

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 13/04/2021 14:50 (SGT)
Date of Accident 11/04/2021 17:04 (SGT)
Exact Location of Accident Yishun, Singapore
Additional Location Information ALONG YISHUN AVE 8 TOWARDS YISHUN AVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU4311Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner REALLY OCTSTELLA TANIA HO
NRIC No SXXXX554F
Email Address TANIAHO@YMAIL.COM
Mobile Phone No (Phone) +65-91391277
Alternative Phone No (Home) +65-64040959

VEHICLE PARTICULARS

Manufacturer BMW
Model 218i
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 Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number -

DRIVER

Name of Driver IRWAN BIN JAAFAR
NRIC No SXXXX109Z

Date of Birth	30/05/1974
Occupation	Indoor
Date Of Driving Pass	21/01/1993
Driving experience	28 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97254575
Alt. Phone Number	-
Email Address	IRWAN3005@YAHOO.COM.SG
Address	42 PENAGA PLACE
Address complement	-
Postcode	757160
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SGT620Y
Insurance Company of Other Vehicle Owned by Driver	HL Assurance Pte Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	No Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	No
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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED SKETCH PLAN

ATTACHMENT(S)

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	IRWAN BIN JAAFAR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

...es Sustained
...red person in which vehicle?
...ere seat belts worn?
Was this injured conveyed to hospital by ambulance?

STRAIN ON LEFT SHOULDER AND THE BACK OF NECK
SLU4311Z
Yes
No

WITNESS DETAILS

WITNESS 1

Name
Phone
Email

MINYE HIET NAING
(Phone) +65-90065727
-

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 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: 12/04/2021

15.15 hrs



Driver's Signature

(If driver is not the policyholder)

Date & Time: 12 APRIL 2021

1515 hrs



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

This image shows a full page of blank graph paper. The grid consists of small squares formed by thin black lines. There are approximately 20 columns and 25 rows of squares. The paper is white, and the grid lines are evenly spaced across the entire surface.

REFER TO POLICE REPORT NO: T/20210411/2101

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/20210411/2101

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20210411/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2021 23:11	Vide Report No.:	Station Diary No.: 104
--	------------------	---------------------------

Informant's Particulars

Name of Informant: IRWAN BIN JAAFAR			Address: 42 PENAGA PLACE SINGAPORE 757160		
ID Type / ID No.: NRIC NO / S7416109Z			Contact No.: Home/Office: Mobile: 97254575		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 30/05/1974	Type of Informant: Driver		
Race: Boyanese			Language:		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/04/2021 17:05	Type of Location: Straight Road
Location: YISHUN AVENUE 8 Lamp Post Number: 85				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Ran over a gas pipe cover				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU4311Z	Car				Totally Damaged	0

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20210411/2101

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20210411/2101

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 /

SCSGT(1) AZRI BIN AZMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Signature Of Informant:

Date/Time:

11/04/2021 23:11

Classification Of Case:

Authentication Stamp

NP168

SN 130

Police Force



SINGAPORE POLICE FORCE



T/20210411/2101

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20210411/2101

CONTINUATION OF REPORT

Driver				
Name	IRWAN BIN JAAFAR		ID No.	S7416109Z
Related Vehicle	SLU4311Z (Car)		Contact No.	97254575
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the 11/04/2021 at about 1704hrs, I was heading to my Aunt's place and was driving along Yishun Avenue 8 towards Yishun Avenue 1 near lamppost 85. While I was driving, I bumped onto a gas pipe cover and the impact made my car jumped. My car airbags were activated and my vehicle, a white BMW 218i CONVERTIBLE LED NAV (SLU43311Z) got badly damaged. The windscreen of the car was cracked, my rear view mirror and the undercarriage of the car was also damaged. My car has also this feature called roll-over bar, and it got activated in case of emergency. Afterwhich, I immediately drove the car to the side and called for the Traffic Police. I wish to state that I did not wish to be conveyed to the hospital as I did not felt any pain then however a few hours later, I felt a strain on my left shoulder and the back of my neck. I am lodging this report as told by the Traffic Police.

Photos

(\$

Interview

:

: