

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 12/12/2022 15:31 (SGT)
Reported by Driver
Date of Accident 11/12/2022 02:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information 96 SYED ALWI ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ3540G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GO-LEASE PTE LTD
Company Reg No 2XXXXX769N
Email Address GOLEASEPTELT@GMAIL.COM
Mobile Phone No (Phone) +65-87170858
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SPMF1000000540

DRIVER

Name of Driver CHIA JIE LING EREYVONRIE
NRIC No SXXXX452Z
Date Of Birth 07/02/1985
Occupation Outdoor

Date Of Driving Pass	16/11/2007
Driving experience	15 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-86852020
Alt. Phone Number	-
Email Address	GOLEASEPTELTD@GMAIL.COM
Address	31 MARGARET DRIVE
Address complement	#11-216
Postcode	140031
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 - 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)	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

REFER TO ATTACHED POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWN WORKSHOP.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX1209G
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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5. **Any false reporting may be referred to the Traffic Police Department 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

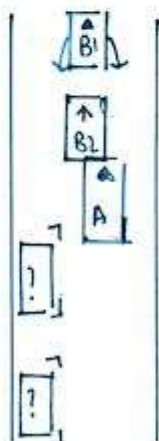


Driver's Signature (If driver is not the policyholder) / Date & Time

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



Sketch Plan



Vehicle A - SLA 3540G

Vehicle B - QX 1209G

Along Syed Alwi Rd

Describe Circumstances of the Accident

Refer police Report
T/2024212 / 70/6

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel





**SINGAPORE
POLICE FORCE**



T/20221212/7016

1 of 3

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

Report No. T/20221212/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2022 11:41		Vide Report No.: T/20221212/7014		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHIA JIE LING, EREYVONRIE			Address: 31 MARGARET DRIVE #11-216 SINGAPORE 140031		
ID Type / ID No.: NRIC NO / S8505452Z			Contact No.: Home/Office: Mobile: 86852020		
Nationality: SINGAPORE CITIZEN			Email: jlxnew85@gmail.com		
Sex: Female	Age: 37	Date of Birth: 07/02/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PHV			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 11/12/2022 02:20	Type of Location: Straight Road
Location: SYED ALWI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
QX1209G	Car					0
SLQ3540G	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221212/7016

2 of 3

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

Report No. T/20221212/7016

CONTINUATION OF REPORT

Driver			
Name	CHIA JIE LING, EREYVONRIE		ID No. S8505452Z
Related Vehicle	SLQ3540G (Car)		Contact No. 86852020
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 11/12/2022 at around 0220Hr, My vehicle bearing carplate number SLQ 3540 G was stationary with my hazard light on waiting for my passenger to come aboard at 96 Syed Alwi Road(Mustafa Central Door 2) Sudden i saw vehicle bearing carplate number QX 1209 G started reversing in a highspeed. I tried to horn at him but every happened too fast.

After the accident the policemen called the TP down and took off my SD Card.

I'm filing this report again because the prev one is sent to the wrong email address.



**SINGAPORE
POLICE FORCE**

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



T/20221212/7016

3 of 3

Report No. T/20221212/7016

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 /
MUHAMMAD ZICKIE BIN AHMAD SUYUTI
Contact No.: 65476225

NP168

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

Date/Time:
12/12/2022 11:41

Classification Of Case: