

# 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 ..... 06/06/2022 14:25 (SGT)  
Date of Accident ..... 05/06/2022 17:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... LOWER DELTA ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDP4555H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... D'SOUZA LLOYD MORGAN EDWARD  
NRIC No ..... S2683730H  
Email Address ..... lloyd.dsouza7@gmail.com  
Mobile Phone No ..... (Phone) +65-96469803  
Alternative Phone No ..... +65-96469803

### VEHICLE PARTICULARS

Manufacturer ..... LandRover  
Model ..... RANGE ROVER VELAR 2.0P SI4  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800104203-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... D'SOUZA LLOYD MORGAN EDWARD  
NRIC No ..... S2683730H

Date Of Birth .....	28/06/1956
Occupation .....	Indoor
Date Of Driving Pass .....	18/06/1997
Driving experience .....	25 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96469803
Alt. Phone Number .....	+65-96469803
Email Address .....	lloyd.dsouza7@gmail.com
Address .....	150 PRINCE CHARLES CRESCENT #18-01
Address complement .....	-
Postcode .....	159012
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 .....	INGRID ALICE D'SOUZA
Gender .....	Female

#### PASSENGER 2

Name .....	JEANNE MARIA SARI PRABUDHI
Gender .....	Female

#### 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

#### REFER TO ATTACHMENT

#### 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 .....	WITH TRAFFIC POLICE
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJE5953J
Vehicle Manufacturer .....	Kia
Vehicle Model .....	Cerato
Vehicle Variant .....	-
Vehicle Colour .....	Red
Vehicle Category .....	Private car
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) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SNB9638A
Vehicle Manufacturer .....	Audi
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Private car
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

## IMPORTANT NOTICE

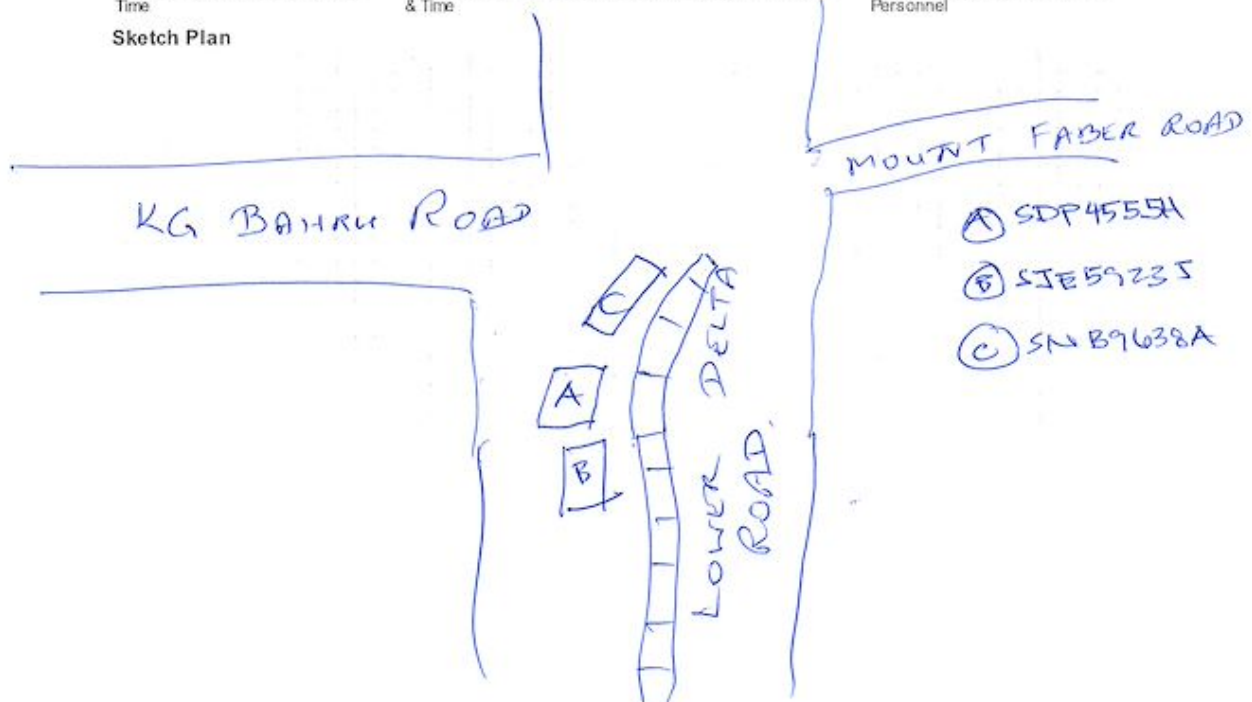
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available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

*L. D. Sanga*  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

*L. D. Sanga*  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT  
T/20220605/7022

Declaration

We declare the foregoing particulars are true in every respect.

*L. D'Souza*

Policyholder's Signature / Date & Time

*L. D'Souza*

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



Witnessed by Reporting Centre Personnel



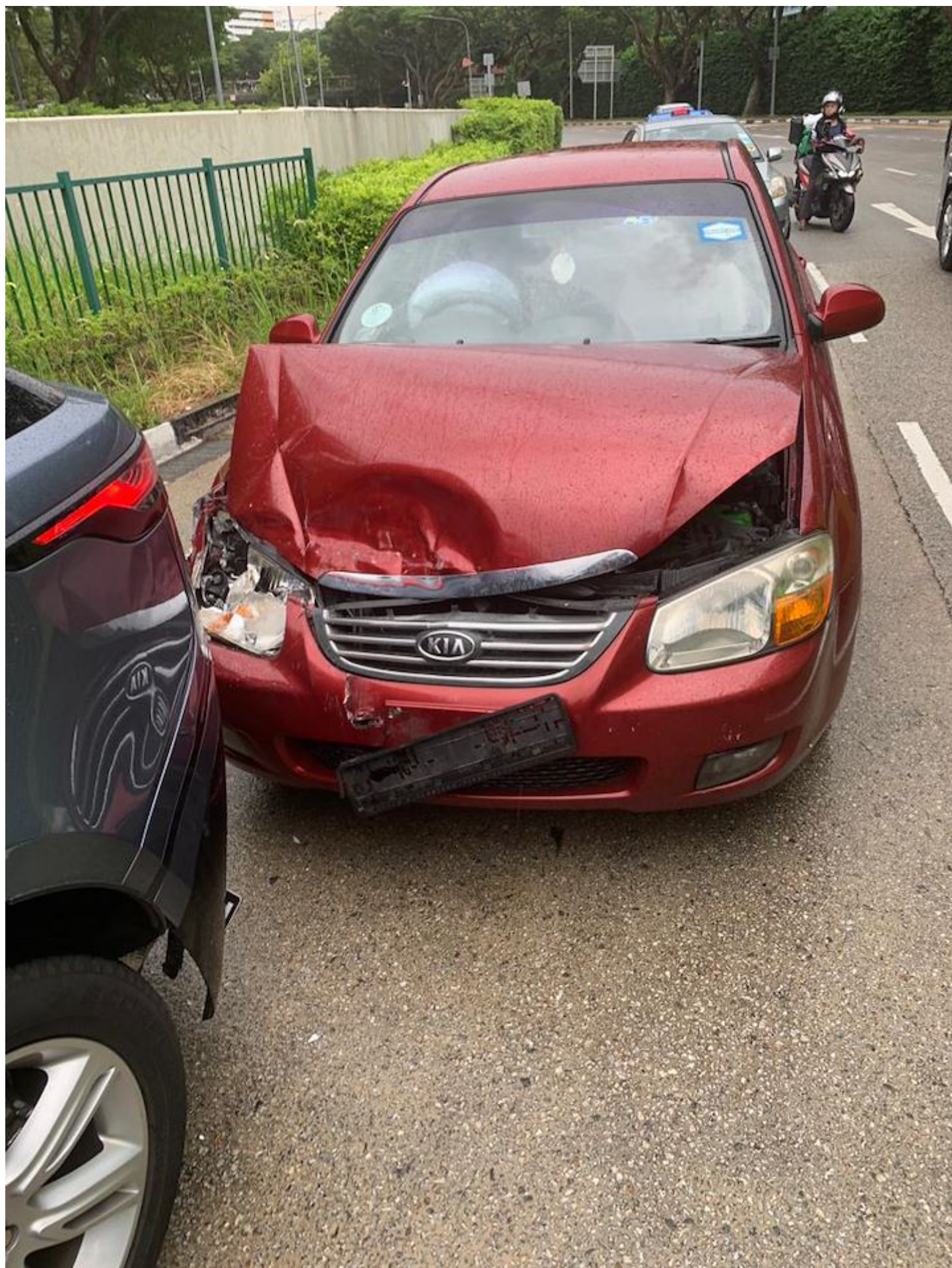
































































































**SINGAPORE  
POLICE FORCE**



T/20220605/7022

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

Report No. T/20220605/7022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/06/2022 21:36		Vide Report No.: D/20220605/0090		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: D'SOUZA LLOYD MORGAN EDWARD			Address: 150 PRINCE CHARLES CRESCENT #18-01 SINGAPORE 159012		
ID Type / ID No.: NRIC NO / S2683730H			Contact No.: Home/Office: Mobile: 96469803		
Nationality: SINGAPORE CITIZEN			Email: lloyd.dsouza7@gmail.com		
Sex: Male	Age: 65	Date of Birth: 28/06/1956	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation:			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: 05/06/2022 17:15	Type of Location: X-Junction
Location:  LOWER DELTA ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SDP4555H	Car	LAND ROVER	RANGE+RO VER+VELA R+2.0P+SI4	Blue	Seriously Damaged	3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20220605/7022

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

Report No. T/20220605/7022

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDP4555H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800104203-02	01/09/2021	31/08/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	D'SOUZA LLOYD MORGAN EDWARD		ID No.	S2683730H
Related Vehicle	SDP4555H (Car)		Contact No.	96469803
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Passenger				
Name	JEANNE MARIA SARI PRABUDHI		ID No.	S2763696I
Related Vehicle	SDP4555H (Car)		Contact No.	91787689
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Passenger				
Name	INGRID ALICE D'SOUZA		ID No.	S2683731F
Related Vehicle	SDP4555H (Car)		Contact No.	98621696
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	





**SINGAPORE  
POLICE FORCE**



T/20220605/7022

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

Report No. T/20220605/7022

**CONTINUATION OF REPORT**

Brief Details.

Hit from behind in turning lane which caused me to hit car in front. Junction of Kg Bahru and Mount Faber Road. Travelling along lower delta rd, in right turning lane to go to Mount Faber road.

The accident did not happen at a pedestrian crossing but coming up to a traffic light.

Pics available & car camera chip already provided to police



**SINGAPORE  
POLICE FORCE**

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



T/20220605/7022

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Report No. T/20220605/7022

**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 /  
THABAGESH JEYATHESH  
Contact No.: 65476178

NP168

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

Date/Time:  
05/06/2022 21:36

Classification Of Case: