

## 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 Actual 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 .....	08/08/2022 13:28 (SGT)
Reported by .....	Driver
Date of Accident .....	28/07/2022 18:40 (SGT)
Exact Location of Accident .....	Bukit Batok West Ave. 8, Singapore
Additional Location Information .....	BUKIT BATOK WEST AVENUE 8
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBG2358U
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	THINK ONE LEASING PTE LTD
Company Reg No .....	2XXXXX609M
Email Address .....	raj@tol.com.sg
Mobile Phone No .....	(Phone) +65-96788288
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Peugeot
Model .....	Partner
Variant .....	VAN
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	1600

#### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	20-ML000183-R00

#### DRIVER

Name of Driver .....	SARASVATHY
NRIC No .....	SXXXX080C
Date Of Birth .....	24/11/1982
Occupation .....	Outdoor

Date Of Driving Pass .....	13/06/2022
Driving experience .....	1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-97330854
Alt. Phone Number .....	-
Email Address .....	raj@tol.com.sg
Address .....	APT BLK 339 BUKIT BATOK STREET 34
Address complement .....	#04-294
Postcode .....	850339
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Major/Minor Rd
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hong Kah North Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18005679999
Alt. Police Station Phone No .....	(Fax) +65-65652508
Police Station Address .....	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO ATTACHMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SG5960J
Vehicle Manufacturer .....	Man
Vehicle Model .....	BUS
Vehicle Variant .....	-

Vehicle Colour .....	Green
Vehicle Category .....	Bus
Name of Driver .....	CHONG KIM KON
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	NOT SURE
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	SARASVATHY
Gender .....	Female
Phone No .....	(Phone) +65-97330854
Address .....	APT BLK 339 BUKIT BATOK STREET 34
Address Complement .....	#04-294
Post Code .....	650339
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBG2358U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### Describe Circumstances of the Accident

Coming out from Alter lane from Bukit Batok road (GBG2358U)  
- at the juncture when I was filtering out  
there was no vehicle coming towards me or seen anywhere nearby  
↑ this was at the time (moment) I was filtering out  
- I have no idea where the SMRT bus SG5060J came from (service hp-901)  
- I was totally lost<sup>st</sup> and traumatised when this happened and moments later  
I was alone to react

Date 8/8/22  
Time 12:12 hrs  
Saraswathi  
SG237080C  
Angela

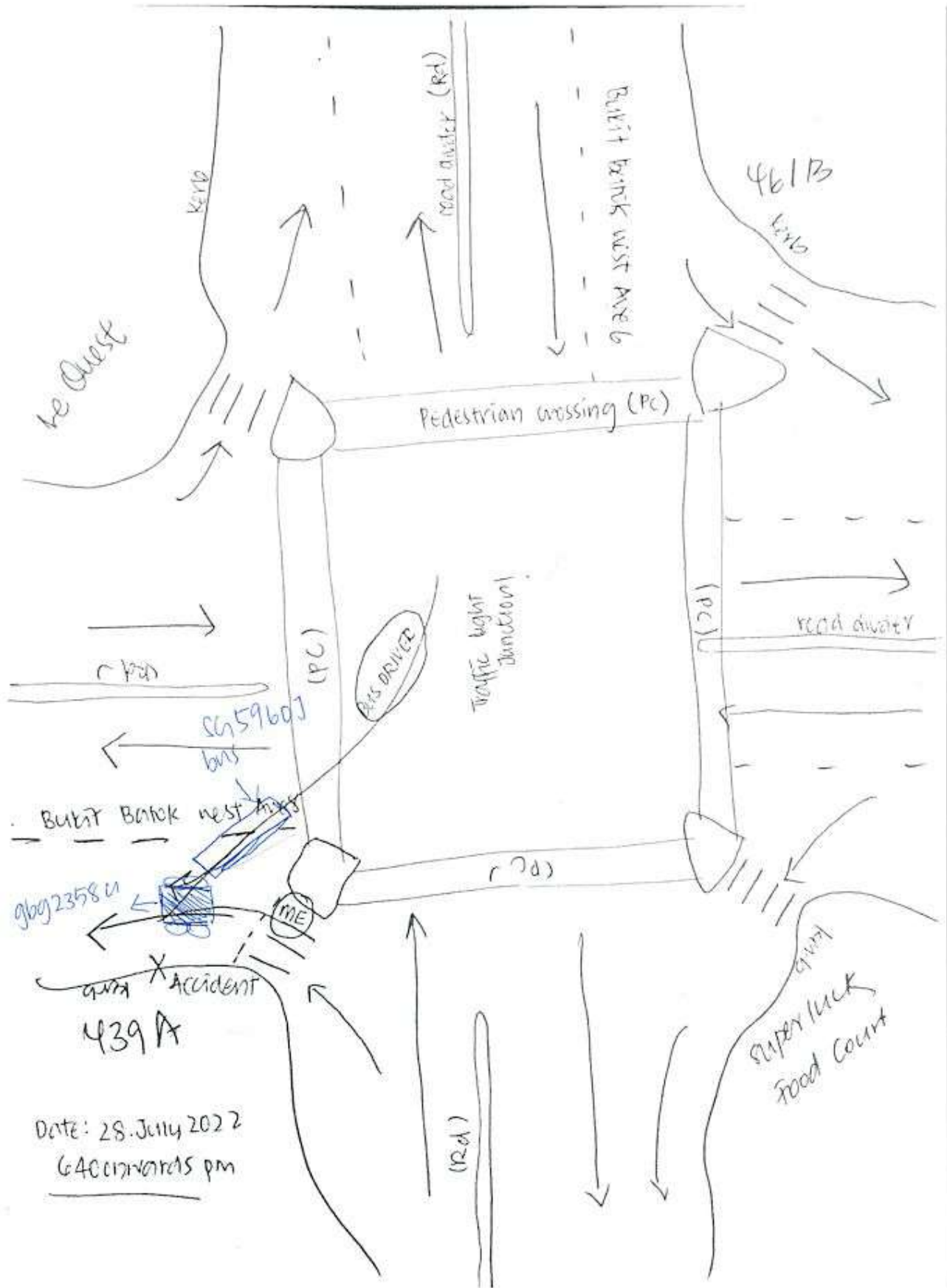
## Declaration

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





**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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.
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

**Sketch Plan**





## Describe Circumstances of the Accident

- coming out from filter lane from Bukit Batok road (GBG 2358U)
- at the juncture when I was filtering out there was no vehicle coming towards me or seen anywhere nearby
- <sup>A</sup> this was at the time (moment) I was filtering out
- I have no idea where the SMRT bus SE560J came from (service no. 941)
- I was totally lost<sup>ed</sup> and traumatised when this happened and moments later I was alone to react

Date 8/8/22  
Time 12:12 hrs  
Saravathu  
SE237806  
Quincy

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

x   
Driver's Signature (If driver is not the  
& Time

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



Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20220729/2038

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

1 of 3

Report No. T/20220729/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/07/2022 14:12		Vide Report No.:		Station Diary No.: 24	
<b>Informant's Particulars</b>					
Name of Informant: SARASVATHY			Address: APT BLK 339 BUKIT BATOK STREET 34 #04-294 SINGAPORE 650339		
ID Type / ID No.: NRIC NO / S8237080C			Contact No.: Home/Office: Mobile: 97330854		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 39	Date of Birth: 24/11/1982	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Q EXPRESS PARTNER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/07/2022 18:40	Type of Location: Straight Road
Location:  BUKIT BATOK WEST AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG2358U	Van				Slightly Damaged	0
SG5960J	Bus/Coach/Mi nibus				No Damage	20

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220729/2038

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

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Report No. T/20220729/2038

**CONTINUATION OF REPORT**

Driver			
Name	SARASVATHY	ID No.	S8237080C
Related Vehicle	GBG2358U (Van)	Contact No.	97330854
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/07/2022	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 28/07/2022 at about 1840hrs, I was driving a rental van (registration plate: GBG2358U) along Bukit Batok West Ave 6.

I then made a left turn into the filter lane into Bukit Batok West Avenue 8, to enter into the carpark of Blk 439A Bukit Batok West Ave 8. While I was doing so, an SMRT bus (registration plate: SG5960J) hit onto my driver side, causing my front bumper to come off and damage to it. I am not sure where he came from but I am sure he didn't come from the main road of Bukit Batok West Avenue 8.

Police arrived and attended to me. I refused conveyance as I thought the pain / neck strain was minor. After I went home, I discovered more bodily pain after the accident including neck, right arm, right face, left knee and lower abdominal.

Two hours after the incident, I went to Ng Teng Fong Hospital and the doctor gave me MC till 31/07/2022. She also said that the full x-ray report was still in process. I was given C collar for further protection to my neck and spine.



**SINGAPORE  
POLICE FORCE**



T/20220729/2038

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Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

Report No. T/20220729/2038

**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:

J /

SGT 2 MUHAMMAD MUJAHID  
BIN SAMSUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/07/2022 14:12

Officer In Charge Of Case:

TP / GIT /

STAFF SGT SYED MUHAMMAD ISA BIN  
OMAR ALHABSHEE  
Contact No.: 65476187

Classification Of Case:

NP168