SC1G218N0006-01 / CHENG HOE MOTOR PTE LTD[768761]
ENTRY DATE & TIME: 23/08/2021 14:29 (SGT)
SUBMITTED BY: CHIONG BENG CHOON
VERSION: 2 (26/08/2021 16:38 (SGT))

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 witholding 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	23/08/2021 14:29 (SGT)
Date of Accident	20/08/2021 20:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ADMIRALTY LINK TWDS CANBERRA RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ1706T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HEMALATHA ARUDAS
NRIC No	SXXXX289Z
Email Address	hemalathaarudas16@gmail.com
Mobile Phone No	(Phone) +65-88180807
Alternative Phone No	+65-88180807

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1339

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01009675
Cover Note Number	08/07/21 - 07/07/22

DRIVER

Name of Driver	HEMALATHA ARUDAS
NRIC No	SXXXX289Z

Date Of Birth	18/09/1987
Occupation	Indoor
Date Of Driving Pass	29/03/2011
Driving experience	10 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88180807
Alt. Phone Number	+65-88180807
Email Address	hemalathaarudas16@gmail.com
Address	BLK 490 ADMIRALTY LINK #15-93
Address complement	-
Postcode	750490
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 - Change/cross lane
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 vehicle 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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.

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	SMB32T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	ZHUO XINGMING

NRIC No	SXXXX287J
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

1.VEHICLE NO.: SGQ1706T

2.INSURER CO: Sompo

3.ACCIDENT DATE & TIME: 20/8/21 @ 20:15

IMPORTANT NOTICE

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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 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

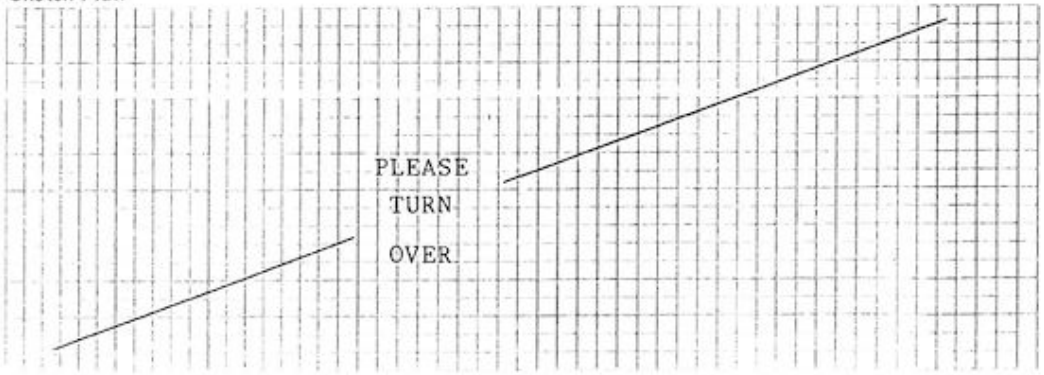
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Hema. — Policyholder's Signature / Date & Time

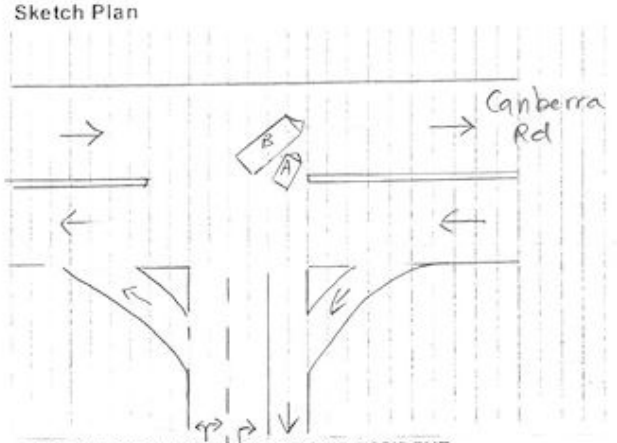
Driver's Signature (if driver is not the policyholder) / Date & Time

23/8/21 (YS) — Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan



A:- SGQ 1706T
B:- SMB 32T
Zhuo XingMing
S8117287J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Admiralty Link

Refer to Police Report No: L/20210820/7049

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Gema. 23/8/21

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.: (45)

Gema. (✓) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only
( ) Claim OD/TP at other workshop (_____)

SINGAPORE POLICE FORCE

L/20210820/7049

POLICE REPORT (NP299)

Report No. L/20210820/7049

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made	Vide Report No.	Station Diary No.
20/08/2021 22:38		

Name Of Informant HEMALATHA ARUDAS	Address 490 ADMIRALTY LINK #15-93 SINGAPORE 750490			
ID Type / ID No. NRIC NO / S8730289Z	Contact No. Home/Office:	Mobile: 88180807		
Nationality SINGAPORE CITIZEN	Email Address HEMALATHAARUDAS16@GMAIL.COM			
Occupation Customer service manager	Sex Female	Age 33	Date of Birth 18/09/1987	Race Indian
Institution/School Name	Language English			
Date/Time Of Incident 20/08/2021 20:15 - 20/08/2021 20:20	Location Of Incident 490 ADMIRALTY LINK #15-93 SINGAPORE 750490			

Brief details.

Hello Inspector,

I was travelling at a T - Junction while the Traffic Junction was in Green. While turning to my Lane, The Bus Speed up from the back to beat the traffic light of tuning colour.

I had to stop the car at the side of the road to see what was the condition of the car, while the driver continue to drive on. I manage to drive the car and told the driver to stop at the next bus stop.

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: 20/08/2021 22:38
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

L/20210820/7049

POLICE REPORT (NP299) **CONTINUATION OF REPORT**

Report No. L/20210820/7049

I said to him, knowing that you hit me and you still continue to drive away? Do you know that is an offence ? He only had to say this to me," I am NEW". Speak to my company?

I am in state of shock as he seem so cool about the incident.

Subjects Involved			
Victim			
Person Name	HEMALATHA ARUDAS		
ID Type	NRIC NO	ID No	S8730289Z
Gender	Female	Age	33
Race	Indian	Language	English
Occupation	Customer service manager	Address	490 ADMIRALTY LINK #15-93 SINGAPORE 750490
Mobile No	88180807	Is Informant A Victim?	Yes
Person Name	HEMALATHA ARUDAS (Informant)		

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: 20/08/2021 22:38
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp