# **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 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.

- 4. The issue and acceptance of this is form by instrained 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 19/09/2022 14:03 (SGT) Reported by Date of Accident 17/09/2022 22:20 (SGT) Exact Location of Accident Aljunied Rd, Singapore Additional Location Information JUNCTION OF MERPATI ROAD Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Audi

Vehicle Registration Number **SLR4332D** 

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **QABIR SINGH SANDHU** NRIC No S8930609D Email Address qabir.s@gmail.com Mobile Phone No (Phone) +65-97935451 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer

Model Α4 Variant 1.4 TFSI S TRONIC 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1395

## **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00196062100

#### DRIVER

Name of Driver **QABIR SINGH SANDHU** NRIC No S8930609D Date Of Birth 04/09/1989 Occupation Indoor

Date Of Driving Pass 27/12/2011 Driving experience 10 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-97935451 Alt. Phone Number Email Address qabir.s@gmail.com Address BLK 101A BIDADARI PARK DRIVE #12-155 Address complement Postcode 341101 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name WIFE 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT 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	SNA3532R
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JORDAN LEE
NRIC No	S9507559B
Contact Number	(Phone) +65-97524657
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2
PASSENGER 1	
Name Gender	Passenger Male

#### SKETCH PLAN

#### 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.
- 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 Traffic Police Department for investigation.

- 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.
- 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
- (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

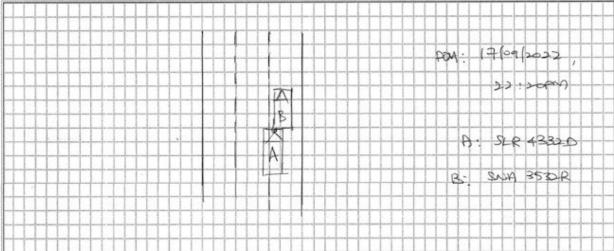
Driver's Signature (if driver is not the policyholder) / Date

& Time 19/9/22 1017

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

Horst ans





1

Describe Circumstance of the Accident					
	PLOASE	PEFER	P	borrce	REPORT.
					\
7					×
				124	
y - 76					
ggaz =					
				1	

Declaration

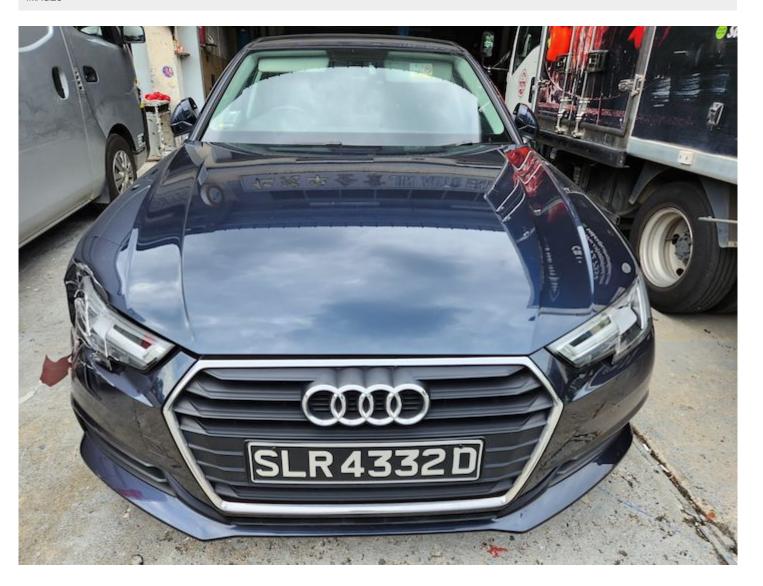
I/We declare the foregoing particulars are true in every respect.

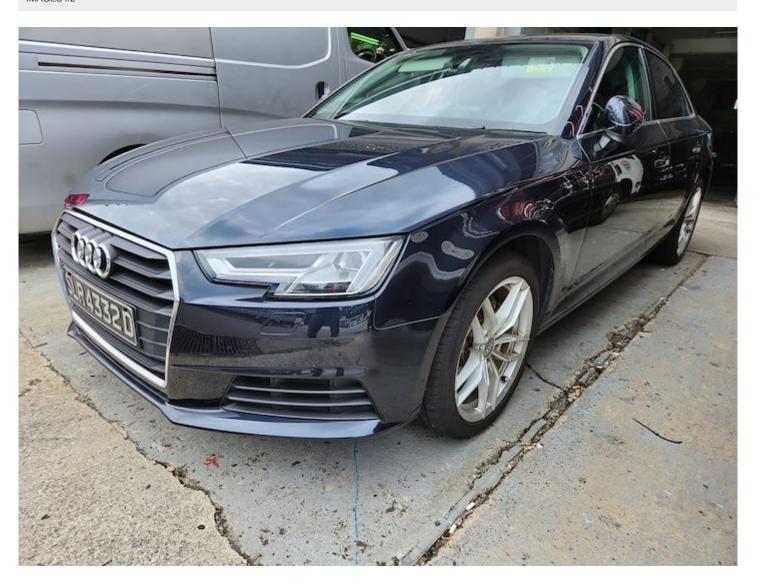
Policyholder's Gignature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time Hauffans Wing

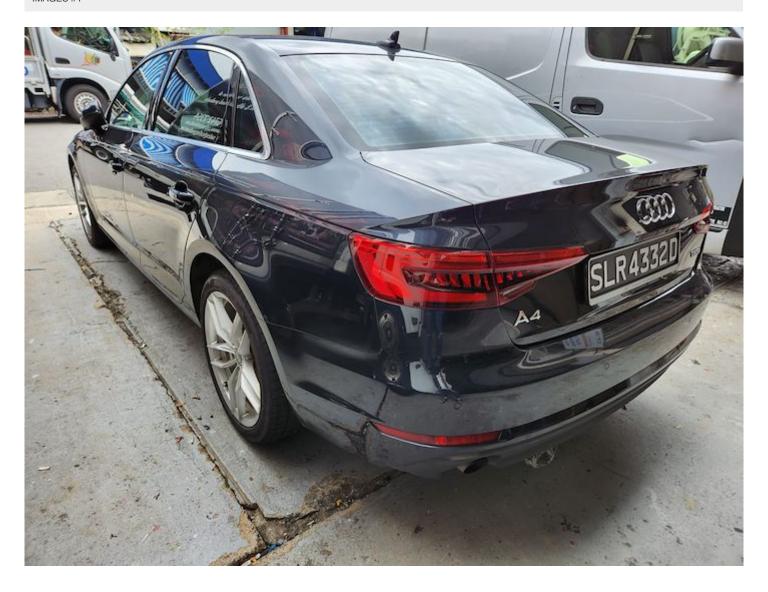
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

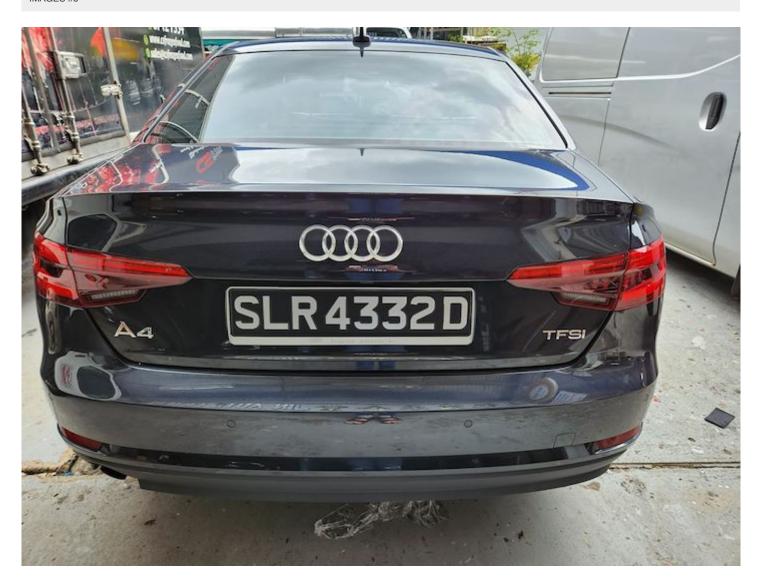
2





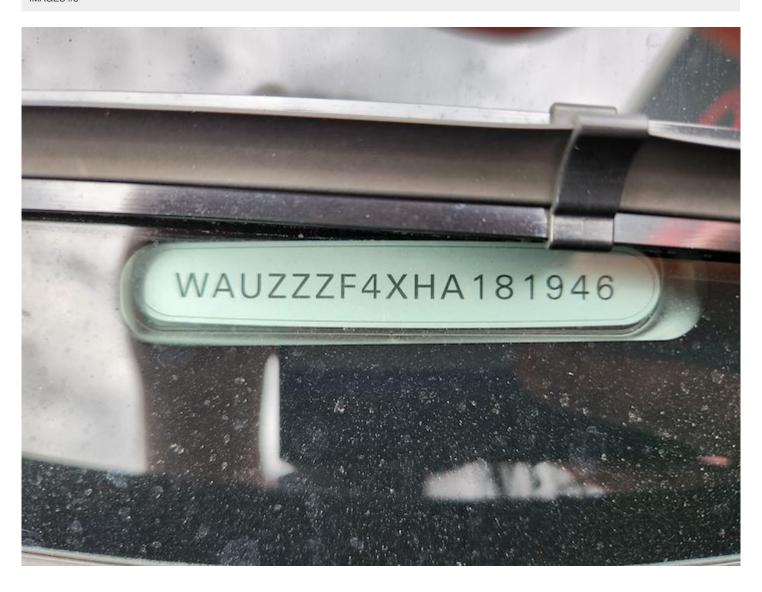








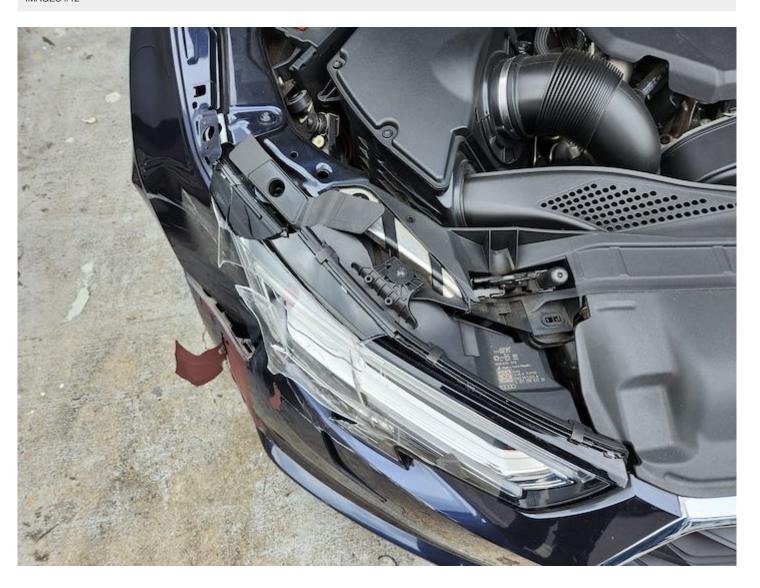


















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220917/7050

## REPORT OF A TRAFFIC ACCIDENT

	ne Report N 122 23:11	Made:	Vide Report No.:		Station Diary No.:
Informa	nt's Partici	ulars			
Name of Informant: QABIR SINGH SANDHU			Address: 101A BIDADARI PARK DRIVE #12-155 SINGAPORE 341101		
ID Type / ID No.: NRIC NO / S8930609D		09D	Contact No.: Home/Office: Mobile: 97935451		
	Nationality: SINGAPORE CITIZEN		Email: QABIR.S@GMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 04/09/1989	Type of Informant: Driver		
Race: Indian		- Obsi	Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/09/2022 22:20	Type of Location T-Junction
Location: ALJUNIED R	OAD			
Weather:		Road Surface:		Road Speed Limit:
		Dry		Tiodo opoco zimiti
Clear Traffic Flow: One Way		Dry Traffic Control: Traffic Light - Wor	king	Traffic Volume: Moderate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLR4332D	Car	AUDI	A4 1.4 TFSI S TRONIC	Blue		1
SNA3532R	Car	HONDA	Vezel	Black		1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220917/7050

# CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLR4332D	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSNW001960 62100	22/09/2021	14/02/2023	

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No		100		
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					3
Name	QABIR SINGH SANDHU			ID No.	S8930609D
Related Vehicle	SLR4332D (Car)			Contact No	. 97935451
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL Date			NIL	-
No. of Days gran	No. of Days granted Medical Leave NIL			NIL	

# Brief Details.

Between 10.20 to 10.25pm on 17 September 2022, I was driving on the right lane of Aljunied Road towards Upper Aljunied Road when I attempted to switch lanes to the middle lane just before the T-junction between Aljunied Road and Merpati Road. While I was doing so, I noticed another car on the left lane next to me switching lanes to the middle lane as well. I delayed switching lanes fully in order to avoid a collision with that car. At the same time, the driver of the car in front of me braked suddenly. I believe he did so because the car in front of him was turning into Merpati Road. I attempted to brake, but could not stop in time. As a result, the right front end of my car collided with the left rear end of his car.

To the best of my knowledge, each car carried one passenger and neither the drivers nor passengers were injured in any way. All four of us were able to exit our vehicles, walk around and converse in English immediately after the collision.

The car I collided with was a black Honda Vezel with number plate SNA3532R. The driver informed me that his name was "Jordan Lee" and his telephone number was 97524657. I likewise provided him with my name and handphone number.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220917/7050

# CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/09/2022 23:11
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
NP168	J ∟



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: SLR4332D SJ0E229J0002 Original Report No: \_\_ \_ Vehicle Registration No: \_\_ QABIR SINGH SANDHU S8930609D Name (as shown in NRIC): \_ \_NRIC/FIN/Passport No: \_\_\_\_ (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate BLK 101A BIDADARI PARK DRIVE #12-155 \_\_\_\_\_ Singapore (341101 ) 9793 5451 Contact (Tel): \_ Mobile No.: \_\_ Email Address: \_\_\_\_qabir.s@gmail.com 22:20 17/09/2022 Date of Accident: \_\_\_\_\_ Time of Accident: \_\_ ALJUNIED ROAD Place of Accident: \_\_ CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Insurance Company: \_\_\_ (B) ADDITIONAL INFORMATION /AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: ATTACHED OF POLICE REPORT Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No.:

Date:

GIARMC Addendum Form

