

# 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 ..... 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.: SGQ 1706T  
 2. INSURER CO: Sompo  
 3. ACCIDENT DATE & TIME: 20/8/21 @ 20:15

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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 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

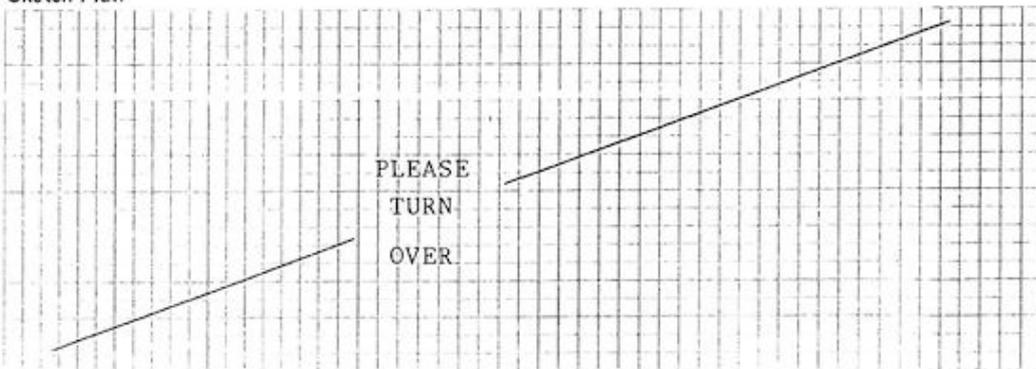
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Hema.  
 Policyholder's Signature / Date & Time

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

Y 23/8/21  
 Witnessed by Reporting Centre Personnel (Ys)

**Sketch Plan**











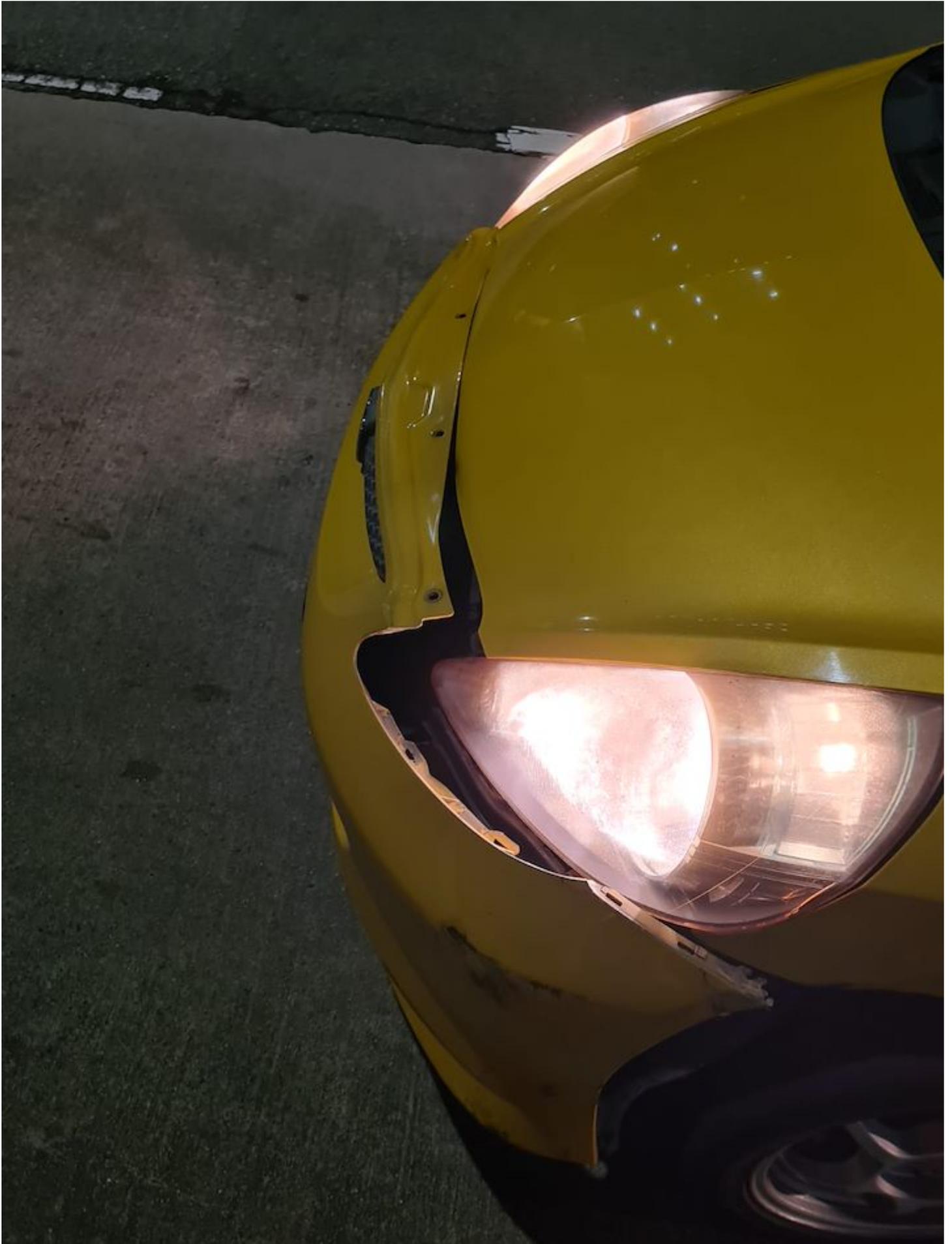
















**SINGAPORE  
POLICE FORCE**



L/20210820/7049

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**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 20/08/2021 22:38	Vide Report No.	Station Diary No.
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
Institution/School Name	Date of Birth 18/09/1987	Race Indian
Date/Time Of Incident 20/08/2021 20:15 - 20/08/2021 20:20	Language English	
	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

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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	



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SC1G218N0006 Vehicle Registration No: SGQ 1706 T  
 Name (as shown in NRIC): Hemalatha Arudas NRIC/FIN/Passport No: S8730289 Z  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Blk 490 Admiralty Link #15-93 Singapore (730490)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 88180807  
 Email Address: hemalathaarudas16@gmail.com  
 Date of Accident: 20/08/2021 Time of Accident: 20:15  
 Place of Accident: Admiralty Link Twds Canberra Rd  
 Insurance Company: Sompo Ins

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Convert to third party - Workshop. Bee Leong  
motor works

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Hema.

Policyholder / Driver's Signature  
 Date:



Reporting Centre Personnel's Signature  
 Name: Sharon  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 26/8/21