**SINGAPORE
POLICE FORCE**



T/20210330/2085

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20210330/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2021 14:55		Vide Report No.: E/20210330/0025		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: DE ROZARIO DENNIS DOMINIC			Address: APT BLK 713 PASIR RIS STREET 72 #07-39 SINGAPORE 510713		
ID Type / ID No.: NRIC NO / S1562213Z			Contact No.: Home/Office: Mobile: 90067768		
Nationality: SINGAPORE CITIZEN			Email: drden@hotmail.com		
Sex: Male	Age: 58	Date of Birth: 04/08/1962	Type of Informant: Driver		
Race: Eurasian			Language: English		Institution / School Name:
Occupation: COMPANY DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/03/2021 05:45	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL524T	Van	TOYOTA	HIACE DX 2.8 AUTO		Seriously Damaged	0
SLU2847H	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Red	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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T/20210330/2085

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519457
Tel No: 1800-5852999

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Report No. T/20210330/2085

CONTINUATION OF REPORT

acknowledgement slip and a case card vide report: E/20210330/0025. EMAS also came to tow away my car. After my car was towed away, I took a taxi to Tan Tock Seng hospital to visit my passenger and to seek for medical assistance as I felt pain in my chest and on my back. I also went through a few X-Rays. Doctor then issued me and my passenger 3 days MC.

My vehicle suffered damaged on my rear portion. I wish to state that I have in-car camera installed. I am unsure if there is any CCTV around the vicinity. I suspect the other driver is sleeping as I saw other driver leaning against the steering wheel. I did not take the other driver particulars.



**SINGAPORE
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T/20210330/2085

2 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20210330/2085

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU2847H	NTUC Income Insurance Co-Operative Limited	5115710967	30/01/2020	27/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	DE ROZARIO DENNIS DOMINIC		ID No.	S1562213Z
Related Vehicle	SLU2847H (Car)		Contact No.	90067768
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/03/2021		Date Discharge	30/03/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Passenger				
Name	DE ROZARIO JUDE MARTIN		ID No.	S1639930B
Related Vehicle	SLU2847H (Car)		Contact No.	96748465
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/03/2021		Date Discharge	30/03/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Brief Details.

On 30/03/2021 at about 5.45am, I (SLU2847H) was travelling on CTE before Exit 7D towards Orchard with 1 passenger on board. I was driving on the further left lane from the left. I looked into my rear mirror and I saw a van (GBL524T) driving fast towards me. Suddenly, I felt an impact behind me. Due to the impact, my car was gliding, and I steered to the road shoulder. The van who collided with me also did the same. After I stopped at the road shoulder, I checked on my passenger who was in a shocked and he told me he felt pain in his chest. I told him to stay calm and I went down to check on the other driver.

I came out from my car and the other driver did the same. I then asked what the driver was doing, and the other driver ask me back about my slow driving. I observed the other driver who does not looks injured. Subsequently, I called for the ambulance. Shortly after, ambulance came and check on my passenger and myself. At the same time, the paramedics called for traffic police.

After a while, traffic police came and took down all our particulars. After which, my passenger was conveyed by ambulance. Traffic police then took my in-car camera SD card, then issued me with an



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Report No. T/20210330/2085

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: G / Sgt 2 JOHNNY TAN KOK JOO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2021 14:55
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:
Authentication Stamp NP168	

