

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	22/11/2021 15:59 (SGT)
Date of Accident	21/11/2021 19:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD FROM BISHAN RD TO TOA PAYOH ZEBRA CROSSING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3084C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	REUTENS SHARON SANDRA
NRIC No	S7145048A
Email Address	sharon.reutens@gmail.com
Mobile Phone No	(Phone) +65-90302770
Alternative Phone No	+65-90302770

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119363491-01
Cover Note Number	-

DRIVER

Name of Driver	REUTENS SHARON SANDRA
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NRIC No	S7145048A
Date Of Birth	15/12/1971
Occupation	Indoor
Date Of Driving Pass	19/05/2003
Driving experience	18 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90302770
Alt. Phone Number	+65-90302770
Email Address	sharon.reutens@gmail.com
Address	BLK 223 BISHAN STREET 23 #04-133
Address complement	-
Postcode	570223
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	KOH SEE KIAT
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON SUNDAY, 21 NOV 2021, AT ABOUT 7:05PM., I, SHARON REUTERS, WAS DRIVING SMF 3084 C, FROM BISHAN ROAD TOWARDS TOA PAYOH, AT THE SLIP ROAD AT THE CORNER OF BISHAN SKATE/HARMONY PARK. I STOPPED AT THE ZEBRA-CROSSING FOR A PEDESTRIAN TO CROSS WHEN I WAS HIT FROM BEHIND BY A BLUE TAXI SHA 4293 U. THE IMPACT CAUSED MY CAR'S REAR BUMPER AND BACK HATCH DOOR TO BE BADLY DAMAGED, NOT SURE ABOUT OTHER NON-VISIBLE DAMAGES AT THIS MOMENT. ONLY MINOR DAMAGE WAS INCURRED BY THE TAXI. NO INJURIES WERE NOTED AND THIS IS ACKNOWLEDGED BY ALL PARTIES. REAR CAMERA FOOTAGE FROM SMF 3084 C SHOWS THAT THE TAXI DID NOT SLOW DOWN BEFORE HITTING SMF 3084 C WHICH HAD ALREADY BEEN STATIONARY FOR SOME TIME AT THE ZEBRA-CROSSING.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	KIV
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4293U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LAI KOK WAH
NRIC No	S0231280H
Contact Number	(Phone) +65-96857131
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

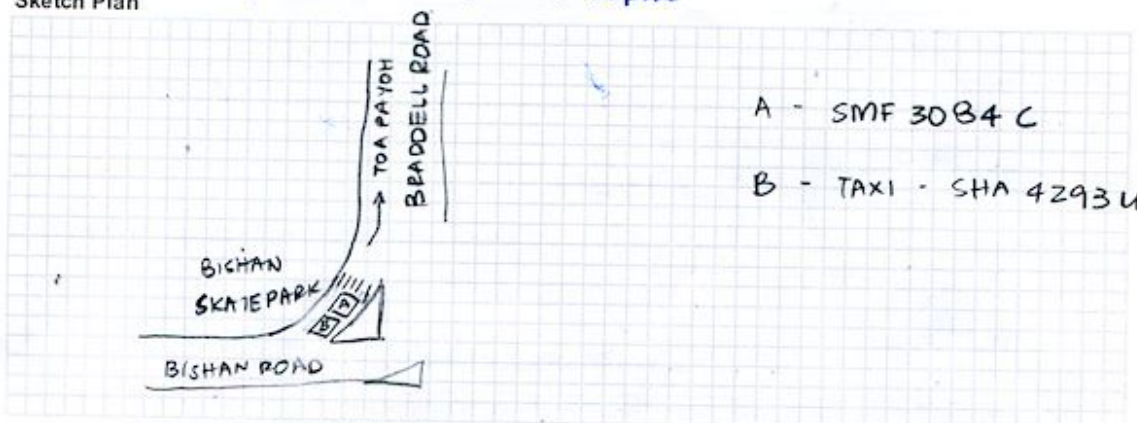
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available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



Signature
Policyholder's Signature / Date &
Time 22/11/21 12:30pm
Sketch Plan

Signature
Driver's Signature (If driver is not the policyholder) / Date
& Time 22/11/21 12:30pm

Witnessed by Reporting Centre
Personnel



Describe Circumstances of the Accident

On Sunday, 21 Nov 2021, at about 7:05 pm., I, Sharon
 Lewens, was driving SMF 3084C, from Bishan Road towards
 Toa Payoh, at the slip road at the corner of Bishan Skate /
 Harmony Park. I stopped at the zebra-crossing for a pedestrian
 to cross when I was hit from behind by a blue taxi
 SHA 4293 U. The impact caused my car's rear bumper
 and back hatch door to be badly damaged, NOT sure about
 other non-visible damages at this moment. Only minor damage
 was incurred by the taxi. No injuries were noted and this is
 acknowledged by all parties. Rear camera footage from
 SMF 3084C shows that the taxi did not slow down before
 hitting SMF 3084C which had already been stationary for some
 time at the zebra-crossing.

Please Tick

<input type="checkbox"/>	Claim O/D	TP at Su Brothers
<input checked="" type="checkbox"/>	Claim O/D	TP at Other Workshop
<input type="checkbox"/>	Reporting Only	

Declaration

We declare the foregoing particulars are true in every respect.

Name of W/Shop : AESOP AUTO-CARE
PTE LTD.Email Address : aesopac@singnet.
com.sg

Sharon Lewens

Sharon Lewens

Policyholder's Signature / Date &
Time 22/11/21 1pm.Driver's Signature (if driver is not the policyholder) / Date
& Time 22/11/21 1pm.Witnessed by Reporting Centre
Personnel

















GENERAL
INSURANCE
ASSOCIATION

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: SS1Q21BM0002 Vehicle Registration No: SMF 3084 C
 Name (as shown in NRIC): Reutens Sharon ^{Sandra} NRIC/FIN/Passport No: S XXXX 048 A
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 223 Bishan St. 23 # 04-133 Singapore (570220)
 Contact (Tel): _____ Mobile No.: 90302770
 Email Address: sharon.reutens@gmail.com
 Date of Accident: 21/11/2021 Time of Accident: 19.05
 Place of Accident: slip Road From Bishan Road to Tanjong Pagar Zebra
 Insurance Company: NTUC INCOME

(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:

Instead of Email address: sharon.reutens@gmail.com
The correct Email address is sharon.reutens@gmail.com

Sharon Reutens
 Policyholder / Driver's Signature
 Date:



Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: