

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	10/08/2022 15:37 (SGT)
Reported by	Both
Date of Accident	09/08/2022 21:15 (SGT)
Exact Location of Accident	10 Bayfront Ave, Singapore 018956
Additional Location Information	MARINA BAY SAND CARPARK EXIT (CONVENTION CENTRE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV4192G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ARUNA RASHID BIN MOHAMED JAMIL
NRIC No	S7612847B
Email Address	aruna_13@hotmail.com
Mobile Phone No	(Phone) +65-83990900
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	1998

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5002933

DRIVER

Name of Driver	ARUNA RASHID BIN MOHAMED JAMIL
NRIC No	S7612847B
Date Of Birth	09/05/1976
Occupation	Outdoor

Date Of Driving Pass	26/10/2006
Driving experience	15 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83990900
Alt. Phone Number	-
Email Address	aruna_13@hotmail.com
Address	BLK 432 TAMPINMES ST 41 #02-553
Address complement	-
Postcode	520432
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 - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	8
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	-

PASSENGER 1

Name	NURFIRDAWATI BINTE RAMLI
Gender	Female

PASSENGER 2

Name	NAYLI BATRISYIA BINTE ARUNA RASHID
Gender	Female

PASSENGER 3

Name	NAZIYA ULFA BINTE ARUNA RASHID
Gender	Female

PASSENGER 4

Name	NATRAH ERYNA BINTE ARUNA RASHID
Gender	Female

PASSENGER 5

Name	NURLIYANA BINTE RAMLI
Gender	Female

PASSENGER 6

Name	ELISHA MARITZA BINTE MOHAMMAD RIZAL
Gender	Female

PASSENGER 7

Name	MOHAMMED RIZAL BIN MOHD SALLEH
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED SKETCH PLAN

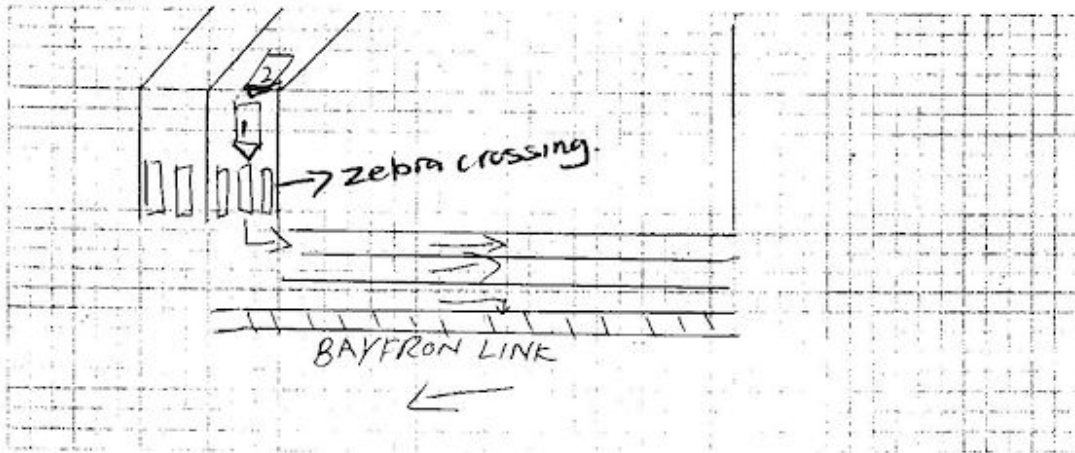
ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKV6836U
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category NA / Unknown
 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




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I already exited the gantry but had to stop as there were pedestrians crossing in front the zebra crossing. Suddenly there was a loud bang at the back of my car. I got out to check but not able to find any dents or broken parts as there was a long traffic of cars waiting to come out. So I drove back to my sister in law house and there I checked and found a dent on the back bonnet. The black plastic frame is also slanted. I checked the video again and confirmed that the car behind had banged on my back bonnet door.

(Refer to police report attached)

DECLARATION

I/We declare the foregoing particulars are true in every respect.

 10/08/22

Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

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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.
- (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:

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

















Passengers in car

- 1) Nurfindawati Binte Ramli (F)
- 2) Nayli Batrisyia Binte Aruna Rashid (F)
- 3) Naziya Ulfa Binte Aruna Rashid (F)
- 4) Natrah Eryna Binte Aruna Rashid (F)
- 5) Nurliyana Binte Ramli (F)
- 6) Mohammed Riza / Bin Mohd Salleh (M)
- 7) Elisha maritza Binte Mohammed Riza (F)



**SINGAPORE
POLICE FORCE**



T/20220809/2057

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20220809/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/08/2022 23:12	Vide Report No.:	Station Diary No.: 104
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Informant's Particulars

Name of Informant: ARUNA RASHID BIN MOHAMED JAMIL		Address: APT BLK 432 TAMPINES STREET 41 #02-553 SINGAPORE 520432	
ID Type / ID No.: NRIC NO / S7612847B		Contact No.: Home/Office: Mobile: 83990900	
Nationality: SINGAPORE CITIZEN		Email: aruna_13@hotmail.com	
Sex: Male	Age: 46	Date of Birth: 09/05/1976	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: TECHNICAL SUPPORT ENGINEER		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/08/2022 21:15	Type of Location: Carpark exit onto Bayfront link
Location: BAYFRONT LINK			
Weather: Clear	Road Surface: Dry	Road Speed Limit: 30 Km/h	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
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 Passenger
SKV4192G	Car	MITSUBISHI	OUTLANDE R 2.0 CVT	White	Slightly Damaged	7
SKV6836U	Car				No Damage	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKV4192G	OVERSEAS ASSURANCE CORPORATION LIMITED	V5002933	09/05/2022	08/05/2023



**SINGAPORE
POLICE FORCE**



T/20220809/2057

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20220809/2057

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ARUNA RASHID BIN MOHAMED JAMIL	ID No.	S7612847B
Related Vehicle	SKV4192G (Car)	Contact No.	83990900
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 9/8/2022 at about 2115hrs, I was exiting the carpark of the Sands Expo & Convention Center after catching the fireworks at the vicinity with my family members. After my car (SKV4192G) exit the carpark gantry, I braked and came to stop to check for oncoming traffic. While making the stop, the car behind mine, SKV6836U, knocked into the rear of my vehicle. I got off my car to check for any damages. However, as the road was busy and I did not want to cause a jam, I decided to drive away. I was not able to find a spot to stop due to the heavy traffic condition. The other party did not stop and get down as well thus I am unable to get the driver's contact details or take photos of the accident.

After sending family members to their home in Seng Kang, I made a check on the rear of my vehicle and saw a dent on the rear door of my car. I wish to state that my car's steering felt heavy and I suspect that the accident could have caused a misalignment to the steering. My family members and I did not sustain any injuries in regards to this accident.

I wish to state that I have dash cam footage of the entire incident and I will be keeping a copy of it in my possession. I am lodging this report for insurance claims against the other party.



**SINGAPORE
POLICE FORCE**



T/20220809/2057

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20220809/2057

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:
G /
SGT 2 HO QI ZHI

Signature Of Informant:


Signature Of Interpreter:
Not applicable

Date/Time:
09/08/2022 23:12

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT NEO ZHI YUAN
Contact No.: 65476079

Classification Of Case:

NP168

Insured's Name: Aruna Rashid Bin MOHD Jamil  Great Eastern

Policy Number: V5002933

Date: 10/08/2022

(By Hand)

Dear Sir / Madam,

Accident Involving SKU492G on 09/08/22 Reported at New Hock Motor

Thank you for reporting the accident at our One-Stop Service Center which offers services for accident reporting, damage survey and repairs all at one location. In addition, the Centre offers third party recovery services.

Our One-Stop Service Center is set up with the sole aim to save you precious time, and the unnecessary trouble to move the vehicle from the reporting center to another repair workshop thus ensuring no further unforeseen damage to your vehicle can occur.

We note that you have elected to claim against the responsible Third Party and have your vehicle repaired by a non-authorized workshop instead of using the services and facilities offered to you by our Center.

As we do not have commercial or contractual dealings with non-authorized workshops, should there be any issues or dispute arising from the repairs done by such non-authorized workshops, we will not be able to assist. Further, we cannot be responsible for any liabilities arising from the repairs.

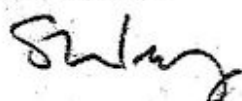
We are appealing for your co-operation to allow our authorized workshop where you have just filed the accident report to repair your vehicle and handle your recovery claim against the Third Party.

You will have the peace of mind knowing that your insurer, The Overseas Assurance Corporation Ltd (OAC), is firmly behind you whilst you deal with our authorized workshop.

We trust you will accept our appeal and recommendation. We urge you to approach our authorized workshop now for immediate assistance and further advice.

Thank you for insuring with OAC.

Yours faithfully,



General Insurance (Claims)
The Overseas Assurance Corporation Limited

Great Eastern Holdings Limited (Reg. No. 1998 01000001)
The Great Eastern Life Assurance Company Limited (Reg. No. 1998 01000001)
The Overseas Assurance Corporation Limited (Reg. No. 1998 01000001)

Life is great!

Sending Address: 1 Pickering Street #15-01 Great Eastern Centre Singapore 048650
Tel 6248 2000 Fax 6330 2814 Website www.lifeisgreat.com.sg