

## 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 ..... 11/03/2021 17:13 (SGT)  
Date of Accident ..... 08/03/2021 21:10 (SGT)  
Exact Location of Accident ..... Sultan Gate, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLM9445E

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... WOODLANDS 11 CAR RENTAL  
Company Reg No ..... 53227415J  
Email Address ..... woodlands11carrental@gmail.com  
Mobile Phone No ..... (Phone) +65-90625652  
Alternative Phone No ..... +65-90625652

#### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
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 ..... Axa  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... P2295495  
Cover Note Number ..... 05/03/2021 - 04/03/2023

#### DRIVER

Name of Driver ..... DANISHA CHANG NA  
NRIC No ..... T0111813C  
Date Of Birth ..... 10/04/2001  
Occupation ..... Indoor

Date Of Driving Pass .....	11/02/2021
Driving experience .....	1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-90625652
Alt. Phone Number .....	-
Email Address .....	woodlands11carrental@gmail.com
Address .....	554 WOODLANDS DR 53
Address complement .....	#04-15
Postcode .....	730554
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 - Cross Junction
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	FARAH
Gender .....	Female

#### PASSENGER 2

Name .....	DANIEL
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999
Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

#### 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 .....	FBM7143H
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	KAMAL
NRIC No .....	S9408295A
Contact Number .....	(Phone) +65-94777685
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 .....	KAMAL
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	ABRASION
Injured person in which vehicle? .....	FBM7143H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLANIMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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 lodgment 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.
- (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 so collected under (d) 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:

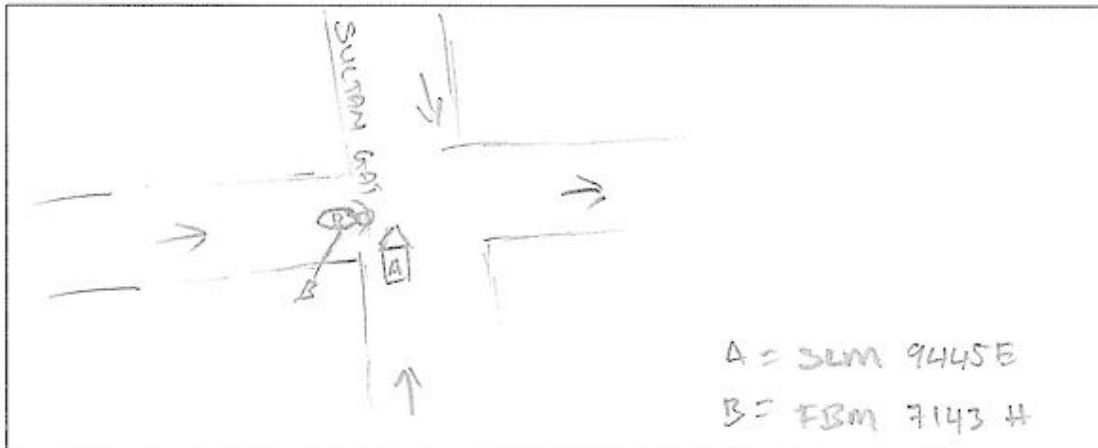


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

Date of accident: 08/03/21 Time: 2110 Location: SULTAN GATE  
 My Vehicle A: SLM 9445E Vehicle B: FBM 7143 H Vehicle C: \_\_\_\_\_  
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :  
 Email address :  
 & myself :  
 Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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 Ah Lim Motor's Signature  
 Name:  
 NRIC/FIN No.:

AH LIM MOTOR COMPANY

To Whom It May Concern,

Accident involving my vehicle no. SLM9445E on 8/3/21 (date) with  
FBM71434 (other vehicle no) along Sultan Gate

I, WOODLANDS 11 CAR RENTAL Nric No. 53227415J

Owner of vehicle no. SLM9445E am aware of the accident of my vehicle on  
8/3/21 (Date) while car was driven by PANISHA CHANG HA

Nric No. T01183C. I hereby, authorise him / her to make the report.

X


Name

Date:

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

X

Name

Date:





















**SINGAPORE  
POLICE FORCE**



T/20210310/2002

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

1 of 3

Report No. T/20210310/2002

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/03/2021 00:30		Vide Report No.: A/20210308/0106		Station Diary No.: 5	
<b>Informant's Particulars</b>					
Name of Informant: DANISHA CHANG NA			Address: APT BLK 554 WOODLANDS DRIVE 53 #04-15 SINGAPORE 730554		
ID Type / ID No.: NRIC NO / T0111813C			Contact No.: Home/Office: Mobile: 90625652		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 19	Date of Birth: 10/04/2001	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/03/2021 21:10	Type of Location: X-Junction
Location:  SULTAN GATE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBM7143H	Motorcycle				No Damage	1
SLM9445E	Car				Slightly Damaged	2

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

2 of 3

Report No. T/20210310/2002

CONTINUATION OF REPORT

<b>Rider</b>			
Name	KAMAL	ID No.	S9408295A
Related Vehicle	FBM7143H (Motorcycle)	Contact No.	94777685
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
<b>Driver</b>			
Name	DANISHA CHANG NA	ID No.	T0111813C
Related Vehicle	SLM9445E (Car)	Contact No.	91625652
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.**

On 08/03/2021 at around 2100hrs I was on Sultan Gate heading towards the mosque. I had stopped at the stop line and had accelerated forward once I saw the traffic was clear. I had looked to my left and suddenly saw a motorcycle heading to my direction. I immediately applied my brakes however the motorcycle could not brake in time hence it collided to the left front portion of my vehicle. The motorcycle fell on the left. The rider had a pillion and was helped by some other members of public to the side. I had moved the vehicle to the side as it was blocking traffic. Subsequently Police and Ambulance came to the scene. I do not have any in-car camera.

I had Farah (HP 93880779) and Daniel (HP 90690400).



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3 of 3  
Report No. T/20210310/2002

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:

L /

Sgt 1 ZULKARNEAIN BIN HASSAN

Signature Of Informant:

Date/Time  
10/03/2021 00:30

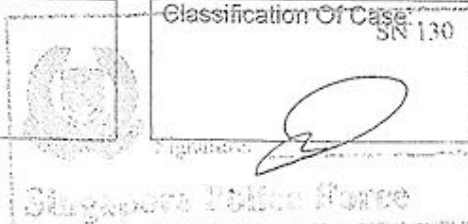
Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Classification Of Case  
SN 130

Contact No.:

Authentication Stamp  
NP168





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Sex: Female	Age: 19	Date of Birth: 10/04/2001	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:		

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Location:  SULTAN GATE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

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Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBM7143H	Motorcycle				No Damage	1
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Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	DANISHA CHANG NA	ID No.	T0111813C
Related Vehicle	SLM9445E (Car)	Contact No.	91625652
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

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Sgt 1 ZULKARNEAIN BIN HASSAN

Signature Of Informant:

Date/Time  
10/03/2021 00:30

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Classification Of Case  
SN 130

Contact No.:

Authentication Stamp  
NP168

