

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 | 29/11/2022 14:14 (SGT) |
| Reported by | Driver |
| Date of Accident | 28/11/2022 15:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | ALONG KEPPEL VIADUCT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLF4378K |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|---------------------------|
| Is company? | No |
| Name Of Registered Owner | FISCHER ALAN DAVID |
| Passport No/FIN | G3081507L |
| Email Address | alanfischer22@hotmail.com |
| Mobile Phone No | (Phone) +65-91433393 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|------------------------------|
| Manufacturer | Volkswagen |
| Model | Scirocco |
| Variant | Scirocco 1.4 SPORT 90 TSID7F |
| 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 | 1400 |

INSURANCE COMPANY

| | |
|---|--|
| Name of Insurance Company | Auto & General Insurance (Singapore) Pte. Limited. |
| Policy Number / Cover Note Number | P10693812R00 |

DRIVER

| | |
|-----------------------|-----------------|
| Name of Driver | GELMON CORY HAL |
| Passport No/FIN | G3817778N |
| Date Of Birth | 04/02/1960 |
| Occupation | Indoor |

| | |
|--|-----------------------|
| Date Of Driving Pass | 22/01/2020 |
| Driving experience | 2 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97724132 |
| Alt. Phone Number | - |
| Email Address | chgelmon@gmail.com |
| Address | 99 ROBERTSON QUAY |
| Address complement | #32-14 RIVERGATE |
| Postcode | 238258 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Friend |
| 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) | 2 |
| 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 | DEBRA TROTTIER |
| 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

PLEASE REFER TO SKETCH PLAN & 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 | GBK7509Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | ABDUL RAHMAN BIN AZIZ |
| NRIC No | S8716367I |
| Contact Number | (Phone) +65-88422369 |
| 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

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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 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

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

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

Sketch Plan

KEPEL VIA DUCT

KEPEL VIA DUCT

A = SLF4378K

B = GBK7509Y

Describe Circumstance of the Accident

QW PLEASE SEE COMMENTARY ON POLICE
REPORT ATTACHED.

Declaration

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

 Policyholder's Signature / Date & Time

 Actual Driver's Signature of driver is not the policyholder
Date & Time: 29/11/22
11:06 AM

 Witnessed by Reporting Centre Personnel
(Name as in NRBCID card)




















**SINGAPORE
POLICE FORCE**


T/20221128/7091

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

1 of 4
Report No. T/20221128/7091

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 28/11/2022 23:09 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|---|----------------------------|--|
| Name of Informant: GELMON CORY HAL | | | Address: 99 ROBERTSON QUAY #32-14 RIVERGATE SINGAPORE 238258 | | |
| ID Type / ID No.: FIN NO / G3817778N | | | Contact No.: Home/Office: Mobile: 97724132 | | |
| Nationality: CANADIAN | | | Email: Chgelmon@gmail.com | | |
| Sex: Male | Age: 62 | Date of Birth: 04/02/1960 | Type of Informant: Driver | | |
| Race: Caucasian | | | Language: English | Institution / School Name: | |
| Occupation: | | | Driving Licence Information: Class: 3 | Date of Expiry: 21/01/2025 | |

General Information of the Accident

| | | | | |
|---|-------------------|---------------------------------|---|----------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 28/11/2022 15:00 | Type of Location: Straight Road |
| Location: KEPPEL ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 50 Km/h |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | | 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 | Conditio | No of |
|-------------|------|-------------|----------|--------|------------------|-------|
| GBK7509Y | Van | TOYOTA | | Silver | Slightly Damaged | 3 |
| SLF4378K | Car | VOLKSWAGO N | Scirroco | Red | Slightly Damaged | 2 |



**SINGAPORE
POLICE FORCE**



T/20221128/7091

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

Report No. T/20221128/7091

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLF4378K | AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED | P10693812R00 | 03/03/2022 | 28/01/2023 |

| | | | | |
|-----------------------------------|-----------------------|-----|-----------------------------------|--|
| Details of Person Involved | | | | |
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | ABDUL RAHMAN BIN AZIZ | | ID No. | S87163671 |
| Related Vehicle | GBK7509Y (Van) | | Contact No. | 88422369 |
| 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 |
| Driver | | | | |
| Name | GELMON CORY HAL | | ID No. | G3817778N |
| Related Vehicle | SLF4378K (Car) | | Contact No. | 97724132 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: 21/01/2025 |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of | NIL |

Brief Details.

I was traveling Westbound on the Keppel Viaduct at about 50 KPH in a car owned by my friend, Alan Fischer (FIN G3081507L). Just before the road splitting into either Keppel Road or Keppel Viaduct, a truck in front of me decelerated to about 10 KPH whereupon I did the same. A van traveling behind me, which was previously having trouble staying in his lane, did not see me decelerate and slammed into the rear of my vehicle with force. I suspect he was texting, although he claims his baby was crying in his wife's lap in the passenger seat of the van. The collision caused extensive damage to both vehicles. He provided me with copies of his driver's license as well as his NRIC, but failed to provide me with his insurance details, notwithstanding that I asked for them 3 times. He advised that the van that struck us belongs to his employer. I do have photos of both vehicles, as well as his driver's license and NRIC.



**SINGAPORE
POLICE FORCE**



T/20221128/7091

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

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Report No. T/20221128/7091

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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



T/20221128/7091

4 of 4

Report No. T/20221128/7091

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 / TP1B /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

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

Date/Time:
28/11/2022 23:09

Classification Of Case:

NP168



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SV1122870601 Vehicle Registration No: SLF 4378K
 Name (as shown in NRIC): GELMON CORAL HIA NRIC/FIN/Passport No: 778N
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 99 ROBERTSON QUAY #32-10 RIVERGATE Singapore (238258)
 Contact (Tel): _____ Mobile No.: 97724132
 Email Address: chgelmon@gmail.com
 Date of Accident: 28/11/2022 Time of Accident: 15.00
 Place of Accident: ALONG KEPPEL VIADUCT
 Insurance Company: AUTO & GENERAL INSURANCE

(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:

NO VIDEO FOOTAGE

Policyholder / Actual Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: