

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	13/06/2023 15:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/06/2023 16:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI (LAMP POST 924) 1ST LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC5849R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAH JIAYING KRISTY
NRIC No	SXXXX294H
Email Address	jying89@hotmail.com
Mobile Phone No	(Phone) +65-81281408
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	-
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	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5134701504

DRIVER

Name of Driver	SEAH JIAYING KRISTY
NRIC No	SXXXX294H
Date Of Birth	14/08/1989
Occupation	Indoor

Date Of Driving Pass	01/07/2008
Driving experience	14 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81281408
Alt. Phone Number	-
Email Address	jying89@hotmail.com
Address	636B SENJA ROAD
Address complement	#22-319
Postcode	672636
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	SUNNY
Road Surface	Wet

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)	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	TAN FU LAI DENNIS
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED SKETCH PLANS

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	GR663J
Vehicle Manufacturer	Toyota

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SIVAPRAKASH S/O SUBRAMANIAM
NRIC No	SXXXX413F
Contact Number	(Phone) +65-83039773
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	SEAH JIAYING KRISTY
Gender	Female
Phone No	(Phone) +65-81281408
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	SMC5849R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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 firms/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 firms/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 firms/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

Sketch Plan

Describe Circumstances of the Accident

On 12 June 23 4.10pm. I was driving along PIE
Towards Changi on the 1st lane lamp post 924
the front Vehicle emergency brake, I manage to
brake in time but the van (vehicle B) hit
my vehicle rear.
I am not feeling well after the accident. I
will be seeking medical attention.

☐ Claim OD ☐ Claim Third Party ☒ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :


Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

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


Witnessed by Reporting Centre Personnel















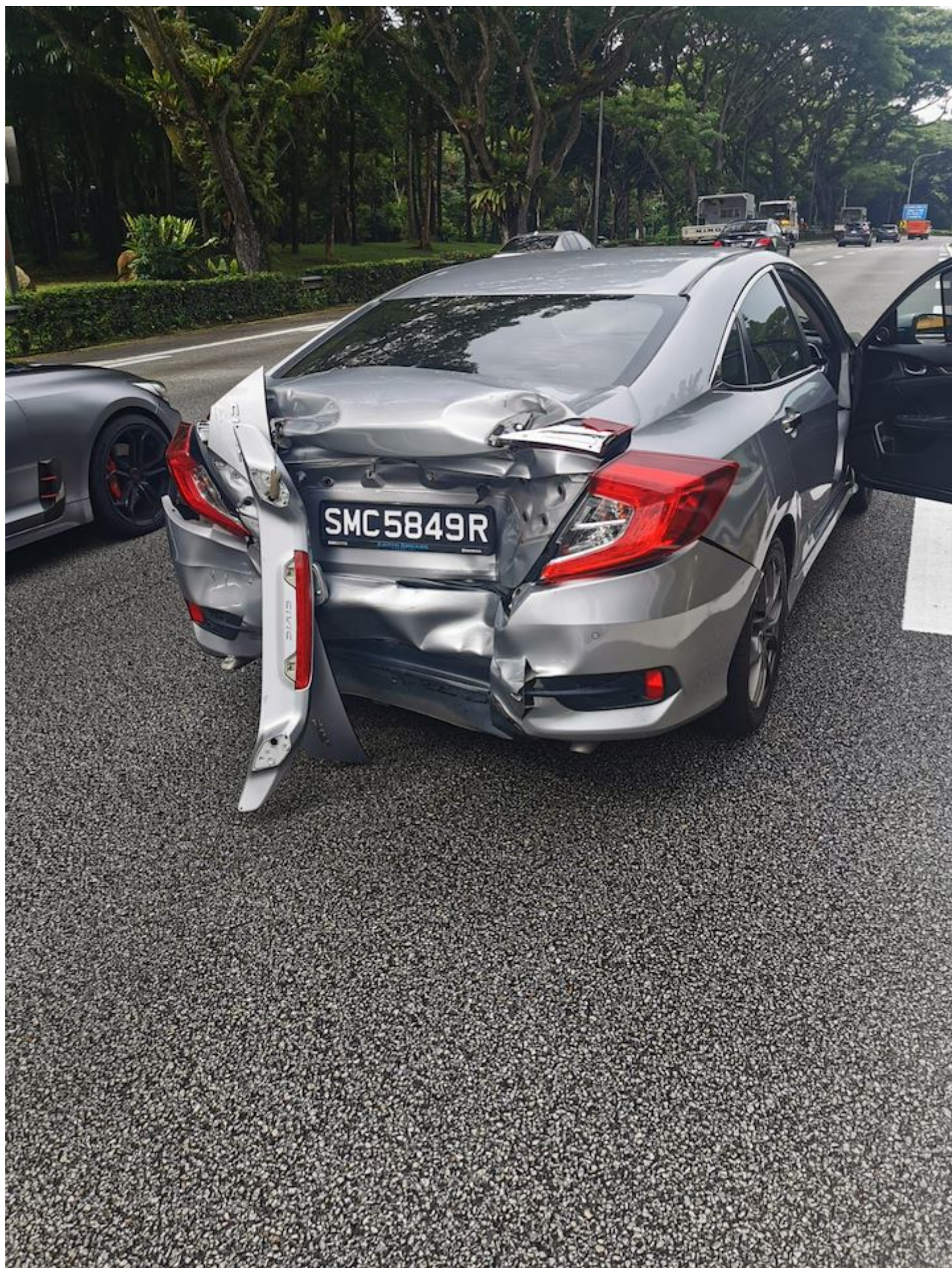


















**SINGAPORE
POLICE FORCE**



T/20230613/2034

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3
Report No. T/20230613/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2023 12:46	Vide Report No.:	Station Diary No.: 33
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Informant's Particulars

Name of Informant: SEAH JIAYING KRISTY			Address: APT BLK 636B SENJA ROAD #22-319 SINGAPORE 672636	
ID Type / ID No.: NRIC NO / S8929294H			Contact No.: Home/Office: Mobile: 81281408	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 33	Date of Birth: 14/08/1989	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: Sales professionals (institutional sales of financial products)			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 12/06/2023 16:10	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 924				
Weather: Sunny		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GR663J	Van					0
SMC5849R	Car	HONDA	CIVIC 1.5 TURBO VTIS SR	Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
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Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20230613/2034

2 of 3

Report No. T/20230613/2034

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC5849R	NTUC Income Insurance Co-Operative Limited	5134701504	10/03/2023	09/03/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	SEAH JIAYING KRISTY	ID No.	S8929294H
Related Vehicle	SMC5849R (Car)	Contact No.	81281408
Hospital/Clinic	RC'S FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/06/2023	Date Discharge	13/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/06/2023 at about 4.10pm, I was driving my vehicle (SMC5849R), along the PIE towards Changi. I was in the first lane, close to lamp post 924. Suddenly, a vehicle ahead of me applied emergency brake, and I managed to brake in time to avoid a collision. However, the van vehicle (GR663J) namely, (Sivaprakash S/O Subramaniam, S7528413F, D.O.B:18-09-1975) behind me failed to stop in time and collided with the rear of my vehicle.

After the incident, the other driver and I exchanged both of our particulars. We also took photos of the accident scene and the damages to our vehicles.

Following the incident, I was not feeling well, so I went to see a doctor at RC'S Family Clinic. The doctor examined me and issued me a 3 day MC.

**SINGAPORE
POLICE FORCE**

T/20230613/2034

3 of 3

Report No. T/20230613/2034

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
J /
SGT 2 Teo Jie Hui

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/06/2023 12:46

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG LESLIE
Contact No.: 65476151

Classification Of Case:

NP168