# 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.

  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 28/02/2023 23:30 (SGT) Reported by Date of Accident 28/02/2023 15:00 (SGT) Exact Location of Accident Singapore Additional Location Information Queensway Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKV15L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN YUNG YIH NRIC No. S7822410Z Email Address Yungyih@gmail.com Mobile Phone No (Phone) +65-97838337 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model 528i 2.0 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 1997

INSURANCE COMPANY

Name of Insurance Company Singapore Life Ltd Policy Number / Cover Note Number 10664811

DRIVER

Name of Driver NGIAM KWEI-MEI SHARON NRIC No S7924961J Date Of Birth 30/08/1979 Occupation Indoor

Date Of Driving Pass 17/07/2000 Driving experience 22 YEARS AND 7 MONTHS Gender Female Mobile Number (Phone) +65-90692258 Alt. Phone Number Email Address Yungyih@gmail.com Address 28 Pasir Panjang Hill Address complement Postcode 118846 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver SLS51K Insurance Company of Other Vehicle Owned by Driver Allianz Insurance Singapore Pte. Ltd. GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision
Weather Conditions Clear
Road Surface Wet

### OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes 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? 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?

Police Station Name

Police Station Phone No

Results (Phone) +65-18002729999

Alt. Police Station Phone No

Police Station Address

Police Station Address

Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051

No

If yes, against whom?

Yes

Telok Blangah Neighbourhood Police Post

(Phone) +65-18002729999

(Fax) +65-63776526

Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051

## CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, T/20230228/2104 LODGE AT TELOK BLANGAH NPP ON 28/02/2023 AT ABOUT 3PM, I WAS DRIVING MY BLUE BMW CAR REGISTERED NUMBER SKV15L ALONG ALEXANDRA ROAD. IT WAS NOT RAINING AT THAT PARTICULAR MOMENT, BUT THE ROAD WAS SLIGHTLY WET. MY CAR HAD STOPPED SOMEWHERE OUTSIDE OF IKEA DUE TO THE TRAFFIC LIGHT THAT WAS ON RED AT THE POINT OF TIME. THERE WERE A FEW MORE CARS INFRONT OF AS WELL WAITING FOR THE TRAFFIC TO TURN GREEN. I WAS ON LANE THREE OF FOUR. TO THE RIGHT OF MY CAR WAS A WHITE COLORED TRUCK REGISTERED GX6888G, WE WERE STATIONARY FOR A FEW SECONDS WHEN I SUDDENLY FELT A STRONG IMPACT FROM THE BACK OF MY CAR THEN I SAW A BLUE VAN TO MY RIGHT BRAKING TO STOP. I ALIGHTED AFTER THAT TO MAKE A CHECK AND SO DID THE OTHER DRIVERS. APPARENTLY, A BLUE VAN REGISTRAATION GBJ4059D WAS THE VEHICLE THAT HIT MY CAR FROM THE REAR. IT ALSO HIT THE MENTIONED TRUCK ON THE NEXT LANE TO MY RIGHT. ALL OF US DID THE NECESSARY LIKE TAKING PHOTOS AND EXCHANGED OF PATRTICULARS. ONE OF THE PASSENGER FROM THE WHITE TRUCK COMPLAIN OF PAIN ON THE HEAD AND LEGS AND SO THE DRIVER OF THE SAID TRUCK CALLED FOR THE AMBULANCE, PARAMEDICS ARRIVED MOMENTS LATER ND GAVE MEDICAL ATTENTION TO THE SAID PASSENGER. THE PASSENGER WAS THEN CONVEYED TO THE HOSPITAL. TRAFFIC POLICE WAS ALSO AT SCENE. I WAS ADVISED BY THEM TO MKE A POLICE REPORT. I HAVE TAKEN PICTURES OF THE DAMAGES DONE TO MY CAR AND ITS MOSTLY DENTS AND SCRATCHES TO THE RIGHT SIDE OF THE CAR. THE RIGHTS SIDE MIRROR IS ALSO DAMAGED AS WELL.

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 GBJ4059D Vehicle Manufacturer Toyota Vehicle Model Hiace Vehicle Variant Vehicle Colour Blue Vehicle Category Commercial vehicle Name of Driver DARSANRAJ Passport No/FIN G2413990K Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number GX6888G Vehicle Manufacturer Tovota Vehicle Model Dyna Vehicle Variant Vehicle Colour White Vehicle Category Commercial vehicle Name of Driver **SUNDARARAJAN** Passport No/FIN G7401906X Contact Number (Phone) +65-92950206 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) 3 PASSENGER 1 Mark Gender Male PASSENGER 2 P2 Gender Male

## **INJURED PERSONS DETAILS**

#### INJURED 1

 Name of injured person
 Unknown

 Gender

 Phone No

 Address

 Address Complement

 Post Code

 Approximate Age Years Old

 Injuries Sustained

Injured person in which vehicle? GX6888G
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- By the lodgment 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:
  - 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.

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER MOHAMED SHARIL BIN SATAR

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.:

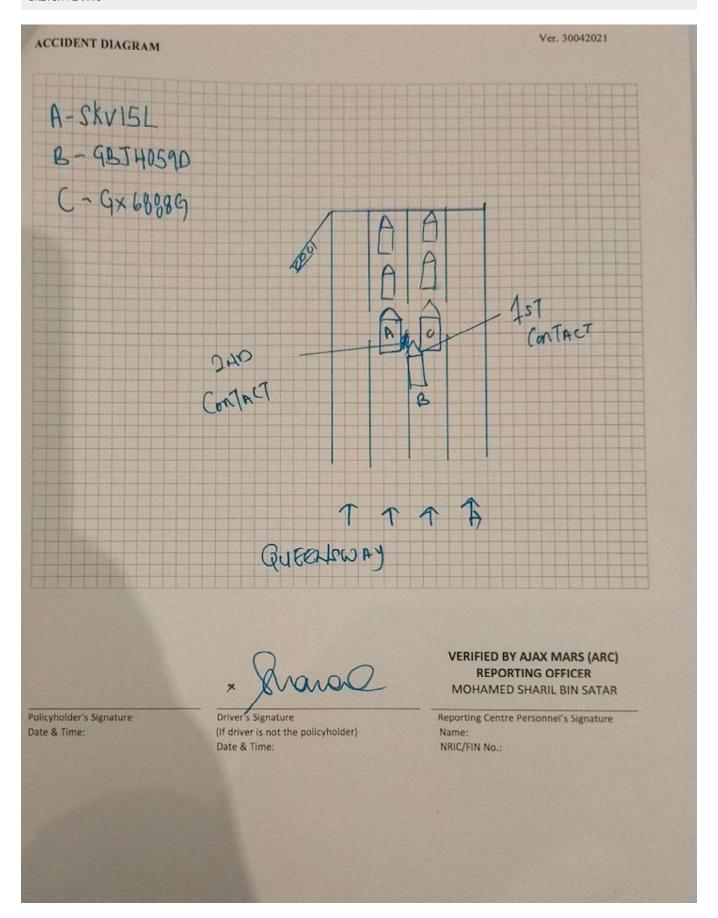
GIABMC SketchPlanForm V

SKETCH PLAN		
REFER TO ATTAC	HED ACCIDENT DIAGRAM	
As police report	OF THE ACCIDENT	
DECLARATION I/We declare the foregoing partic	culars are true in every respect.	VERIFY BY AJAX MARS (ARC) REPORTING OFFICER MOHAMED SHARIL BIN SATAR
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Accident report SA1D232S0008

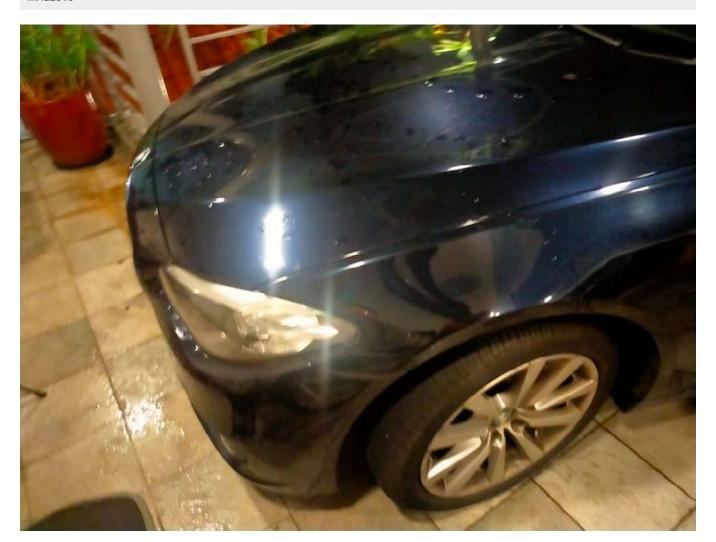
Date & Time:

NRIC/FIN No.:

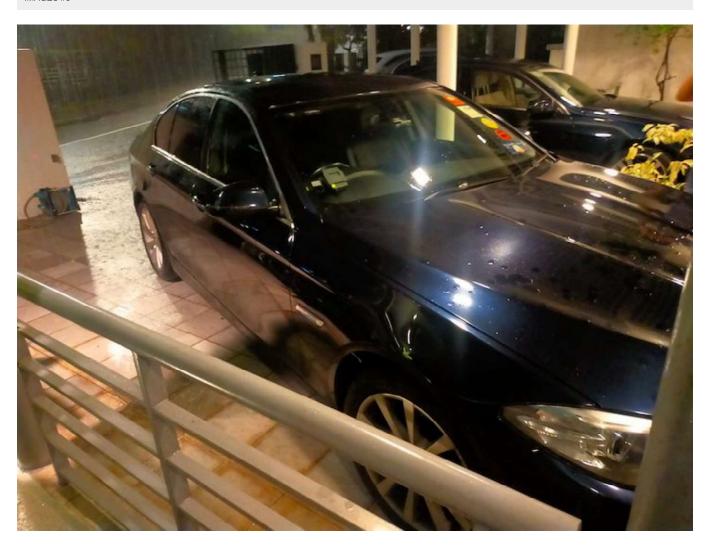






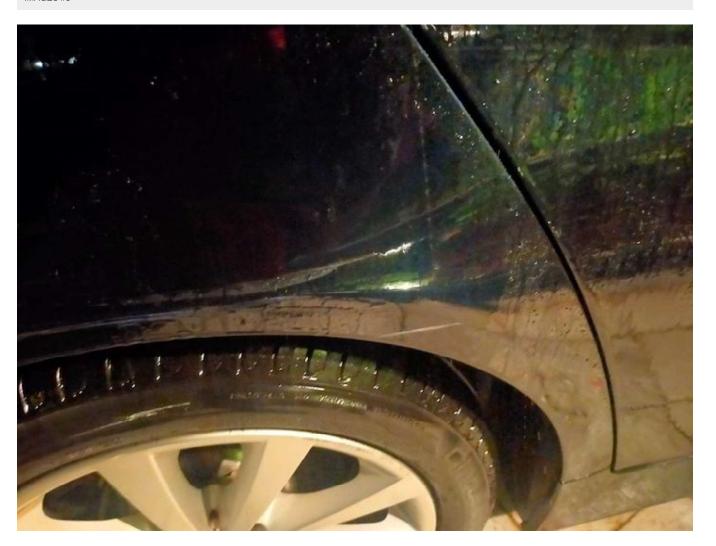






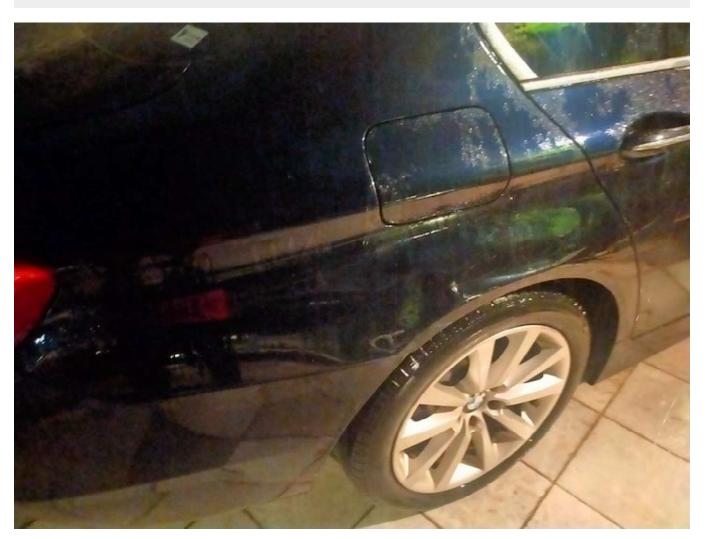


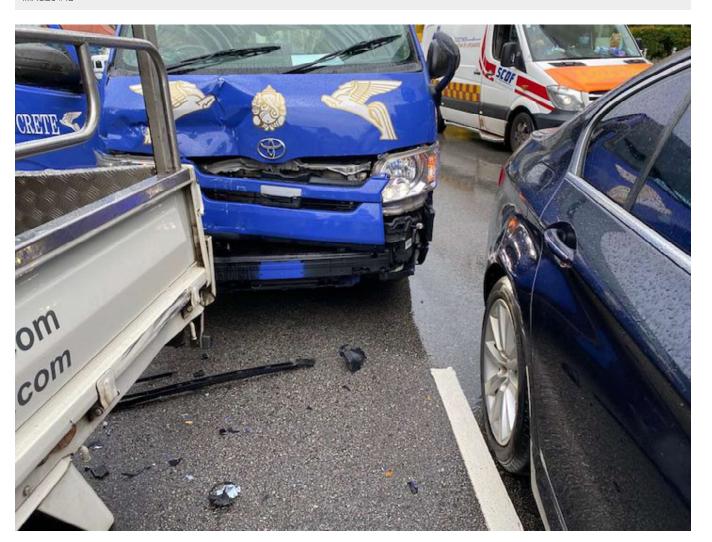


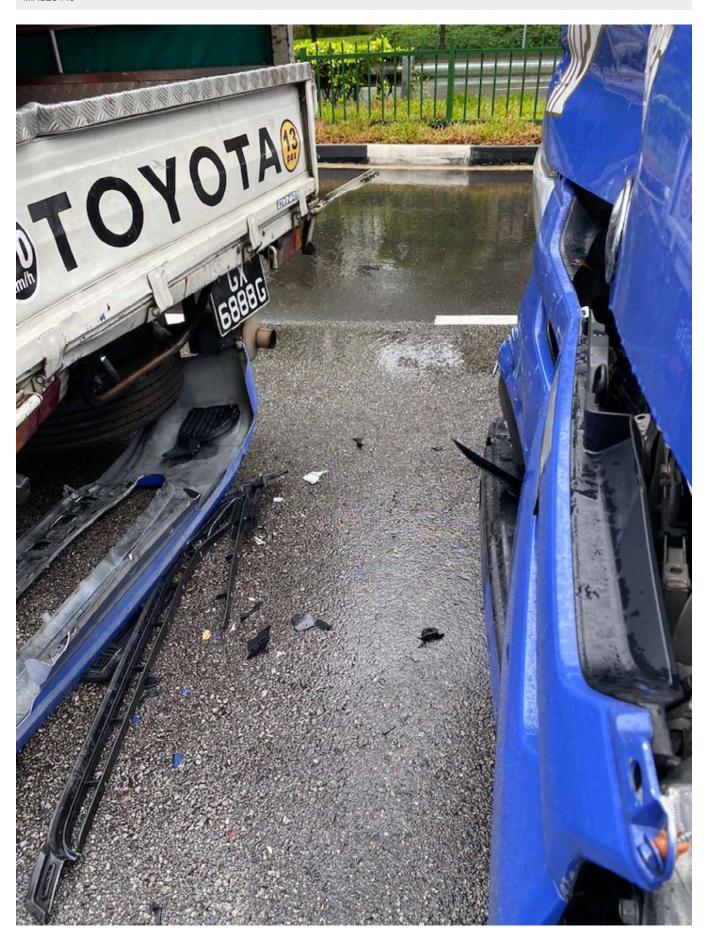






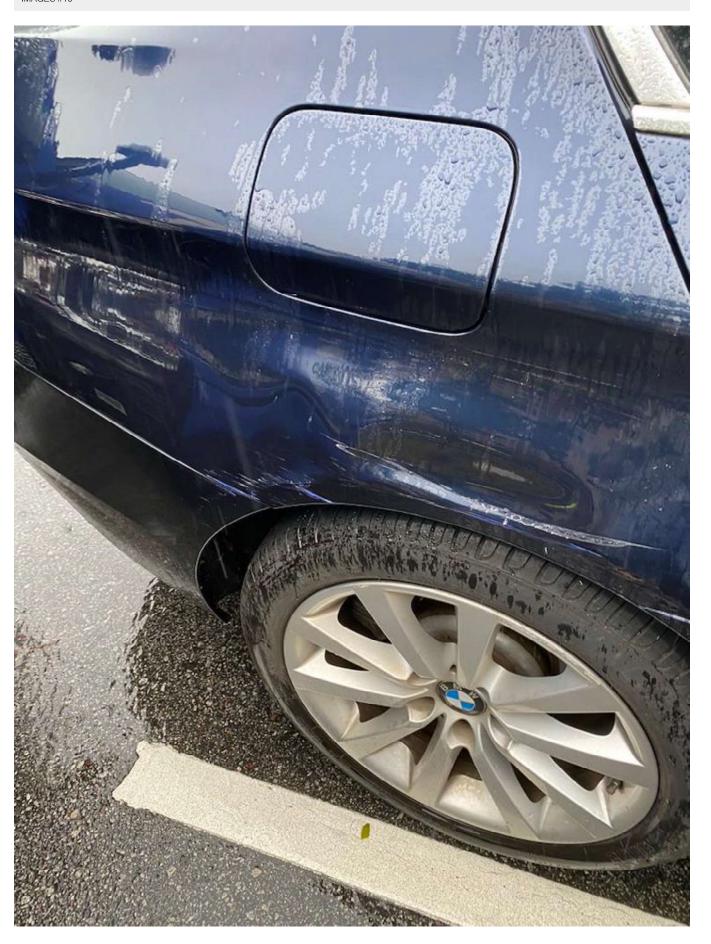


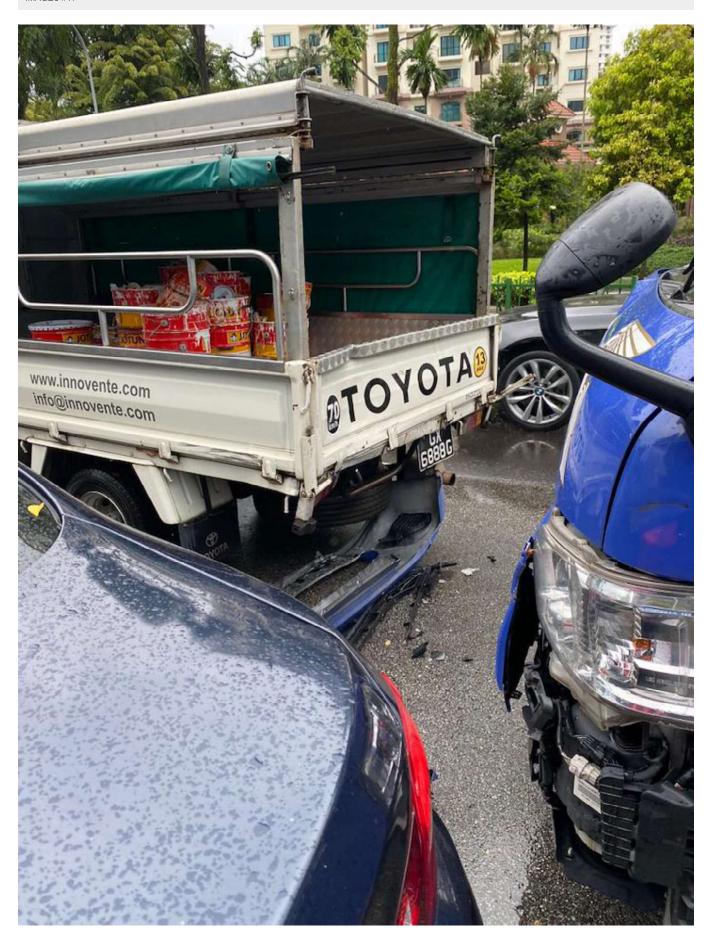


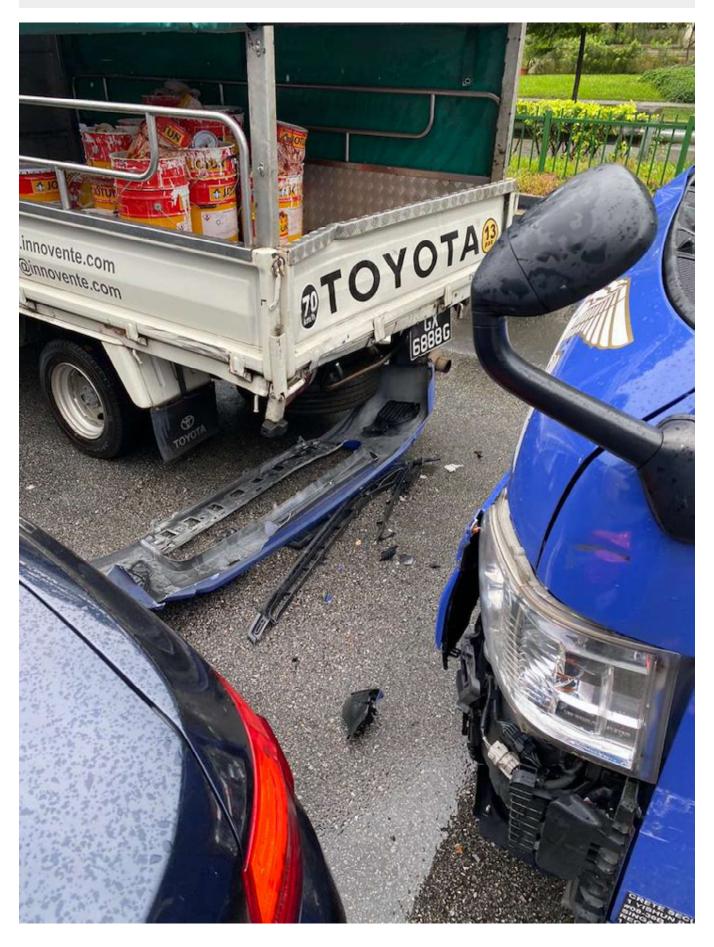


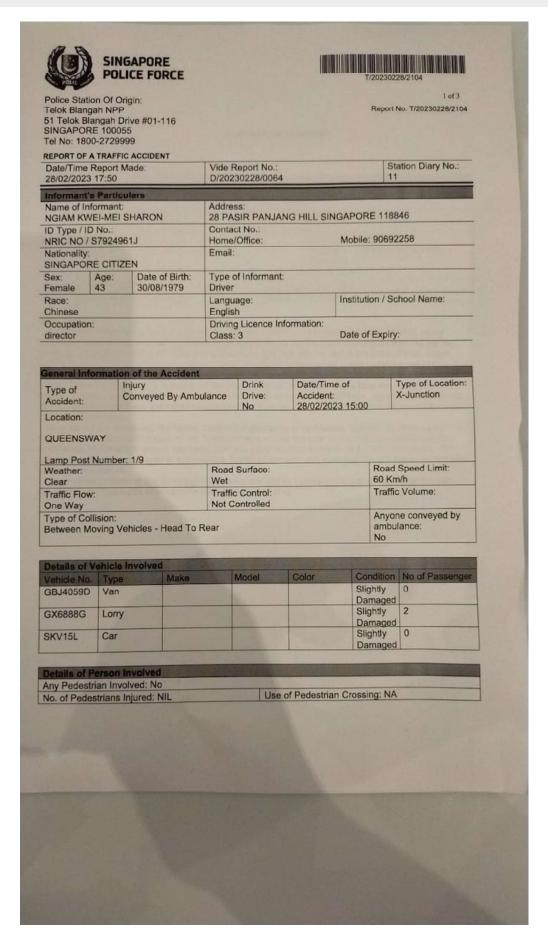














Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999



2 of 3 Report No. T/20230228/2104

CONTINUATION OF REPORT

Driver						
Name	NGIAM KWEI-MEI SHARON			ID No.		S7924961J
Related Vehicle	SKV15L (Car)		Class of Driving Licence & Expiry Date		90692258 Class: 3 Date of Expiry: NIL	
Hospital/Clinic						
Date Treatment	NIL		Date Disc	Discharge NIL		
No. of Days granted Medical Leave NIL		Degree of	egree of Injury NIL			

#### **Brief Details**

On 28/02/2023 at about 3p.m, I was driving m0y blue BMW car registered number SKV15L along Alexandra Road. It was not raining at that particular moment, but the road was slightly wet, my car had stopped somewhere outside of IKEA due to the traffic light that was on red at the point of time. There were a few more cars infront of as well waiting for the traffic to turn green. I was on lane three of four. To the right of my car was a white colored truck registered GX6888G. We were stationary for a few seconds when I suddenly felt a strong impact from the back of my car and then I saw a blue van to my right braking to stop. I alighted after that to make a check and so did the other drivers. Apparently, a blue van registered GBJ4059D was the vehicle that hit my car from the rear. It also hit the mentioned truck on the next lane to my right.

All of us did the necessary like taking photos and exchange of particulars. One of the passengers from the white truck complaint of pain on the head and legs and so the river of the said truck called for the ambulance. Paramedics arrived moments later and gave medical attention to the said passenger. The passenger was then conveyed to the hospital. Traffic police was also at scene. I was advised by them to make a police report.

I have taken pictures of the damages done to my car and its mostly dents and scratches to the right side of the car. The rights side mirror is also damaged as well.



T/20230228/2104

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999 3 of 3 Report No. T/20230228/2104

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:

STAFF SGT JASFAH BIN AB RAHMAN

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIT / SR STAFF SGT JOFILIANO BIN MOHAMED ALI

Contact No.: 65476960

**NP168** 

Signature Of Informant:

Iranal

Date/Time:

28/02/2023 17:50

Classification Of Case: