

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 09/11/2021 16:41 (SGT)
Date of Accident 09/11/2021 08:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CHOA CHU KANG AVE 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC1111K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner DEENUSON VEERIN
Passport No/FIN GXXXX471W
Email Address VEERINDEE@GMAIL.COM
Mobile Phone No (Phone) +65-96456465
Alternative Phone No +65-96456465

VEHICLE PARTICULARS

Manufacturer Toyota
Model C-hr
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 AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA346032
Cover Note Number -

DRIVER

Name of Driver DEENUSON VEERIN
Passport No/FIN GXXXX471W

Date Of Birth	04/04/1979
Occupation	Indoor
Date Of Driving Pass	21/03/2017
Driving experience	4 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96456465
Alt. Phone Number	+65-96456465
Email Address	VEERINDEE@GMAIL.COM
Address	11 TANGLIN HILL
Address complement	-
Postcode	248048
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 - 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)	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	Thomson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004529999
Alt. Police Station Phone No	(Fax) +65-65535740
Police Station Address	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN

CLAIM THIRD PARTY AT OWNER'S WORKSHOP

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	SME1405D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	DEENUSON VEERIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKC1111K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.



Policyholder's Signature / Date & Time 09/11/21 1330

Sketch Plan

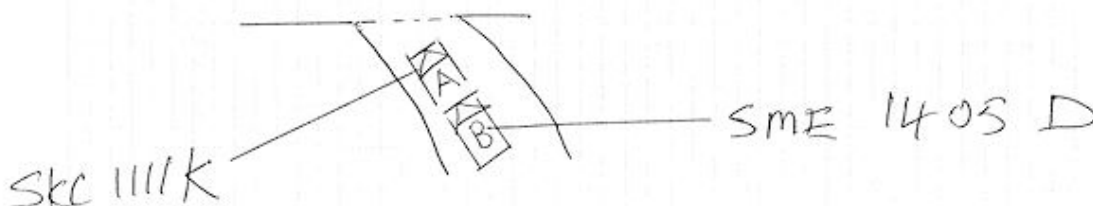


Driver's Signature (If driver is not the policyholder) / Date & Time 09/11/21 1330



Witnessed by Reporting Centre Personnel

CHOA CHU kang Ave 4



Describe Circumstances of the Accident

Refer to police report


1 pax

veerindee@gmail.com

Declaration

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


 Policyholder's Signature / Date &
 Time 09/11/21
 1330


 Driver's Signature (If driver is not the policyholder) / Date
 & Time 09/11/21
 1330


 Witnessed by Reporting Centre
 Personnel



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 09/11/2021 To: Owner of Vehicle Number: skc 1111 k
 The following has been advised to you via your workshop, FALCON-AIR AUTO SERVICES PTE LTD through their staff, Florence Loh

Please tick the applicable box if you had been advised on any of the following:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- > If fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
 - > If fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☐ For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☒ Others Third Party claim (other w/shop)

Signed and acknowledged by:

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

Name and signature of workshop personnel including company stamp





















**SINGAPORE
POLICE FORCE**



T/20211109/2024

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20211109/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2021 13:14	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars

Name of Informant: DEENUSON VEERIN	Address: 11 TANGLIN HILL SINGAPORE 248048		
ID Type / ID No.: FIN NO / G0566471W	Contact No.:		Mobile: 96456465
Nationality: THAI	Email:		
Sex: Female	Age: 42	Date of Birth: 04/04/1979	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Retail/Shop sales manager	Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 09/11/2021 08:30	Type of Location: T-Junction
Location: CHOA CHU KANG AVENUE 4				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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 No.	Type	Make	Model	Color	Condition	No of Passenger
SKC1111K	Car	TOYOTA	C-HR HYBRID 1.8G CVT	White	Slightly Damaged	0
SME1405D	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20211109/2024

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20211109/2024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC1111K	AXA INSURANCE SINGAPORE PTE LTD	GA346032	31/05/2021	30/05/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DEENUSON VEERIN		ID No. G0566471W
Related Vehicle	SKC1111K (Car)		Contact No. 96456465
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	09/11/2021		Date Discharge 09/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Tiong Wei Jie		ID No. S9101735J
Related Vehicle	SME1405D (Car)		Contact No. 81396797
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 the 9/11/2021 at 0830hrs, I was travelling along Choa Chu Kang Ave 4 exiting to Choa Chu Kang Dr to proceed to my destination which is Uttamayanmuni Buddhist Temple. As I was exiting Choa Chu Kang Ave 4, I stopped my car (SKC1111K) as there was a pedestrian crossing. Subsequently when I stopped my car, a vehicle from behind (SME1405D) collided with my car and hit the rear bumper of my car.

After the collision, the other driver guided me to a carpark and we exchanged contacts and particulars and left thereafter. After the collision, I felt dizzy and wanted to vomit hence I proceed to Mount Alvernia Hospital for a checkup and they provided me with 3 days of MC from 09/11/2021 to 11/11/2021.

No police or ambulance attended to my incident.



**SINGAPORE
POLICE FORCE**



T/20211109/2024

Police Station Of Origin:
Thomson NPP
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570025
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Report No. T/20211109/2024

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20211109/2024

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Report No. T/20211109/2024

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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 E / SCCPL OOI HAO XUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/11/2021 13:14
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No: 65475151	Classification Of Case:
Authentication Stamp NP168	

SN 070

SIGNATURE