

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	15/05/2023 15:48 (SGT)
Reported by	Actual Driver
Date of Accident	13/05/2023 01:30 (SGT)
Exact Location of Accident	Grange Rd, Singapore
Additional Location Information	PATERSON HILL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4246P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VOULEZ CARS
Company Reg No	53350846X
Email Address	REPORTING@mycar.sg
Mobile Phone No	(Phone) +65-88090335
Alternative Phone No	(Office) +65-98888885

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	1797

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0008366

DRIVER

Name of Driver	ZULIAH BINTE AHMAD
NRIC No	S7200637B
Date Of Birth	06/01/1972
Occupation	Outdoor

Date Of Driving Pass	09/09/2008
Driving experience	14 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88090335
Alt. Phone Number	-
Email Address	REPORTING@mycar.sg
Address	367 CLEMENTI AVENUE 2 #02-523
Address complement	-
Postcode	120367
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	Side Swipe
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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO. T/20230513/2089

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	SLU5833C
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	NG YEW
NRIC No	S8310069I
Contact Number	(Phone) +65-98580482
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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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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

Sketch Plan

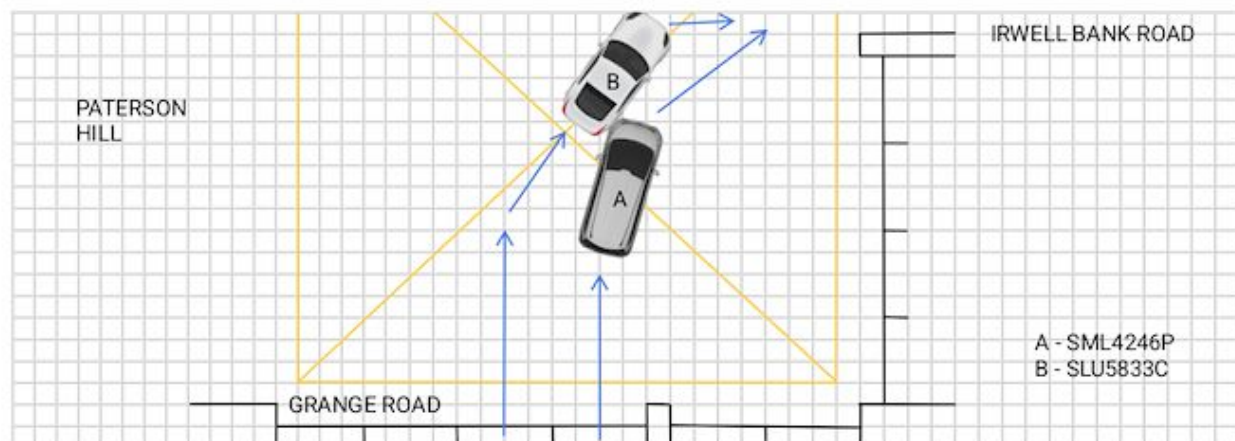
Driver's Signature (If driver is not the policyholder) / Date & Time

150523 1320

Witnessed by Reporting Centre Personnel

**FLASH ACCIDENT
REPORTING OFFICER**

FRO AMIN



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NO. T/20230513/2089

Declaration

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

Policyholder's Signature / Date &
Time

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



150523 1320

FLASH ACCIDENT
REPORTING OFFICER

FRO AMIN



Witnessed by Reporting Centre
Personnel





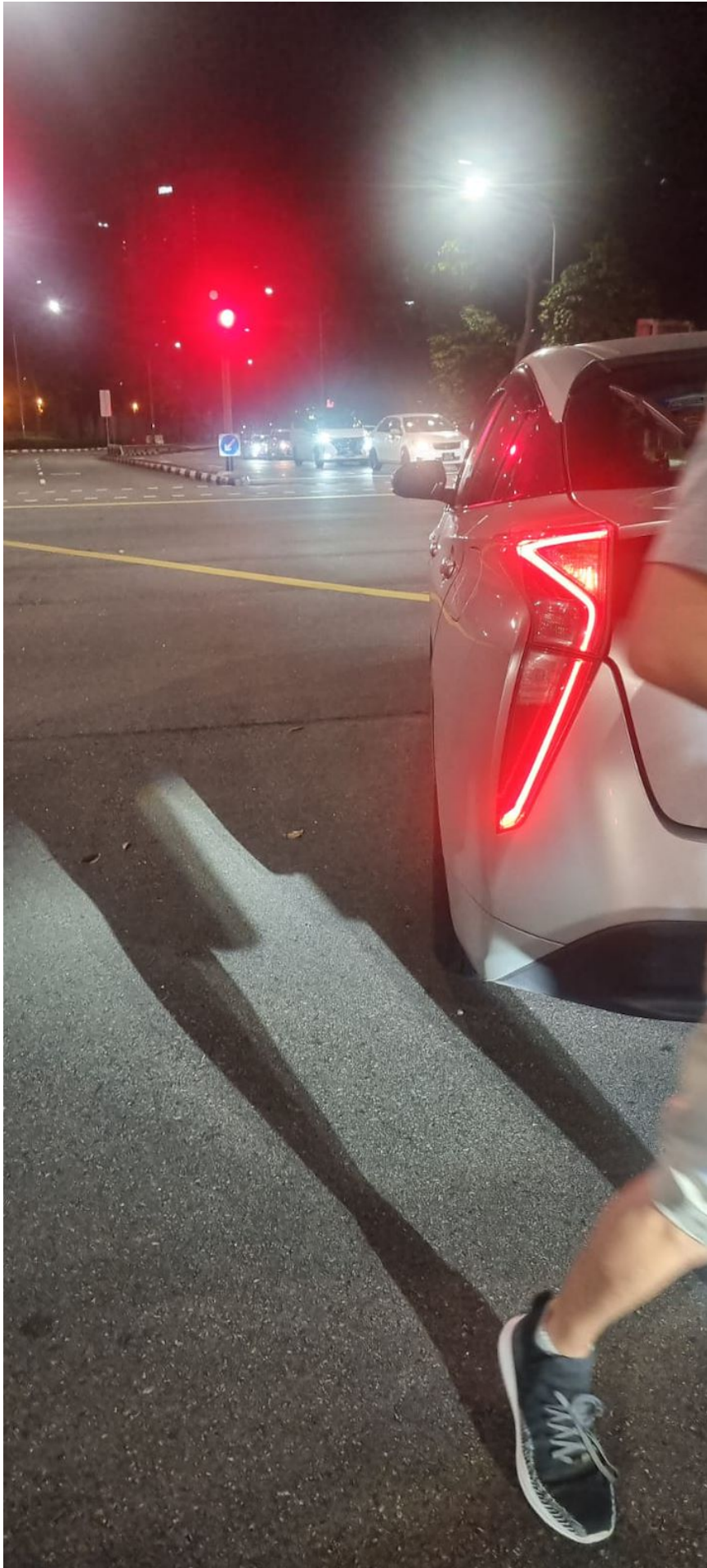


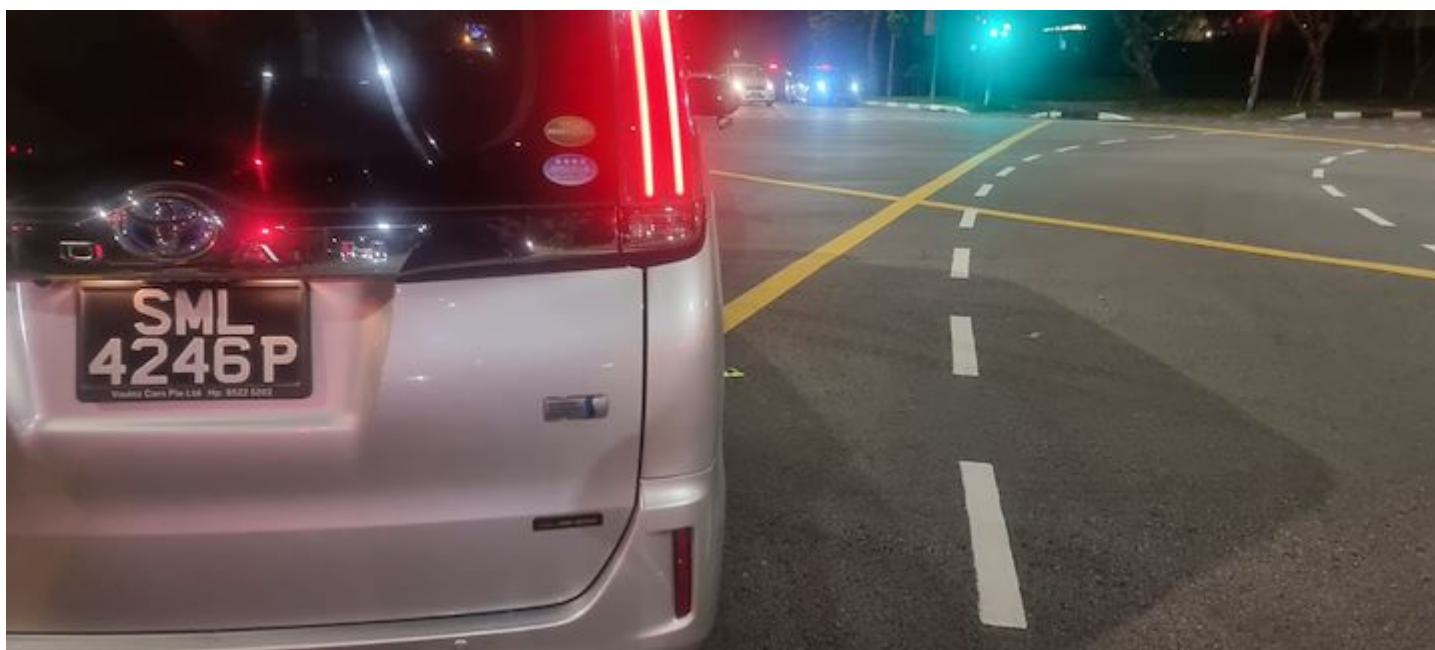


















**SINGAPORE
POLICE FORCE**



T/20230513/2089

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20230513/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2023 19:19	Vide Report No.:	Station Diary No.: 104
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Informant's Particulars

Name of Informant: ZULIAH BINTE AHMAD			Address: APT BLK 367 CLEMENTI AVENUE 2 #02-523 SINGAPORE 120367		
ID Type / ID No.: NRIC NO / S7200637B			Contact No.: Home/Office: Mobile: 88090335		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 51	Date of Birth: 06/01/1972	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/05/2023 01:30	Type of Location:
Location: GRANGE ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU5833C	Car				Slightly Damaged	0
SML4246P	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230513/2089

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Report No. T/20230513/2089

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729899

CONTINUATION OF REPORT

Driver			
Name	NG YEW	ID No.	S8310069I
Related Vehicle	SLU5833C (Car)	Contact No.	98580482
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ZULIAH BINTE AHMAD	ID No.	S7200637B
Related Vehicle	SML4246P (Car)	Contact No.	88090335
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above-mentioned date, time and location, I was driving my car (SML4246P) and was travelling along Grange Road. When I was at the Junction of Paterson Hill and Grange Road, I intended to turn right onto Irwell Bank Road. I applied signal and was waiting at right turning pocket. There was a car (SLU5833C) that came from behind was on the left side of my car, the vehicle then performed a sharp turn towards the right, hence the vehicle side swiped onto my car.

After the collision, we then alighted to make a check on our vehicles. My vehicle suffered dents on front left bumper. The other car suffered scratches on rear right bumper. After which, we then exchanged particulars and left the location of accident.

There was no one injured. There was a in car camera on my vehicle.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20230513/2089

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Report No: T/20230513/2089

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
D /
SGT 2 NG WEI JIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No. 65470000

Signature Of Informant:

Date/Time:
13/05/2023 19:19

Classification Of Case:

NP168



