

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 31/01/2022 15:03 (SGT)
Date of Accident 29/01/2022 16:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information FORT ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN1424M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KULDIP KAUR D/O RANJIT SINGH
NRIC No SXXXX665G
Email Address GUDDYSANDHU@GMAIL.COM
Mobile Phone No (Phone) +65-91463519
Alternative Phone No +65-91463519

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
Variant -
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? Yes
Vehicle Category Private car
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VP05028982
Cover Note Number -

DRIVER

Name of Driver KULDIP KAUR D/O RANJIT SINGH
NRIC No SXXXX665G

Date Of Birth	12/04/1963
Occupation	Indoor
Date Of Driving Pass	30/11/1993
Driving experience	28 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91463519
Alt. Phone Number	+65-91463519
Email Address	GUDDYSANDHU@GMAIL.COM
Address	BLK 48 DORSET ROAD #21-115
Address complement	-
Postcode	210048
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 - Change/cross lane
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SARINDAR KAUR
Gender	Female

PASSENGER 2

Name	MARIA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Cairnhill Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002968999
Police Station Address	Blk 9 Gloucester Road #01-03 Singapore 210009
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN

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	JU9998
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

SKETCH PLAN

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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.
 - (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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A: SLN 1424 M

B: JU 9998

Describe Circumstances of the Accident

REFER POLICE REPORT.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

3/1
@ 9:00m

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


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



1/20220129/2074

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

1 of 1
Report No: 1/20220129/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2022 18:07		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: KULDIP KAUR D/O RANJIT SINGH			Address: APT BLK 48 DORSET ROAD #21-115 SINGAPORE 210048		
ID Type / ID No.: NRIC NO / S1619665G			Contact No.: Home/Office: Mobile: 91463519		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 58	Date of Birth: 12/04/1963	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Administration manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/01/2022 16:20	Type of Location: Straight Road
Location: FORT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JUB9998	Truck				Slightly Damaged	0
SLN1424M	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP 6EAT	Red	Slightly Damaged	2

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	

**SINGAPORE
POLICE FORCE**

T/20220129/2074

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Police Station Of Origin
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No. 1800-2968999

Report No. T/20220129/2074

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN1424M	LONPAC INSURANCE BHD.	Z21VP05028982	24/04/2021	23/04/2022

Brief Details.

While driving along Fort Rd towards ECP, I had ran into an accident and contacted TP. The TP officer at scene seized my 16GB memory card from my in car camera and issued me with an NP323 along with a case card vide G/20220129/0218.



**SINGAPORE
POLICE FORCE**

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Caimhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No. 1800-2968999



T/20220129/2074

3 of 3

Report No. T/20220129/2074

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 A / SGT 1 LEE YONG JIE JOSEPH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/01/2022 18:07
Officer In Charge Of Case: TP / GIT / STAFF SGT SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No. : 65476214	Classification Of Case: