# **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 witholding 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 25/04/2022 15:09 (SGT) Date of Accident 24/04/2022 13:00 (SGT) Exact Location of Accident Singapore Additional Location Information PIE (CHANGI) BEF ONRAET ROAD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJW2870C

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner PRESTO EXPAT MOTORING SERVICES PTE. LTD. Company Reg No 200713089K **Email Address** RENTAL@PRESTOEXPATMOTORING.COM Mobile Phone No (Phone) +65-96567767 Alternative Phone No +65-96567767

### VEHICLE PARTICULARS

Manufacturer Mazda Model 3 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 1600

### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5109441522-02 Cover Note Number

### DRIVER

Name of Driver **DEAN JOHN SCOTT** Passport No/FIN G5787756T

Date Of Birth 28/12/1976 Occupation Indoor Date Of Driving Pass 03/07/2013 Driving experience 8 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-90675204 Alt. Phone Number Email Address RENTAL@PRESTOEXPATMOTORING.COM Address 69 CORONATION ROAD WEST Address complement Postcode 269282 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **BARNABY SCOTT** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Bukit Timah Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004629999 Alt. Police Station Phone No (Fax) +65-64628933 Police Station Address 1 Duke Road Singapore 268914 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT 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** 

FBS593G

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	UNKNÓWN
Contact Number	_
Address	-
Address complement	_
Postcode	-
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLE2715P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

SMR191H
-
-
-
-
Private car
UNKNOWN
-
-
-
-
-
-
-
-

# **INJURED PERSONS DETAILS**

### INJURED 1

Name of injured person Gender	UNKNOWN Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	FBS593G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

# SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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:
  - 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:

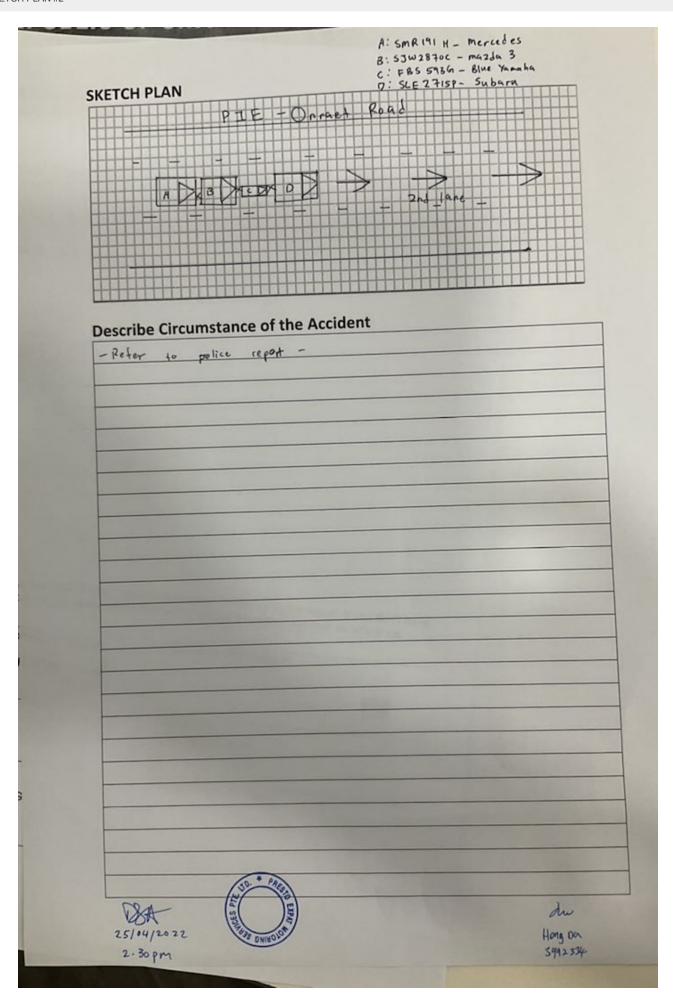
(If driver is not the policyholder)
Date & Time: 25/04/22

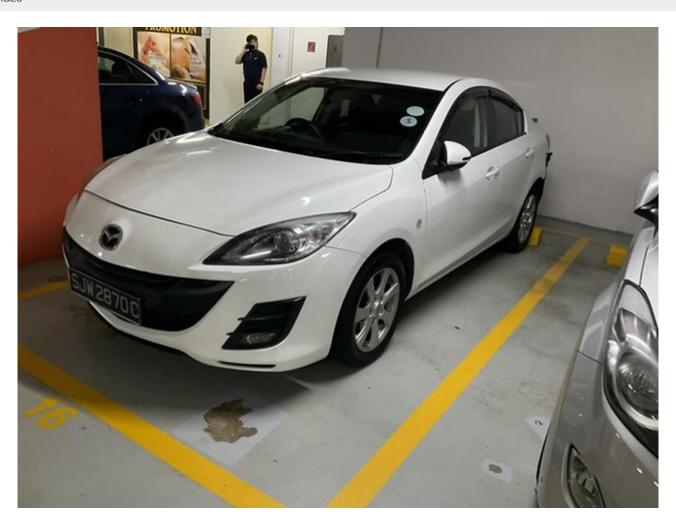
2.30pm

de

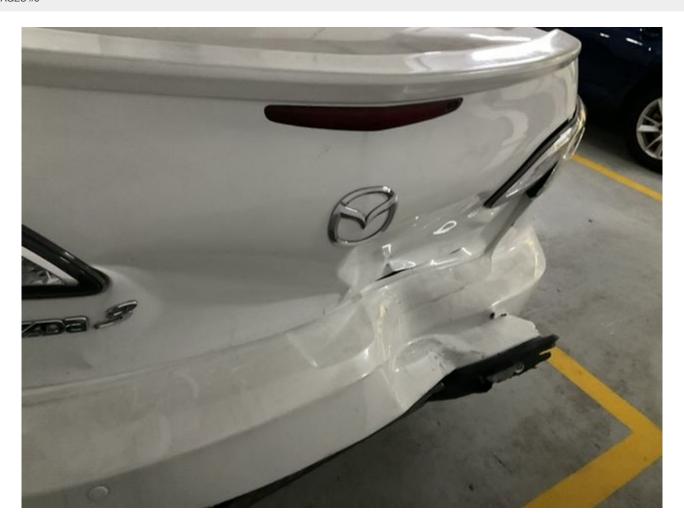
Reporting Centre Personnel's Signature Name: Hong D A

