

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 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

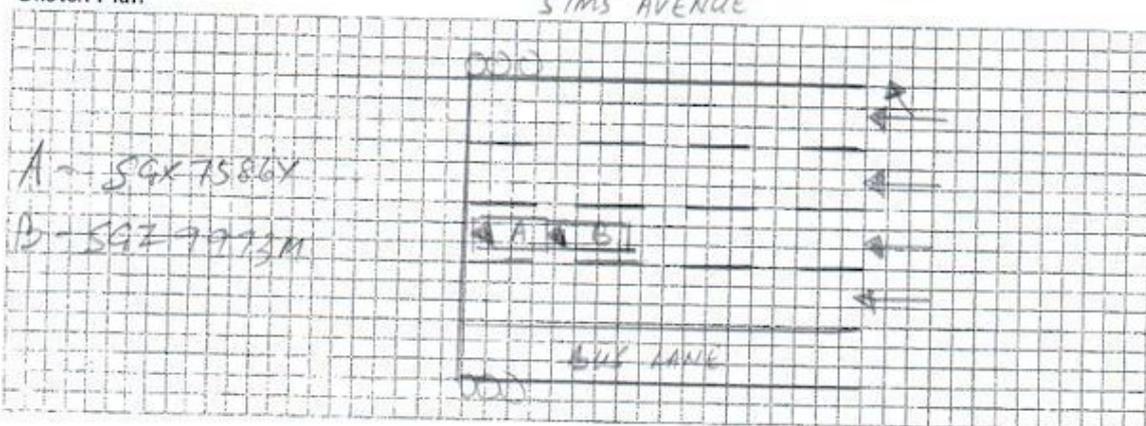
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

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

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

[Signature] 29/10/21
 Witnessed by Reporting Centre Personnel

Sketch Plan



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ulu Ampas 3 SINGAPORE 408665
Tel No. 65470000

108211020001
Page No. 108211020001

3 of 3

CONTINUATION OF REPORT

Name	KHEJIPREET KAUR	ID No.	59424414
Related Vehicle	SGX7580X (Car)	Contact No.	81138275
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	05	Degree of Injury	NIL
Name	SEOW SWEE ZHI	ID No.	569340960
Related Vehicle	SGZ973M (Car)	Contact No.	67761368
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 2300hrs I was driving along Sims Avenue as I was at stationary position at a T-junction. The traffic light was red and I start to slow down my vehicle till the point at about 2307hrs got hit by bearing vehicle (SGZ973M) 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.

































SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ulu Avenue 3 SINGAPORE 406005
Tel No: 65470000

1443
Report No: T02011020090

102011020090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2023 15:12
Veh Report No: T02011020090
Station Diary No:

Informant's Particulars

Name of Informant: KRISHPREET KAUR
Address: APT BLK 373 EMPINES STREET 34 #02-58 SINGAPORE 200373
ID Type / ID No: NRIC NO / S944344112
Contact No: Home/Office: Mobile: 81130275
Email:
Nationality: SINGAPORE CITIZEN
Sex: Female Age: 26 Date of Birth: 09/11/1994
Type of Informant: Driver
Face: Sun
Language: English
Institution / School Name:
Occupation: Student
Driving Licence Information: Class: 3A Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Afforded by Police:	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	25/10/2023 23:00	Straight Road

Location: 5845 AVENUE

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Traffic Light - Working	Light

Type of Collision: Between Moving Vehicles - Head To Rear
Anyone conveyed by ambulance: No

Details of Vehicle Involved

REG. NO.	Type	MAKE	MODEL	Color	Condition	No. of Passengers
SGK750KX	Car	HONDA	STREAM SUNROOF 1.8 I.A.	Blue		1
SG29673M	Car	HONDA	CIVIC 1.6L VTEC	Black		0

Details of Person Involved

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

SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ulu Ampang 3 SINGAPORE 408665
Tel No. 65470000

108211020001
3 of 3
Report No. 108211020001

CONTINUATION OF REPORT

Name	KHEJIPREET KAUR	ID No.	59424414
Related Vehicle	SGX7580X (Car)	Contact No.	81138275
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	05	Degree of Injury	NIL
Name	SEOW SWEE ZHI	ID No.	569340968
Related Vehicle	SGZ973M (Car)	Contact No.	67761368
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 2300hrs I was driving along Sims Avenue as I was at stationary position at a T-junction. The traffic light was red and I start to slow down my vehicle till the point at about 2307hrs got hit by bearing vehicle (SGZ973M) 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.

SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 428865
Tel No: 65472000

Barcode: 0200110092003

Page No: 100110092003

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 65474685 stating the report number as reference.

Signature of Officer Recording The Report TP / SC ABU HURAIRAH BIN ABDUL TALIB	Signature of Informant <i>[Signature]</i>
Signature Of Interpreter Not applicable	Date/Time: 29/10/2023 15:42
Officer In Charge Of Case TP / CIT / Sgt 3 INTAN WULANDARI BUDDY SANTOSO Contact No: 65476415	Classification Of Case: <i>[Signature]</i>

Authentication Stamp
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