

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 18/04/2022 15:47 (SGT)
Date of Accident 14/04/2022 12:45 (SGT)
Exact Location of Accident Victoria St, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS6473L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Noraslinda Binte Mustafa
NRIC No SXXXX216Z
Email Address a6679b@gmail.com
Mobile Phone No (Phone) +65-96199969
Alternative Phone No +65-96199969

VEHICLE PARTICULARS

Manufacturer Opel
Model Astra
Variant ASTRA HB 1.0 AT
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 998

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10702719R00
Cover Note Number 29/03/2022-28/03/2023

DRIVER

Name of Driver Noraslinda Binte Mustafa
NRIC No SXXXX216Z

Date Of Birth	19/08/1972
Occupation	Indoor
Date Of Driving Pass	14/10/2004
Driving experience	17 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96199969
Alt. Phone Number	+65-96199969
Email Address	a6679b@gmail.com
Address	Blk 269 Yishun St 22 #08-06
Address complement	-
Postcode	760269
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?	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	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

Kindly refer to the 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	WC5363G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	Selvaraj Gunasekaran
Passport No/FIN	GXXXX341X
Contact Number	(Phone) +65-82842591
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	Noraslinda Binte Mustafa
Gender	Female
Phone No	(Phone) +65-96199969
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLS6473L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
- (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

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

Witnessed by Reporting Centre Personnel *Rakeshwaran. Arum*

Sketch Plan

Vehicle A: SL56473L

Vehicle B: WC5363G

Queen St



Victoria St

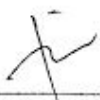
Describe Circumstances of the Accident


On the 14/04/2022 at abt 12.45pm I was driving towards Victoria St after Queen St, and was on the extreme left lane when a cement lorry plate no. WC 53636 hit me and my car on the right side. Driver name Selvaraj Gunasekaran. After that I came down and took his particular and some photo. After the incident I went to see the doctor as I had some pain on my back and neck.

Please refer to police report T/20220414 / 7020

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel Rakesh Kumar - Hm 2



SINGAPORE POLICE FORCE



T/20220414/7020

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220414/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2022 15:36		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NORASLINDA BINTE MUSTAFA			Address: 269 YISHUN STREET 22 #08-06 SINGAPORE 760269		
ID Type / ID No.: NRIC NO / S7234216Z			Contact No.: Home/Office: Mobile: 96199969		
Nationality: SINGAPORE CITIZEN			Email: EZAYLIN@YAHOO.COM		
Sex: Female	Age: 49	Date of Birth: 19/08/1972	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/04/2022 12:45	Type of Location: X-Junction
Location: VICTORIA STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SLS6473L	Car	OPEL	ASTRA HB 1.0 AT	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS6473L	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10702719R00	29/03/2022	28/03/2023



**SINGAPORE
POLICE FORCE**



T/20220414/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220414/7020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NORASLINDA BINTE MUSTAFA	ID No.	S7234216Z
Related Vehicle	SLS6473L (Car)	Contact No.	96199969
Hospital/Clinic	G & H MEDICAL CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/04/2022	Date	14/04/2022
No. of Days granted Medical Leave	01	Degree of	Slight

Brief Details.

On the 14/04/2022 at abt 12.45pm I was driving towards Victoria st after Queen st and was on the extreme left lane when a cement lorry plate no : WC5363G hit me and my car from the right side. Driver name : Selvaraj. After that I came down and took photos and driver particular. After the accident I went to see the doctor for my back and neck pain and was given 1 day mc (0000007746)



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220414/7020

3 of 3

Report No. T/20220414/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
14/04/2022 15:36

Classification Of Case: