

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 08/04/2021 13:30 (SGT)
Date of Accident 08/04/2021 07:00 (SGT)
Exact Location of Accident Commonwealth Ave W, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW5861Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PAMELA ROSALINA PERERA
NRIC No SXXXX142F
Email Address ROSALINAPERERA@GMAIL.COM
Mobile Phone No (Phone) +65-91009780
Alternative Phone No +65-91009780

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00177322000
Cover Note Number -

DRIVER

Name of Driver PAMELA ROSALINA PERERA
NRIC No SXXXX142F

| | |
|--|----------------------------------|
| Date Of Birth | 12/09/1964 |
| Occupation | Indoor |
| Date Of Driving Pass | 27/08/1998 |
| Driving experience | 22 YEARS AND 8 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-91009780 |
| Alt. Phone Number | +65-91009780 |
| Email Address | ROSALINAPERERA@GMAIL.COM |
| Address | BLK 891B WOODLANDA DR 50 #04-197 |
| Address complement | - |
| Postcode | 731891 |
| 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? | 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 | Clementi Division Headquarters |
| Police Station Phone No | (Phone) +65-18007740000 |
| Alt. Police Station Phone No | (Fax) +65-67741705 |
| Police Station Address | 20 Clementi Avenue 5 Singapore 129858 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT D/20210408/7003

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 DRIVER |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1


| | |
|-----------------------------------|---------|
| Vehicle Registration Number | PC7334K |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |


| | |
|---|--------------------|
| Vehicle Category | Commercial vehicle |
| Name of Driver | KOH CHWEE LEONG |
| NRIC No | SXXXXX869G |
| 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

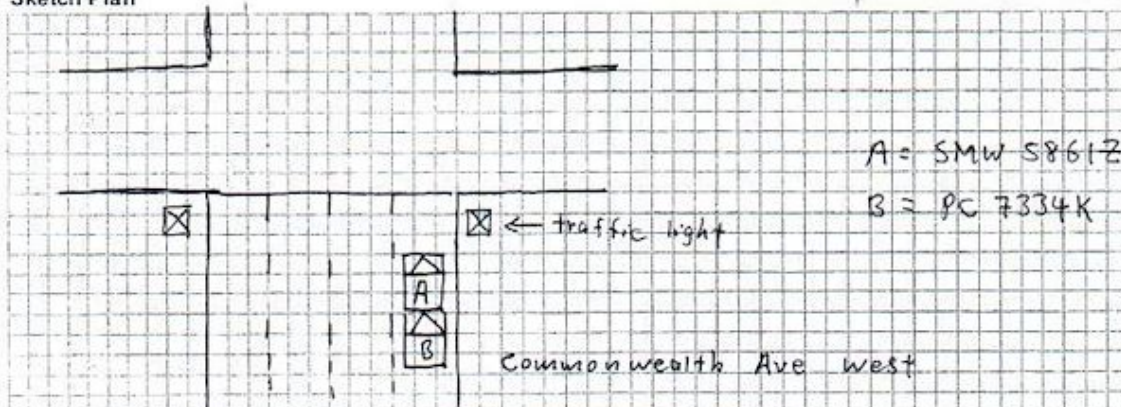
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' law yers/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' law yers/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 law yers/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

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report 0/20210408 / 7003

Refer to Police Report 0/20210408 / 7003

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



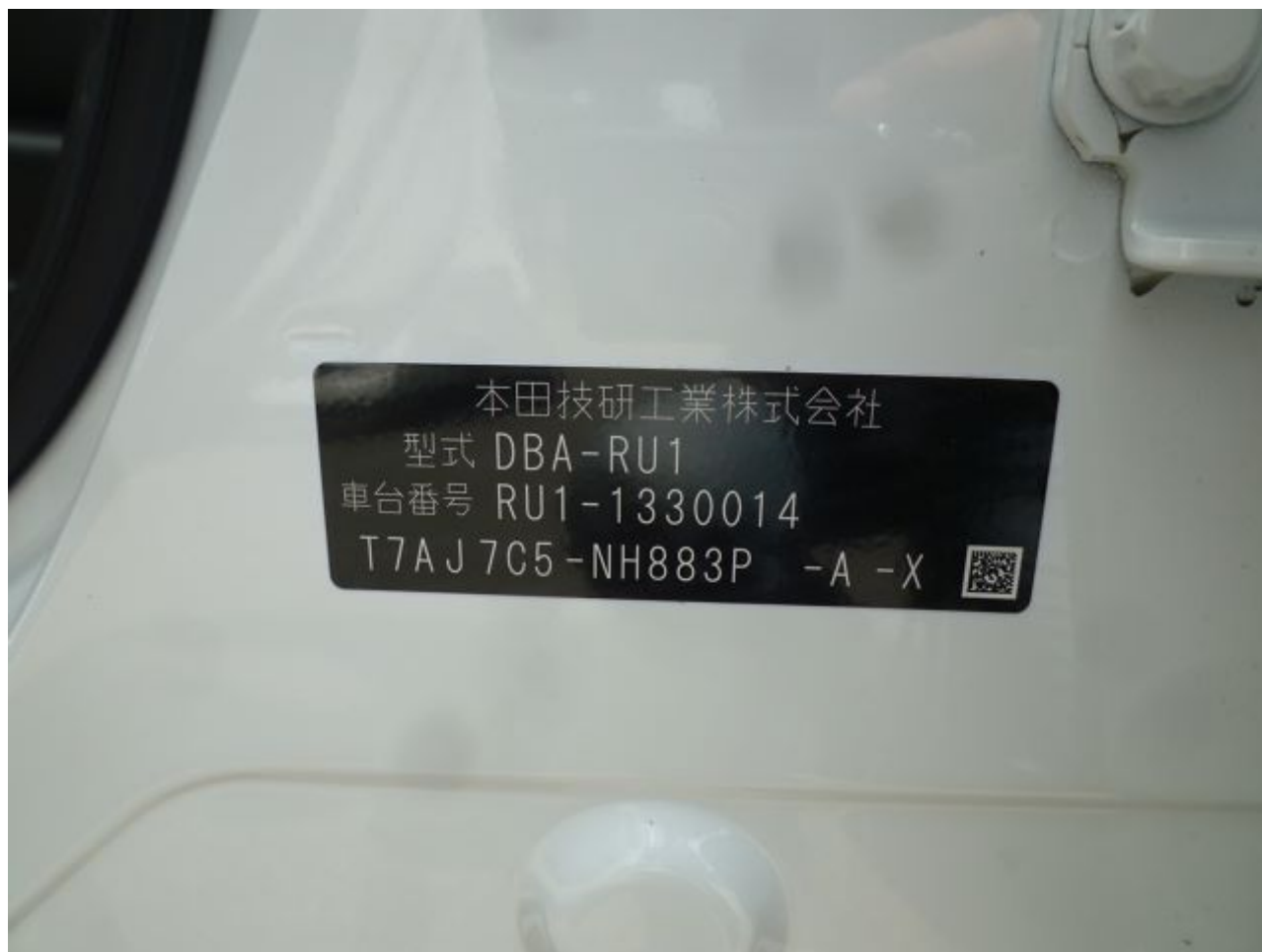














**SINGAPORE
POLICE FORCE**



D/20210408/7003

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Report No. D/20210408/7003

| | | | | | |
|--|--|---|-----------|-----------------------------|-------------------|
| Date/Time Report Made 08/04/2021 09:02 | | Vide Report No. | | Station Diary No. | |
| Name Of Informant PAMELA ROSALINA PERERA | | Address 891B WOODLANDS DRIVE 50 #04-197 SINGAPORE 731891 | | | |
| ID Type / ID No. NRIC NO / S2575142F | | Contact No. Home/Office: Mobile: 91009780 | | | |
| Nationality SINGAPORE CITIZEN | | Email Address rosalinaperera@gmail.com | | | |
| Occupation Bank teller | | Sex Female | Age 56 | Date of Birth 12/09/1964 | Race Sinhalese |
| Institution/School Name | | Language English | | | |
| Date/Time Of Incident 08/04/2021 07:00 - 08/04/2021 07:05 | | Location Of Incident COMMONWEALTH AVENUE WEST | | | |

Brief details.

Incident happened at traffic light along commonwealth avenue w, near blk 329. I was the third car in stationery position waiting for traffic light to turn green in our favour.

Then suddenly, my car was smashed from the back of my car. Currently, I took photo of his driving licence and the vehicle.

Subjects Involved

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 08/04/2021 09:02 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |



**SINGAPORE
POLICE FORCE**



D/20210408/7003

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210408/7003

| | | | |
|----------------|------------------------------------|---------------------------|---|
| Suspect | | | |
| Person Name | Koh chwee leong | | |
| ID Type | NRIC NO | ID No | S0029869G |
| Gender | Male | Age | 68 |
| Race | Chinese | | |
| Victim | | | |
| Person Name | PAMELA ROSALINA PERERA | | |
| ID Type | NRIC NO | ID No | S2575142F |
| Gender | Female | Age | 56 |
| Race | Sinhalese | Language | English |
| Occupation | Bank teller | Address | 891B WOODLANDS DRIVE 50 #04-197 SINGAPORE 731891 |
| Mobile No | 91009780 | Is Informant A Victim? | Yes |
| | | | |
| Person Name | PAMELA ROSALINA PERERA (Informant) | | |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
08/04/2021 09:02

Classification Of Case: