

## 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 ..... 11/08/2022 17:15 (SGT)  
Reported by ..... Both  
Date of Accident ..... 11/08/2022 10:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UPP PAYA LEBAR RD X NEW INDUSTRIAL RD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLP5594T

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HAN AI LING  
NRIC No ..... SXXXX117C  
Email Address ..... andrea.han.al@gmail.com  
Mobile Phone No ..... (Phone) +65-83188005  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Polo  
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 ..... 1197

#### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D21MTPV01016809

#### DRIVER

Name of Driver ..... HAN AI LING  
NRIC No ..... SXXXX117C  
Date Of Birth ..... 27/05/1980  
Occupation ..... Indoor

Date Of Driving Pass .....	24/05/2001
Driving experience .....	21 YEARS AND 3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-83188005
Alt. Phone Number .....	-
Email Address .....	andrea.han.al@gmail.com
Address .....	BLK 169B PUNGGOL FIELD
Address complement .....	#14-675
Postcode .....	822169
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 .....	Side Swipe
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? .....	Yes
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 .....	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

PLS REFER TO THE ATTACHED STATEMENT

#### 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 .....	GBG4785G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	FAIROS KHAN BIN AMIR KHAN
NRIC No .....	SXXXX323J
Contact Number .....	-
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 .....	FAIROS KHAN BIN AMIR KHAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	GBG4785G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

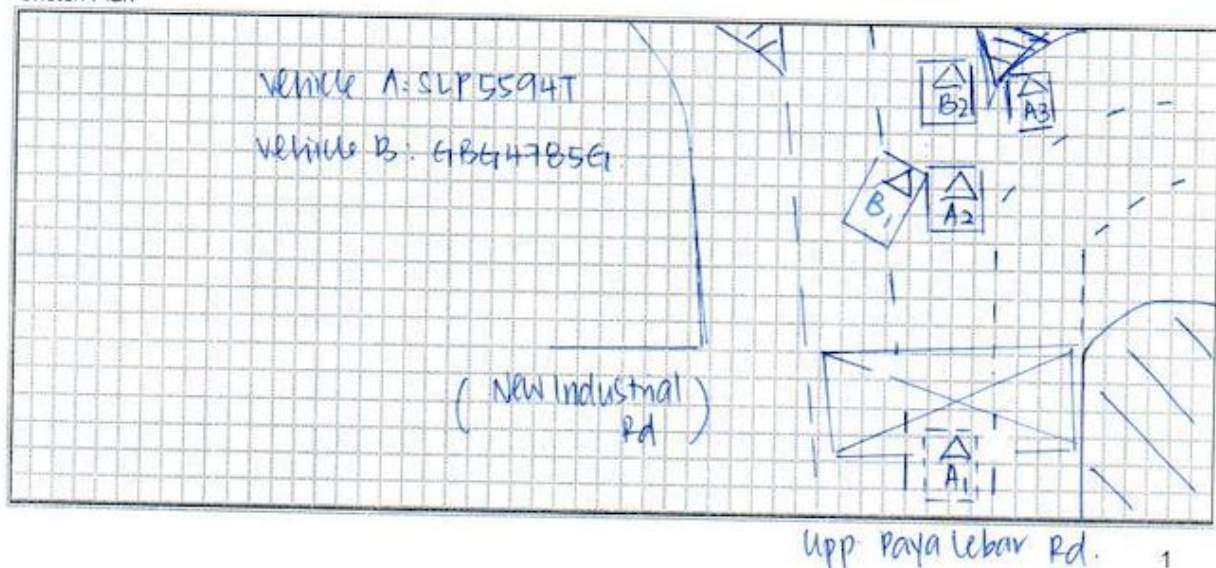
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

 11/08/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**




Describe Circumstance of the Accident

- Refer to Police Report -

Declaration

I/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

 11/08/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20220811/7020

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

2 of 3

Report No. T/20220811/7020

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP5594T	TENET SOMPO INSURANCE PTE. LTD.	D21MTPV01016809	25/11/2021	24/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FAIROS KHAN BIN AMIRKHAN	ID No.	S8117323J
Related Vehicle	GBG4785G (Lorry)	Contact No.	NIL
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	11/08/2022	Date	11/08/2022
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	HAN AI LING	ID No.	S8014117C
Related Vehicle	SLP5594T (Car)	Contact No.	83188005
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

## Brief Details.

On 11/08/2022 at about 10:20hr, I was driving my vehicle along Upper Paya Lebar Road. Approaching the junction to New Industrial Road, I was travelling along the 2nd lane from the right. Suddenly I felt an impact on my vehicle's left portion. Vehicle Number - GBG4785G, had tried to filter in and collided onto my vehicle.

Subsequently, the said driver was not able to alight his vehicle as he complained of leg pain and I called for the ambulance. He was then conveyed to the hospital from the accident scene and Traffic Police attended the scene as well.

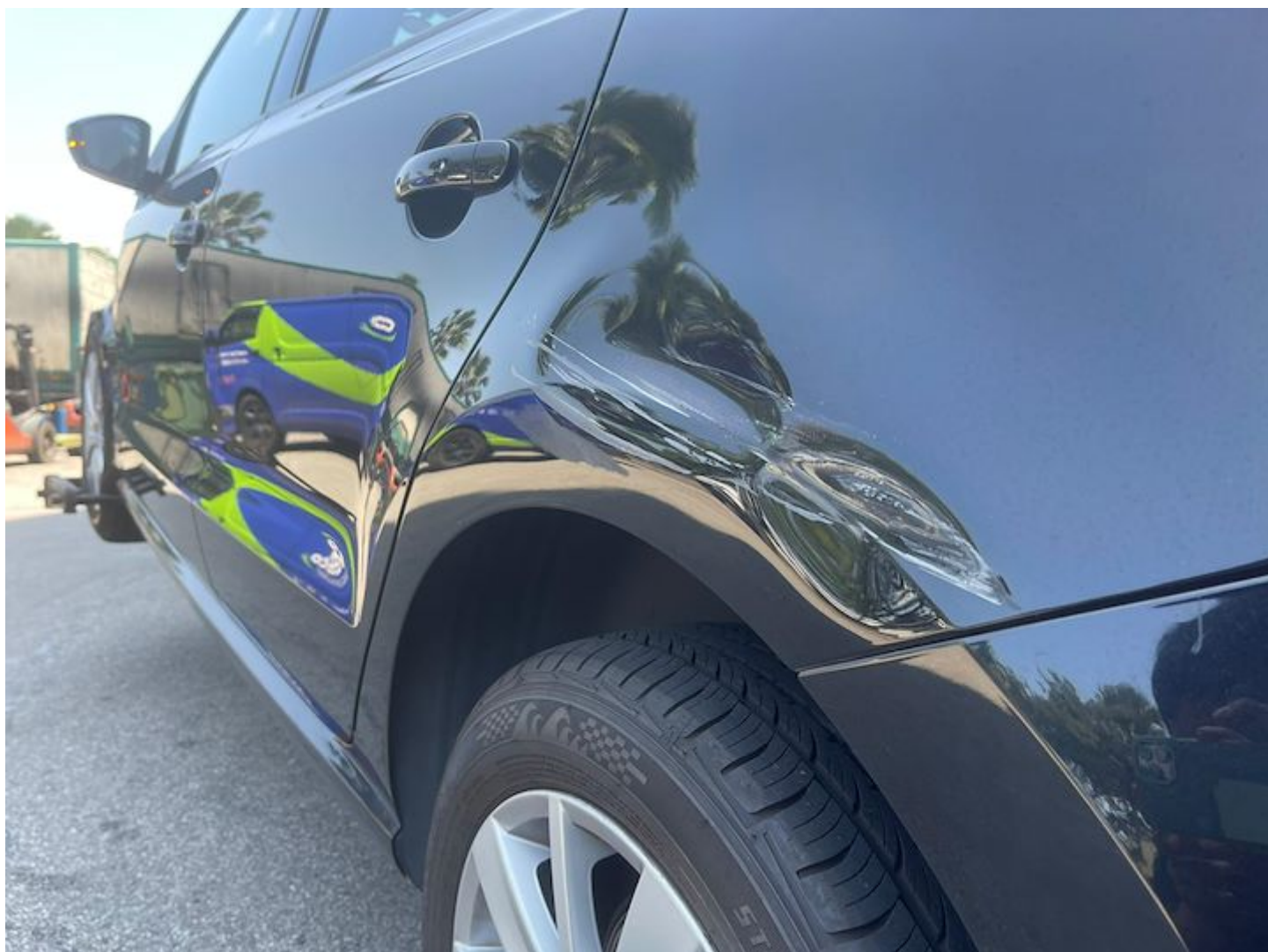










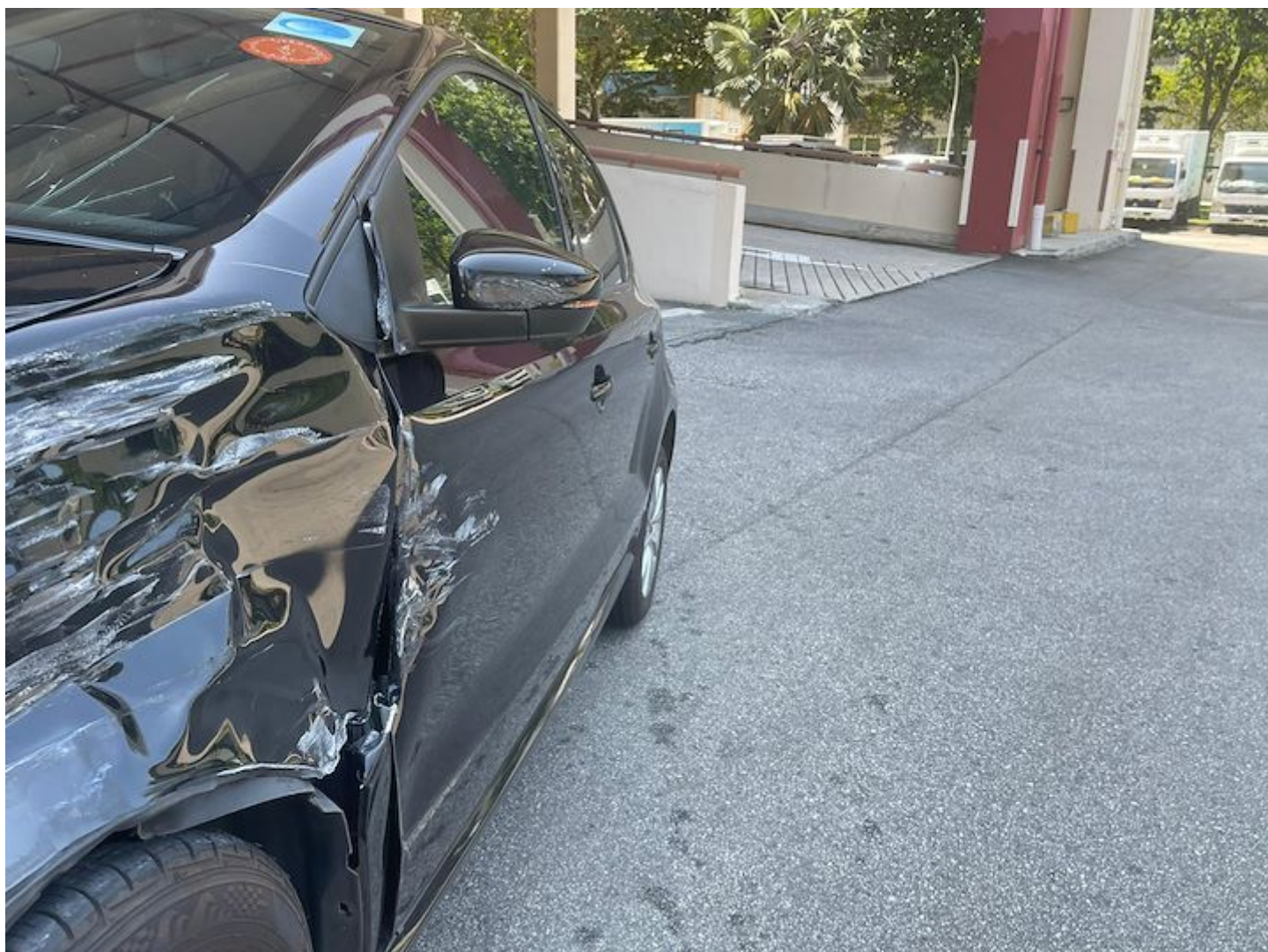








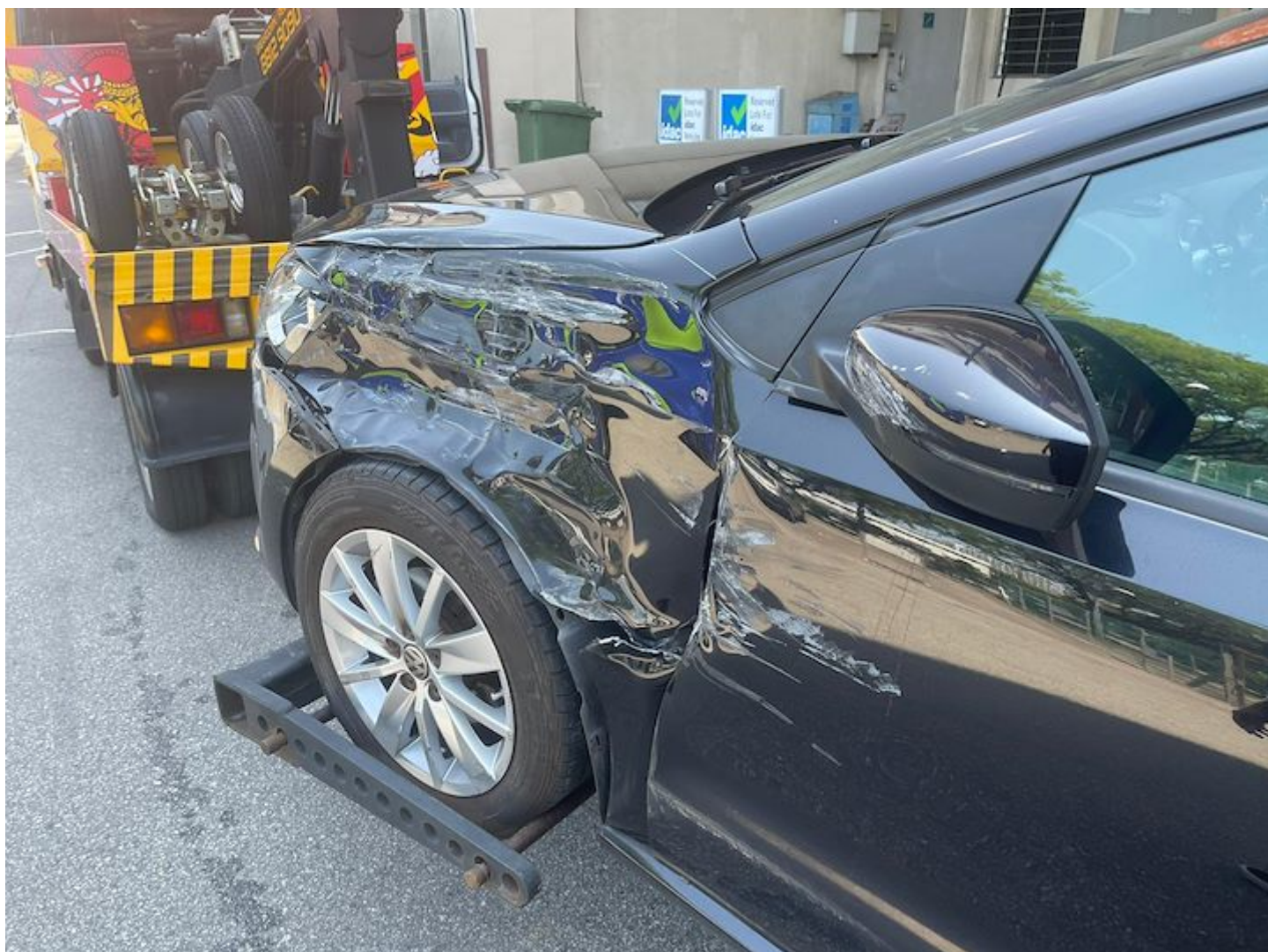


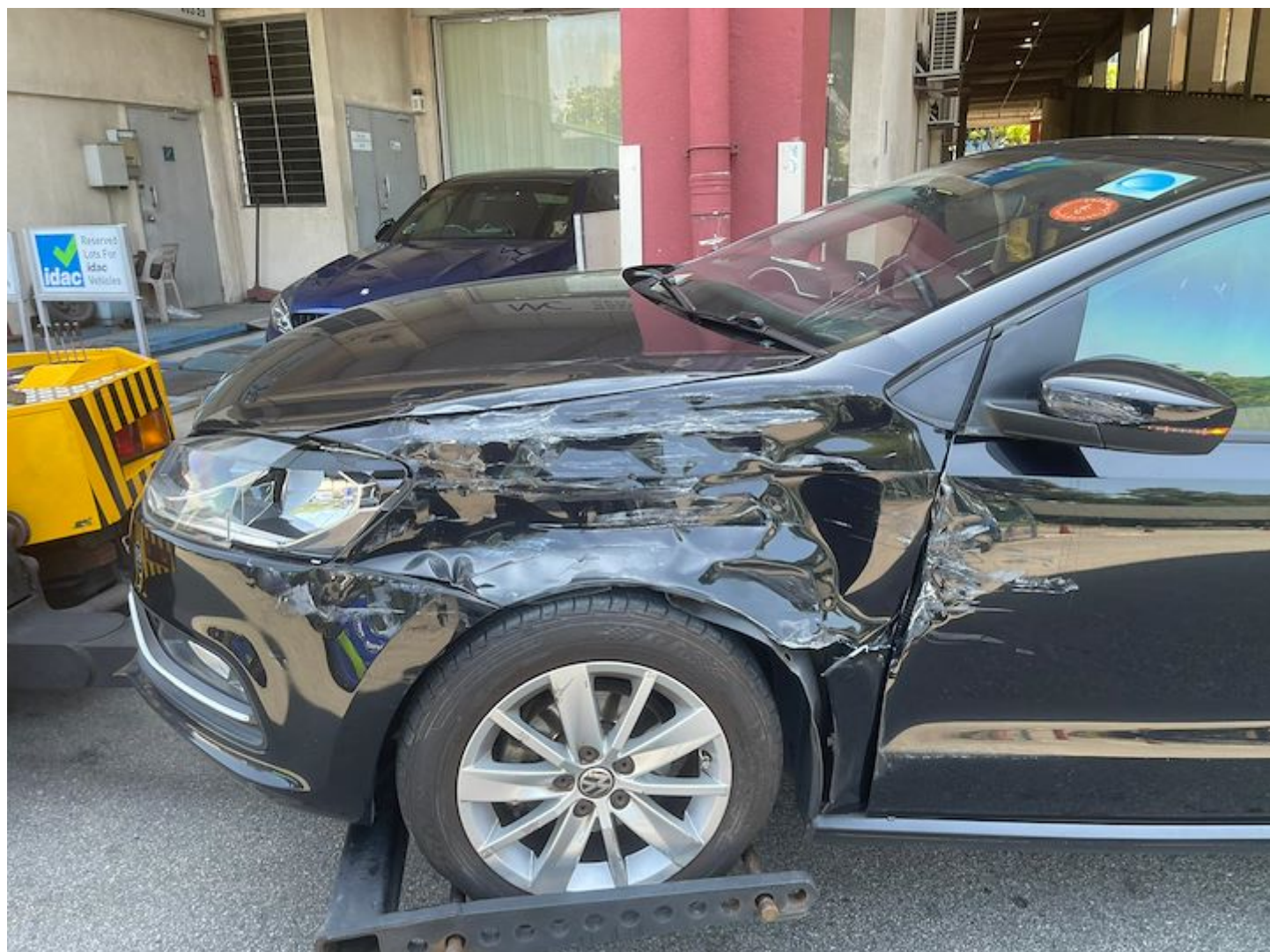




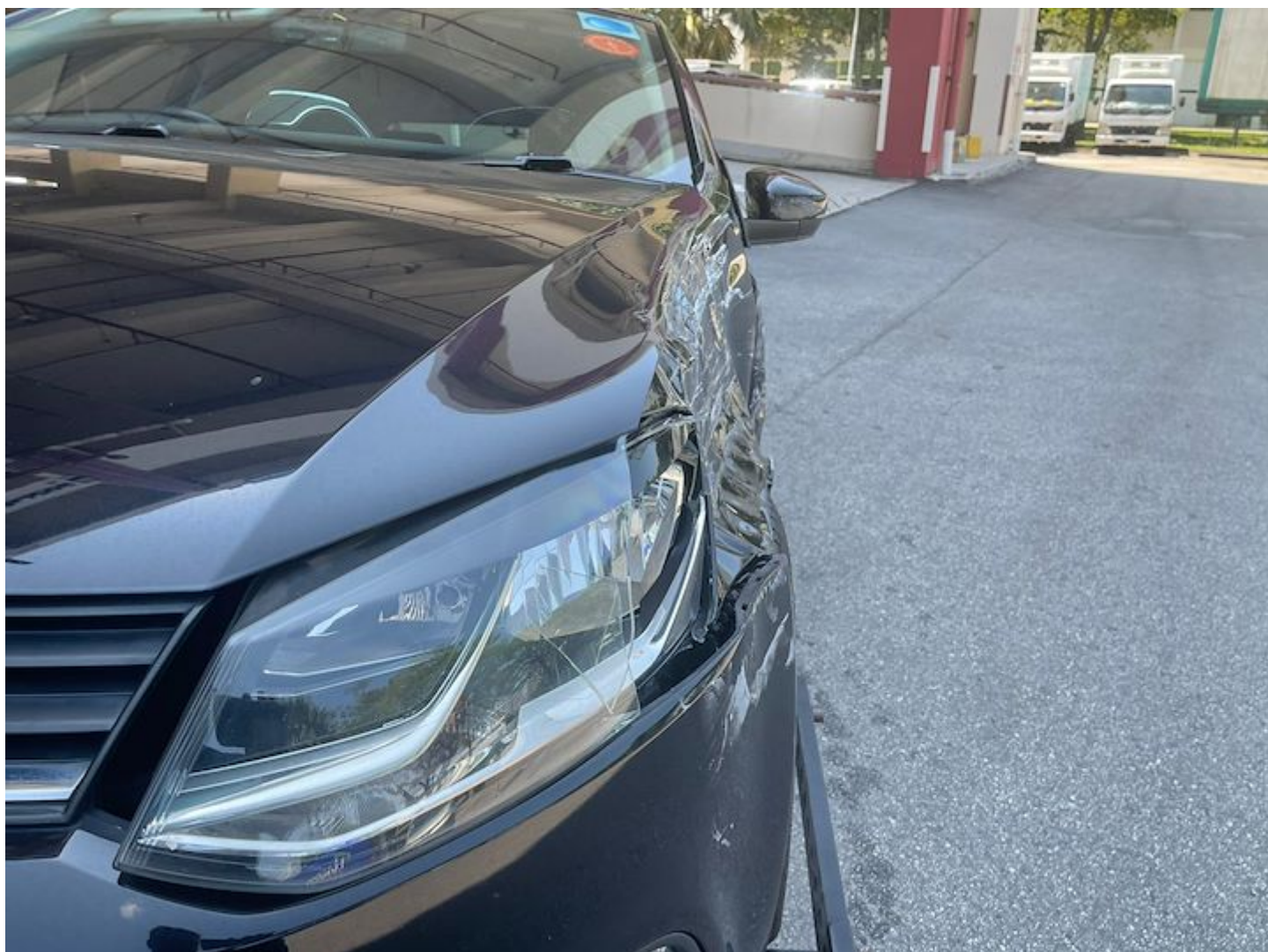






























**SINGAPORE  
POLICE FORCE**



T/20220811/7020

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

1 of 3

Report No. T/20220811/7020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/08/2022 13:49		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: HAN AI LING			Address: 169B PUNGGOL FIELD #14-675 SINGAPORE 822169		
ID Type / ID No.: NRIC NO / S8014117C			Contact No.: Home/Office: Mobile: 83188005		
Nationality: SINGAPORE CITIZEN			Email: ANDREA.HAN.AL@GMAIL.COM		
Sex: Female	Age: 42	Date of Birth: 27/05/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/08/2022 10:20	Type of Location: Straight Road
Location:  UPPER PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
GBG4785G	Lorry	TOYOTA	Dyna	Silver	Seriously Damaged	0
SLP5594T	Car	VOLKSWAGO N	POLO GP 1.2 TSI A/T ABS D/AIRBAG 2WD 5DR	Black	Seriously Damaged	0





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Report No. T/20220811/7020

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Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
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Related Vehicle	GBG4785G (Lorry)	Contact No.	NIL
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	11/08/2022	Date	11/08/2022
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	HAN AI LING	ID No.	S8014117C
Related Vehicle	SLP5594T (Car)	Contact No.	83188005
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

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POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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T/20220811/7020

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Report No. T/20220811/7020

**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 / TPB /  
YAN MINGSHENG DANIEL  
Contact No.: 65476252

NP168

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

Date/Time:  
11/08/2022 13:49

Classification Of Case: