

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 Report	20/10/2020 17:08
Date Of Accident	19/10/2020 17:00
Exact Location Of Accident	ALJUNIED ROAD TOWARDS MACPHERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8922E
Insured/Policyholder	
Name Of Registered Owner	DAWN CATHERINE YIN SZE-LING
NRIC No	S8200439D
Email Address	DAWN.YIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91198709
Alternative Phone No	OFFICE-91198709

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 G F-PACKAGE (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA246488
Cover Note Number	

Driver

Name of Driver	DAWN CATHERINE YIN SZE-LING
NRIC No	S8200439D
Date Of Birth	12/01/1982
Occupation	INDOOR
Date Of Driving Pass	29/10/2002
Driving Experience	17 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91198709
Fax Number	
Contact Number	OFFICE-91198709
Email Address	DAWN.YIN@GMAIL.COM

Address	BLK 273B BISHAN STREET 24 #17-112
Postcode	572273
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : NOAH POH YIHENG GENDER: : MALE
Passenger 2	NAME: : CLARA POH YIQING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL9959M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	RIDER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBL9959M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



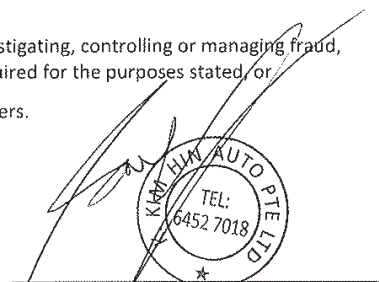
Policyholder's Signature

Date & Time: 10/10/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

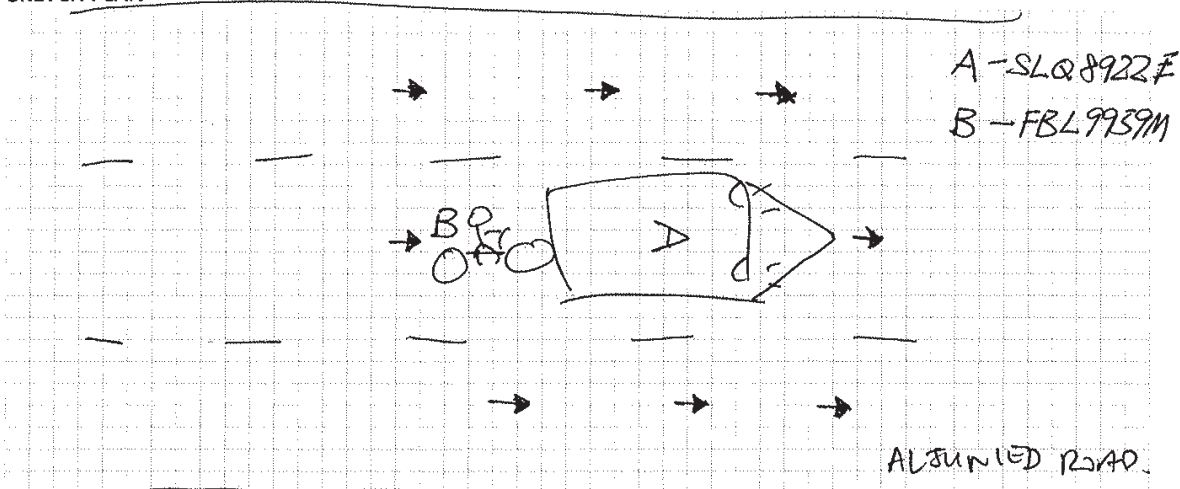


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/10/2020 at about 1700hrs, I was driving my vehicle along Sallim Road and I had just made a right turn into Aljunied Road (right most lane), going toward Macpherson Road. Then, after I changed my lane to the mid lane, I felt an impact at the back of my vehicle.

~~At first, I thought~~ I looked at the rear view mirror and saw a motorcycle on the ground. Therefore I stopped my vehicle to make a check. The rear bumper of my vehicle was dented, and the rear boot door was dented as well. The impact ~~was~~ was near the middle of the car, but the impact also caused the right side of the rear bumper to detach slightly.

The ambulance was activated and conveyed the female rider to Raffles Hospital. She was conscious and lying next to her bike. The police came on to the scene and I handed them my ID card to the in-car video camera.

The ride was alone while I was with my 2 children in the car.

TP Claim (other workshop).

DECLARATION

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

Policyholder's Signature
Date & Time: 20/10/2020
Company Chop (if applicable)

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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





**SINGAPORE
POLICE FORCE**



T/20201019/2124

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20201019/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2020 19:42	Vide Report No.: G/20201019/0131	Station Diary No.: 86
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Informant's Particulars

Name of Informant: DAWN CATHERINE YIN SZE-LING			Address: APT BLK 273B BISHAN STREET 24 #17-112 SINGAPORE 572273		
ID Type / ID No.: NRIC NO / S8200439D			Contact No.: Home/Office: Mobile: 91198709		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 38	Date of Birth: 12/01/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FREELANCE INSTRUCTOR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/10/2020 17:00	Type of Location: T-Junction
Location: ALJUNIED ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL9959M	Motorcycle					0
SLQ8922E	Car	HONDA	FIT 1.3G F PACKAGE A	White	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ8922E	AXA INSURANCE SINGAPORE PTE LTD	GA246488	26/07/2020	25/07/2021



**SINGAPORE
POLICE FORCE**



T/20201019/2124

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20201019/2124

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Clara Poh	ID No.	T2021470D
Related Vehicle	SLQ8922E (Car)	Contact No.	NIL
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
Driver			
Name	DAWN CATHERINE YIN SZE-LING	ID No.	S8200439D
Related Vehicle	SLQ8922E (Car)	Contact No.	91198709
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Noah Poh	ID No.	T1337206Z
Related Vehicle	SLQ8922E (Car)	Contact No.	NIL
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 19/10/2020 at about 1700hrs, I was driving my vehicle (SLQ8922E) along sallim road and I had just made a right turn into the Aljunied road (most right lane), going toward Macpherson road. Then, after I changed my lane to the left, I felt an impact at the back of my vehicle.

At first I thought the collision was from the van which was behind me, however, when I looked at the rear view mirror, I saw a motorcyclist on the ground (FBL9959M). Therefore, I stopped my vehicle to make a check. The rear bumper of my vehicle was dented. The ambulance was activated and conveyed the female rider to Raffles Hospital, who was conscious and lying next to her bike. The police also came to



SINGAPORE
POLICE FORCE



T/20201019/2124

Police Station Of Origin:
Bishan N.P.C
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Tel No: 1800-5529999

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Report No. T/20201019/2124

CONTINUATION OF REPORT

scene and I handed over my SD card to them, vide G/20201019/0131.

The rider was alone while my two children (2 months old and 7 years old) were in the vehicle with me. My children and I were not injured and we did not seek any medical treatment as of now. This is the first time such incident happened.



SINGAPORE
POLICE FORCE



T/20201019/2124

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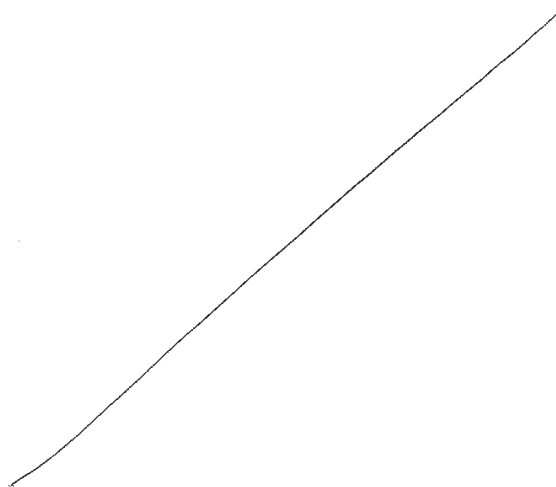
Report No. T/20201019/2124

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20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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 / Sgt 2 KAN YI LING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/10/2020 19:42
Officer In Charge Of Case: TP / GIT / Contact No: SIGNATURE	Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