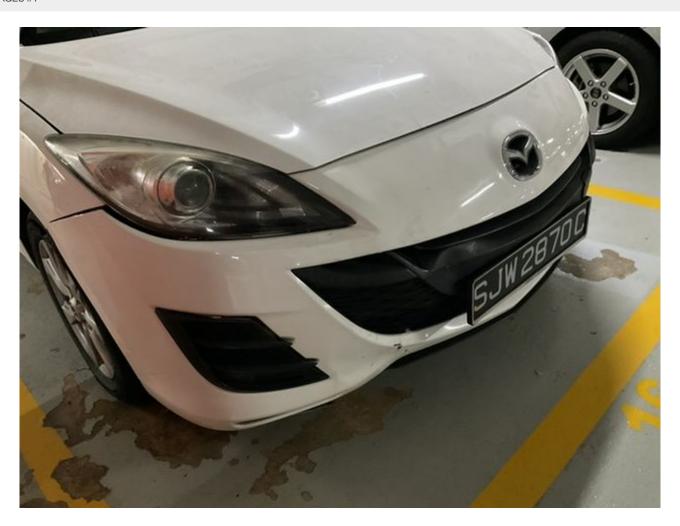
Name: 14 ong U u NRIC/FIN No.: 5942 336

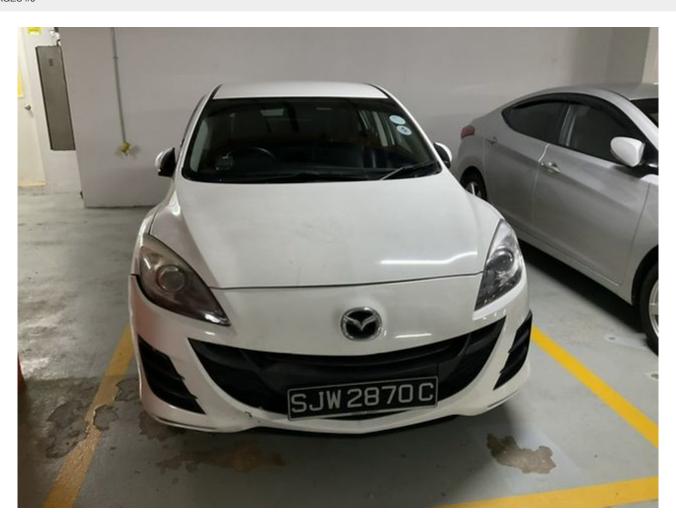


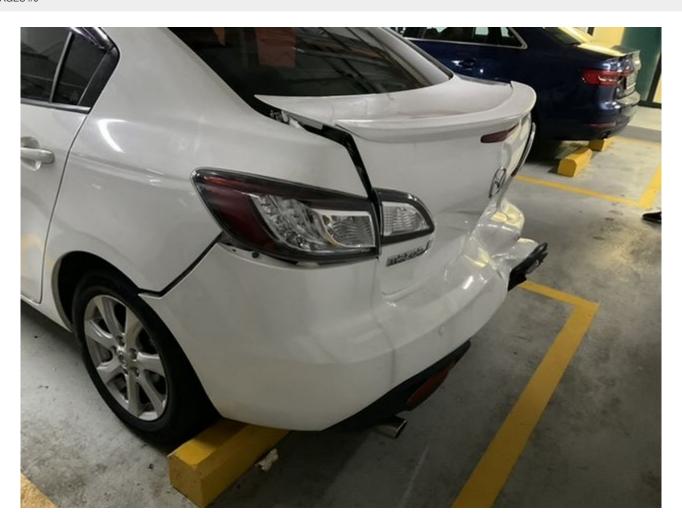


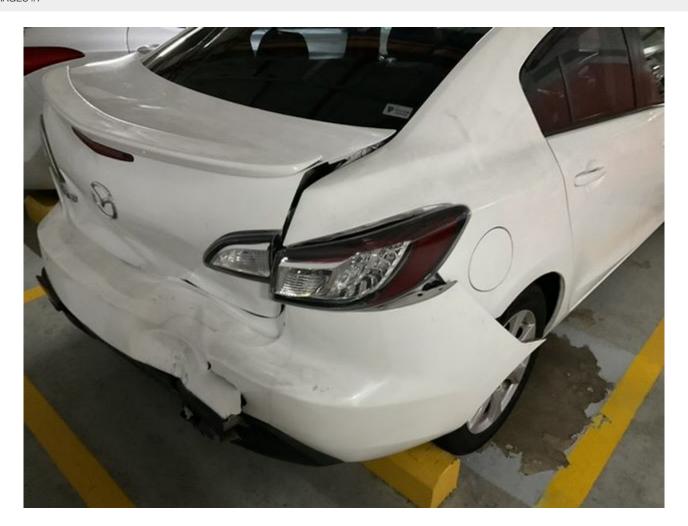






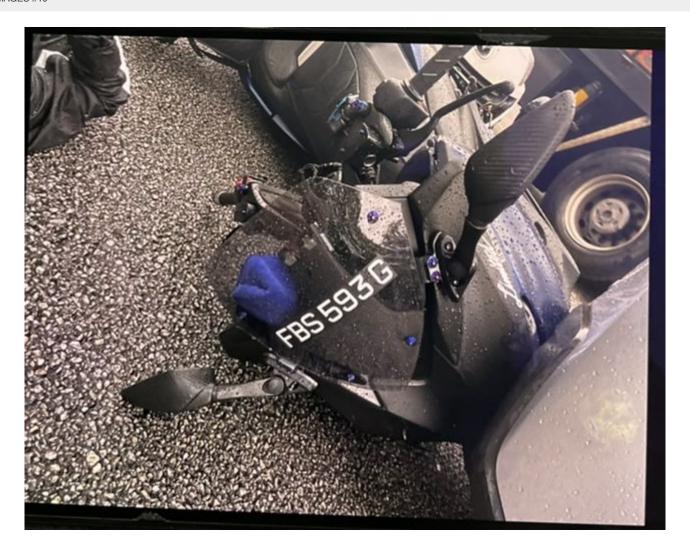
























Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

1 of 3 Report No. T/20220424/2068

# REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 24/04/2022 18:24		Vide Report No.: E/20220424/0102	Station Diary No.:	
Informa	nt's Particu	ilars			
Name of Informant: DEAN JOHN SCOTT			Address: 69 CORONATION ROAD WEST SINGAPORE 269282		
ID Type / ID No.: FIN NO / G5787756T		т	Contact No.: Home/Office: Mobile: 90675204		
National BRITISH	ity:		Email: d_iscott1976@yahoo.co.uk		
Sex: Male	Age:	Date of Birth: 28/12/1976	Type of Informant: Driver		
Race: Caucasian		A PROPERTY HIS AND A	Language: Institution / School N		
Occupation: TEACHER			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/04/2022 13:00	Type of Location: Expressway
PAN-ISLAND	EXPRESSWAY	Road Surface:		Road Speed Limit:
Park of Sandrack and American		Wet	THE PERSON NAMED IN	
Heavy rain				
Heavy rain Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy

Details of V	ehicle Involve	d		TO STATE OF	STATE OF THE PARTY	(CONT. (CO.) (21.)
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBS593G	Motorcycle	YAMAHA	XMAX	Blue		0
SJW2870C	Car	MAZDA	Mazda 3	White	Seriously Damaged	1
SLE2715P	Car	SUBARU	XV	Silver	Damagou	1
SMR191H	Car	MERCEDES BENZ		Silver		0



Report No. T/20220424/2068

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

### CONTINUATION OF REPORT

Details of Person							
Any Pedestrian Involved: No No. of Pedestrians Injured: NIL			Use of Peo	Use of Pedestrian Crossing: NA			
Driver		45 12 6 地		ID No.	STATE OF THE PARTY OF	G5787756T	
Name	DEAN JOHN SCOT	T		ID No.		G5/6//501	
Related Vehicle	SJW2870C (Car)		Court of	Contact No.		90675204	
			6 th	01	-4	Class: 3	
Hospital/Clinic	NIL			Class Driving Licens	g	Date of Expiry: NIL	
	ionisist legacon			Expiry Date			
Date Treatment	NIL		Date Disc		NIL		
No. of Days granted Medical Leave		NIL	Degree o	f Injury	NIL		

### Brief Details.

On the 24th April 2022 at about 1pm, I was driving my Silver Mazda 3 car: SJW 2870C along PIE towards Changi. I was driving on the 2nd lane (next to the overtaking lane) of 4 lanes at that time. My 8 years old son was also in the car and sat next to me on the passenger seat at that time. Just before Onraet Road, I observed that the traffic ahead had started to build up. The motorcyclist in front of me who was riding a Blue Yamaha: FBS 593G had slowed down his motorcycle. As such I did the same and eventually both of our vehicles came to a complete stop and were stationary.

Upon looking at my rear view mirror, I noticed a Silver Mercedes car: SMR 191H approaching behind and moving at a relatively fast speed. I anticipated that it would hit my car and so I instinctively put my arm across my son. The Mercedes car then collided strongly onto the rear of my car. The impact caused my car to move forward and hit the rear of the motorcycle (FBS 593G) in front of me. The impact in return caused the motorcyclist to move forward and hit the rear of the car in front of it. The said car was a Silver Subaru: SLE 2715P.

After the accident, I stepped out of my car to check on the motorcyclist who had fell onto the ground. He was conscious at that point of time. I then called the police. The driver of SLE 2715P had also came to render his assistance to the motorcyclist. The driver of the Mercedes car came around shortly after but did not say much. He looked visibly shocked. Later on the police arrived followed by the ambulance. The paramedics had checked on the motorcyclist and subsequently conveyed him to the hospital. My son and I were not injured.

I checked my car and discovered the whole rear bumper and panel area had been badly damaged. Rear headlights and boot were both damaged. The front bumper grille area had a small dent.

I did not managed to exchange particulars with the other involved parties. I was then advised by the police to lodge a traffic accident report.



Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999



3 of 3

Report No. T/20220424/2068

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 /
SI MOHAMMED NURHAKIM BIN
OTHMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI VILTON HIA WEE SIANG
Contact No.: 65476232

Date/Time: 24/04/2022 18:24

Classification Of Case: