

# 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 .....	03/05/2023 16:52 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	01/05/2023 15:37 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	RIVER VALLEY ROAD TOWARDS BOAT QUAY BEFORE HOOT KIAM ROAD (LP91)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMT9544D
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	DEVI D/O VATHUMALAY
NRIC No .....	S1784684A
Email Address .....	VATHUMALAYDEVI@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-90226461
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Accent
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 .....	1400

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5130187419

### DRIVER

Name of Driver .....	DEVI D/O VATHUMALAY
NRIC No .....	S1784684A
Date Of Birth .....	15/09/1966

Occupation .....	Outdoor
Date Of Driving Pass .....	07/07/2006
Driving experience .....	16 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90226461
Alt. Phone Number .....	-
Email Address .....	VATHUMALAYDEVI@HOTMAIL.COM
Address .....	316 HOUGANG AVE 7 #02-73
Address complement .....	-
Postcode .....	530216
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
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 .....	PASSENGER
Gender .....	Female

#### PASSENGER 2

Name .....	PASSENGER
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

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMH3384B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	DEVI D/O VATHUMALAY
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMT9544D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

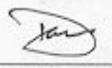
Describe Circumstances of the Accident

REFER TO POLICY REPORT

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time 02/05/23

  
Driver's Signature (if driver is not the policyholder) / Date  
& Time 02/05/23

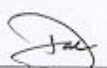
Witnessed by Reporting Centre  
Personnel

# SKETCH PLAN

## IMPORTANT NOTICE

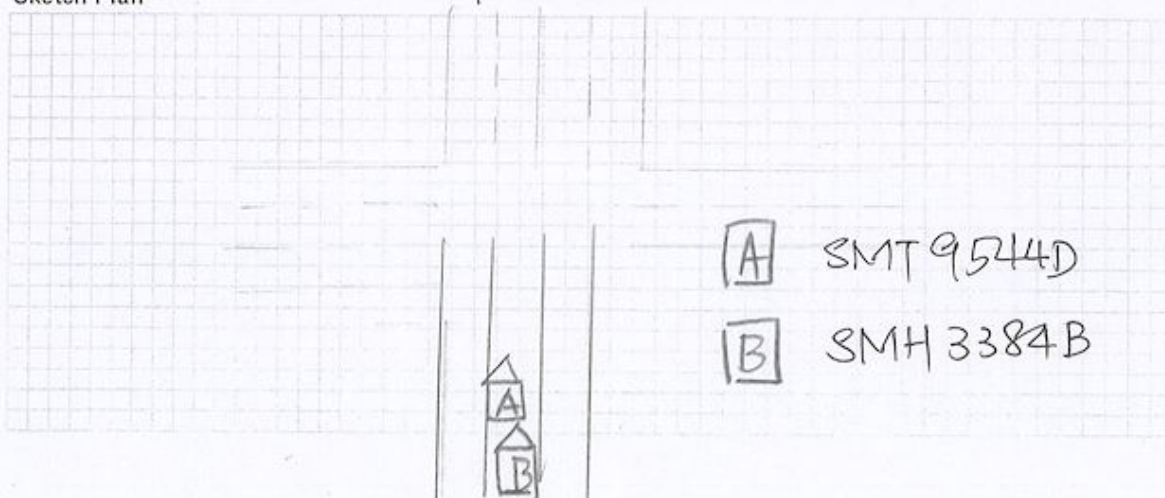
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time  
  
 02/05/23  
 Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time  
  
 02/05/23

3/5/23  
 Witnessed by Reporting Centre Personnel

Sketch Plan



A SMT 9544D  
 B SMH 3384B

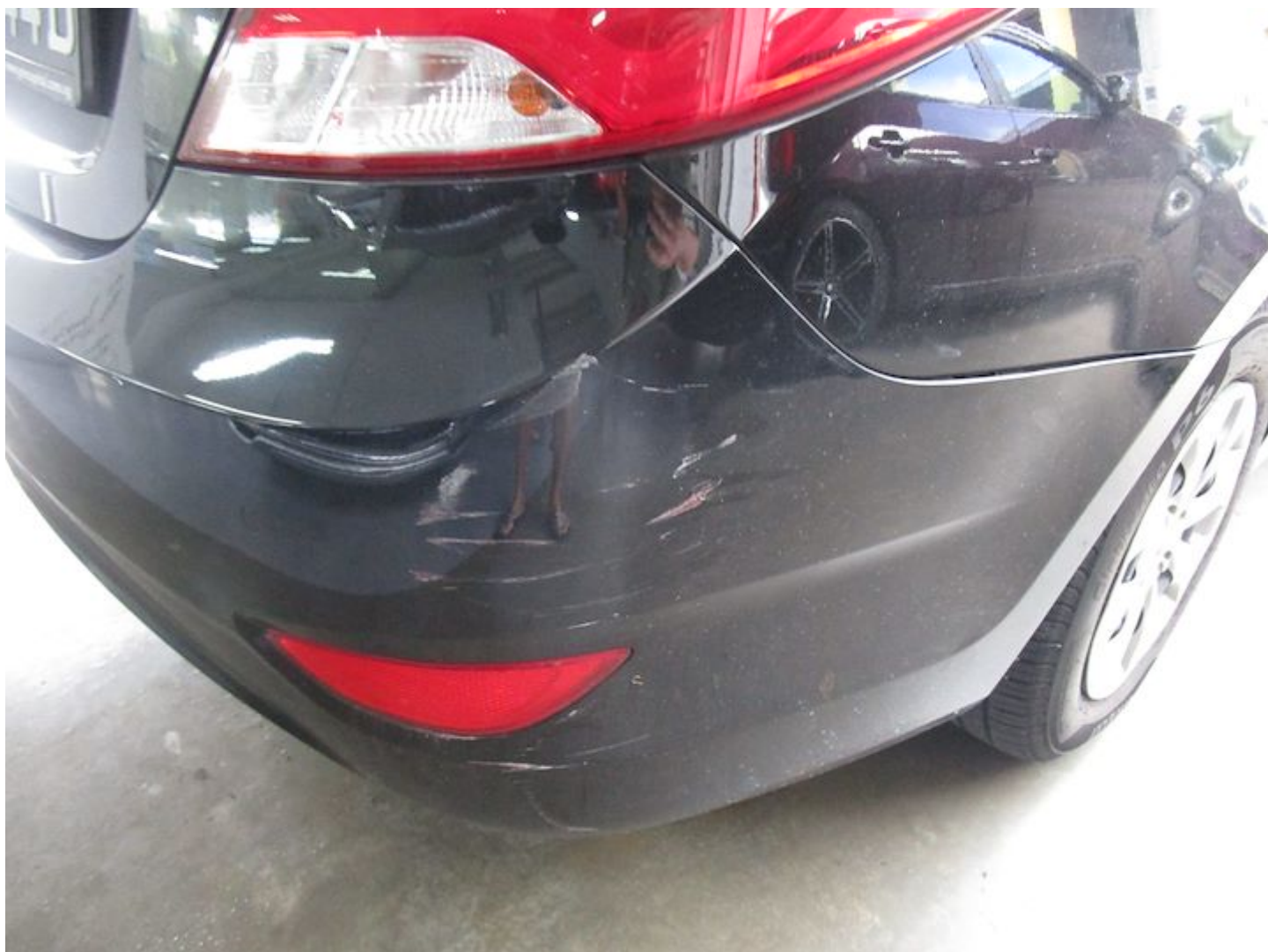
























**SINGAPORE  
POLICE FORCE**



T/20230502/7031

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

1 of 3  
Report No. T/20230502/7031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/05/2023 14:13		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: DEVI D/O VATHUMALAY		Address: 316 HOUGANG AVENUE 7 #02-73 SINGAPORE 530316		
ID Type / ID No.: NRIC NO / S1784684A		Contact No.: Home/Office: Mobile: 90226461		
Nationality: SINGAPORE CITIZEN		Email: vathumalaydevi@hotmail.com		
Sex: Female	Age: 56	Date of Birth: 15/09/1966	Type of Informant: Driver	
Race: Indian		Language: English		
Occupation: Private-hire car driver		Driving Licence Information: Class: 3A Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/05/2023 15:15	Type of Location: X-Junction
Location:  river valley road				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMH3384B	Car			Red		0
SMT9544D	Car	HYUNDAI	ACCENT (RB) 1.4 CVT	Black		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20230502/7031

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

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Report No. T/20230502/7031

**CONTINUATION OF REPORT**

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT9544D	NTUC Income Insurance Co-Operative Limited	5130187419	15/09/2022	14/09/2023

**Details of Person Involved**

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DEVI D/O VATHUMALAY	ID No.	S1784684A
Related Vehicle	SMT9544D (Car)	Contact No.	90226461
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	01/05/2023	Date	01/05/2023
No. of Days granted Medical Leave	07	Degree of	Slight

**Brief Details.**

I was driving on River Valley rd towards nth Boat Quay before Hoot kiam rd LP 91, have signalled to change lane and the vehicle from behind SMH 3384 B did not give way and then hit my rear and drove off (hit and run). I was slightly injured and had pain in my neck and stiffness and called police for help and they called an ambulance and conveyed to a hospital. Before that, I had two passengers in my car as well and just dropped them off at the side as I was on a Grab call. Have since followed up with traffic police and insurance.



**SINGAPORE  
POLICE FORCE**



T/20230502/7031

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

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Report No. T/20230502/7031

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
PHUA TIAK YEE  
Contact No.: 65476200

NP168

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

Date/Time:  
02/05/2023 14:13

Classification Of Case:



