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	29/10/2021 18:04 (SGT)
Date of Accident	28/10/2021 23:07 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX7586X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AMARJIT SINGH NARWAL S/O BANTA SINGH
NRIC No	S1708439I
Email Address	khushpreetkaur1994@gmail.com
Mobile Phone No	(Phone) +65-81862854
Alternative Phone No	+65-81862854

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMPCSNW00166032100
Cover Note Number	-

DRIVER

Name of Driver	KHUSHPREET KAUR NARWAL D/O AMARJIT SINGH NARWAL
NRIC No	S9442441J

Date Of Birth	09/11/1994
Occupation	Indoor
Date Of Driving Pass	12/09/2020
Driving experience	1 YEAR AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-81139275
Alt. Phone Number	-
Email Address	khushpreetkaur1994@gmail.com
Address	BLK 373 TAMPINES STREET 34
Address complement	#02-38
Postcode	520373
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NURSEHA BINTE ABDULLAH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211029/2053

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	SGZ9973M
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SEOW SWEE ZHI
NRIC No	S6934096B
Contact Number	(Phone) +65-87761368
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	KHUSHPREET KAUR NARWAL D/O AMARJIT SINGH NARWAL
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGX7586X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NURSEHA BINTE ABDULLAH
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGX7586X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	CHRIS
Phone	(Phone) +65-86066887
Email	-

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' 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

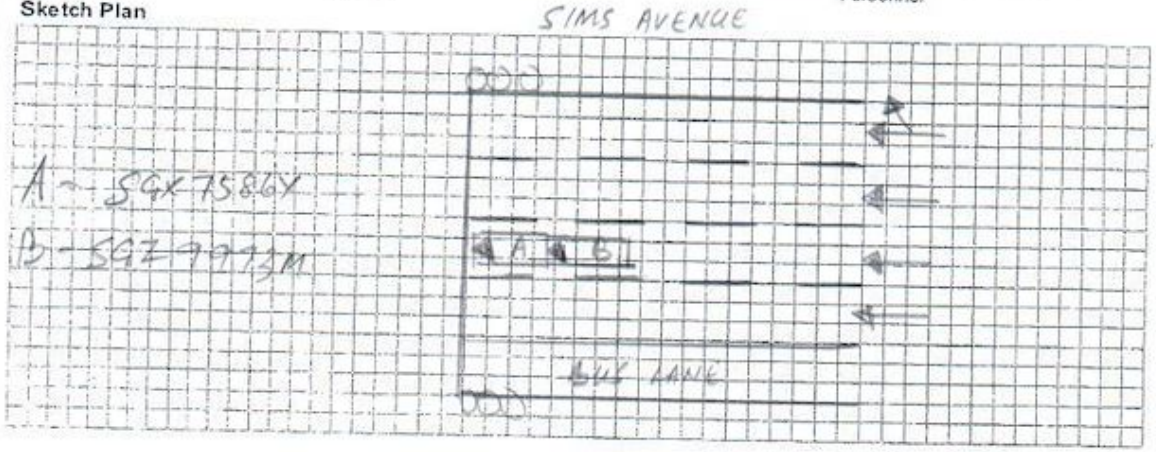
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

29/10/21
Policyholder's Signature / Date & Time

29 October 2021
Driver's Signature (if driver is not the policyholder) / Date & Time

29/10/21
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Pls refer to the police report: T/20211029/2053

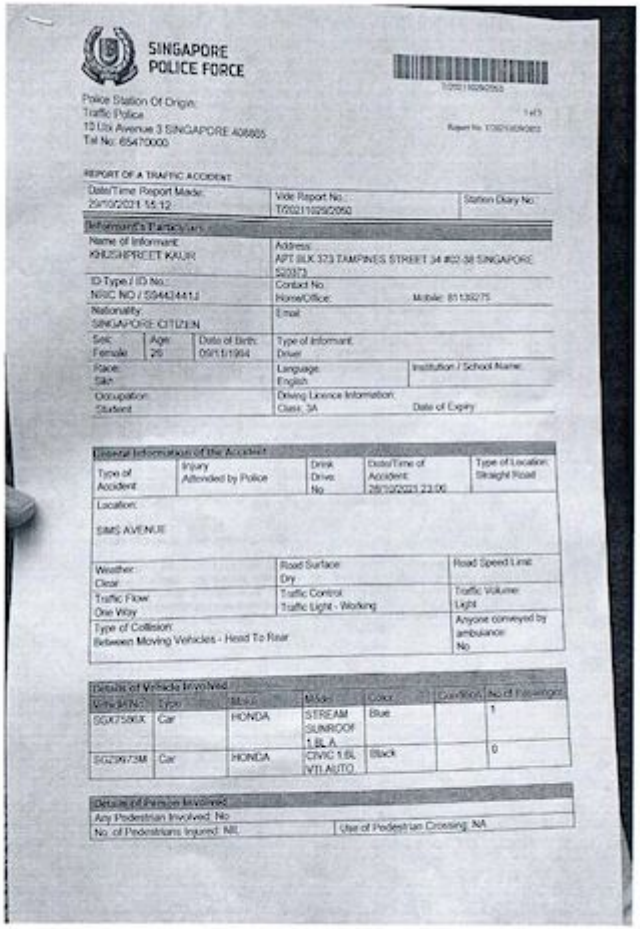
Declaration

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

29/10/21
Policyholder's Signature / Date & Time

29 October 2021
Driver's Signature (If driver is not the policyholder) / Date & Time

29/10/21
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2021 15:12	Vide Report No: T/2021102/2050	Station Diary No:

Informant's Particulars

Name of Informant: KHUSHPREET KAUR	Address: APT BLK 323 TAMPINES STREET 34 #02-38 SINGAPORE 520323	
ID Type / ID No.: NRIC NO / S9443441J	Contact No. Home/Office:	Mobile: 81139275
Nationality: SINGAPORE CITIZEN	E-mail:	
Sex: Female / Age: 26 / Date of Birth: 09/1/1994	Type of Informant: Driver	
Race: Sikh	Language: English	Institution / School Name:
Occupation: Student	Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/10/2021 23:00	Type of Location: Straight Road
Location: SIMS AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

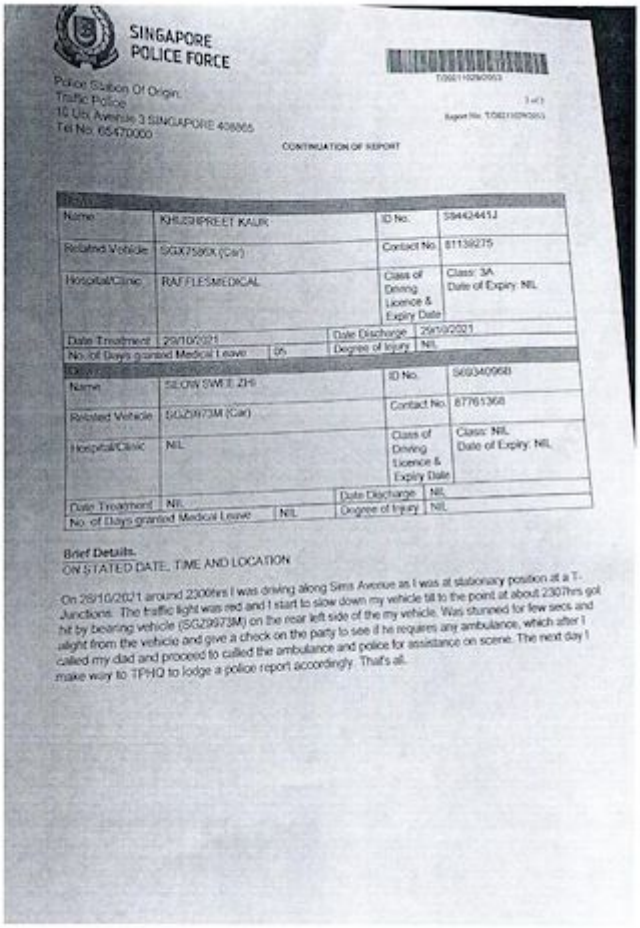
Details of Vehicle Involved

Vehicle(VNO)	Type	Make	Model	Color	Condition	No of Passenger
SGX7586X	Car	HONDA	STREAM SUNROOF 1.8L A	Blue		1
SGZ9973M	Car	HONDA	CIVIC 1.6L VTI AUTO	Black		0

Details of Person Involved

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

POLICE REPORT #2



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

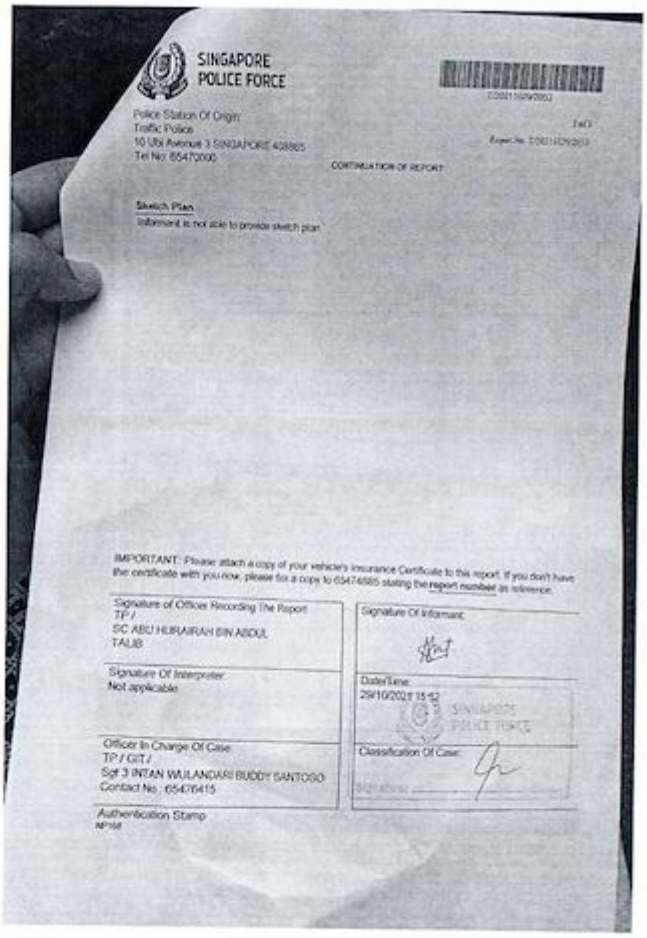
Name	KHUSHPREET KAUR	ID No.	S9442441J
Related Vehicle	SGX7580X (Car)	Contact No.	81139275
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	29/10/2021	Date Discharge	29/10/2021
No. of Days granted Medical Leave	0h	Degree of Injury	NIL

Name	SEOW SWEE ZHI	ID No.	S6934006B
Related Vehicle	SGZ9973M (Car)	Contact No.	87761368
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

Brief Details:
ON STATED DATE, TIME AND LOCATION

On 29/10/2021 around 2306hrs I was driving along Sims Avenue as I was at stationary position at a T-Junctions. The traffic light was red and I start to slow down my vehicle till to the point at about 2307hrs got hit by bearing vehicle (SGZ9973M) on the rear left side of the my vehicle. Was stunned for few secs and alight from the vehicle and give a check on the party to see if he requires any ambulance, which after I called my dad and proceed to called the ambulance and police for assistance on scene. The next day I make way to TPHQ to lodge a police report accordingly. That's all.

POLICE REPORT #3



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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 65476885 stating the report number as reference.

Signature of Officer Recording The Report:
TP /
SC ABU HURAIRAH BIN ABDUL TALIB

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GET /
Sgt 3 INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

Authentication Stamp

Signature Of Informant:

Date/Time:
29/10/2021 15:42

SINGAPORE POLICE FORCE

Classification Of Case: