

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 First Submission 11/09/2024 16:49 (SGT)
Reported by Owner
Date of Accident 10/09/2024 17:55 (SGT)
Exact Location of Accident Sunrise Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN3240L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JAMARI BIN AHMARI
NRIC No SXXXX085H
Email Address JAM.AHMARI@GMAIL.COM
Mobile Phone No (Phone) +65-90080950
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
Variant HYUNDAI / HD AVANTE 1.6 A
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 1591
Vehicle Fuel Petrol
First Registration Date 12/02/2009
Chassis no KMH DU41BR9U679790
Effective Date/Time of Ownership 25/12/2021 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5125119678-02

DRIVER

Name of Driver	NURUL ATIQA BINTE JAMARI
NRIC No	SXXXX593G
Date Of Birth	10/11/1998
Occupation	Indoor
Driving Pass Date	27/12/2017
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	6 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90401080
Alt. Phone Number	-
Email Address	ATIQAHI98@GMAIL.COM
Address	APT BLK 225C COMPASSVALE WALK #04-349
Address complement	-
Postcode	543225
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DAUGHTER
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 THE ATTACHED POLICE REPORT.

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	GBF3825L
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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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

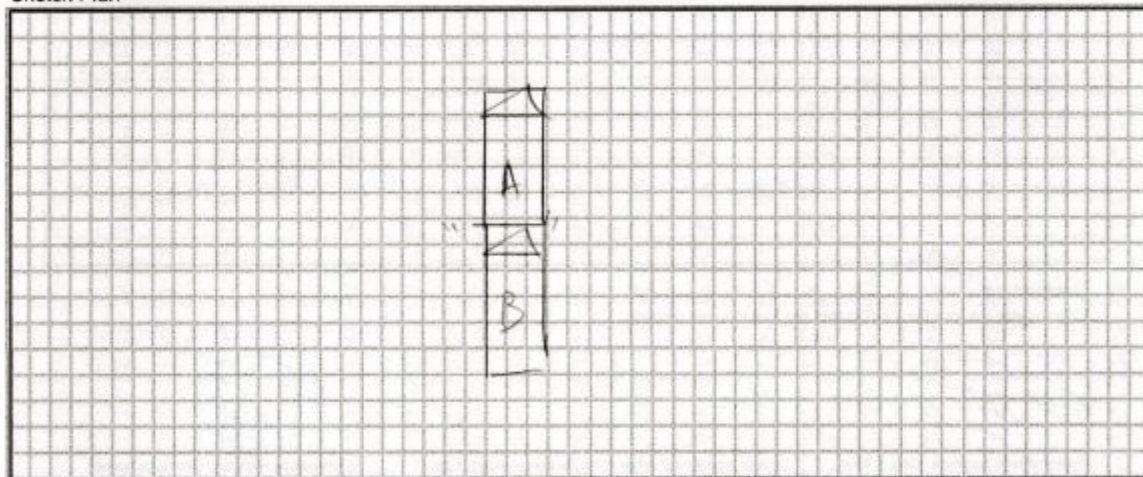


Driver's Signature (if driver is not the policyholder) / Date & Time



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

Sketch Plan



Don: 10/9/24,

A: SJW 3240L, B: GBF 3826L

1

Describe Circumstance of the Accident

REFER TO POLICE REPORT

vehicle in front of me stopped, so do I. Suddenly, I

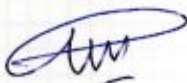
felt an impact from the rear of my vehicle. Then I realised

vehicle B had collided to my vehicle.

no one was injured.

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
(Name as in NRIC/ID card)





















RESTRICTED

ANNEX A

SINGAPORE CIVIL DEFENCE FORCE



Date: _____

To Whom It May Concern,

**CORRESPONDENCE NOTICE
ACCIDENT INVOLVING SCDF VEHICLES**

1. If you wish to make any claim against the Government, please write to:

**Accident Claims Officer,
Transport Services Branch, Logistics Department
HQ Singapore Civil Defence Force
91, Ubi Ave 4 Singapore 408827
Tel: 6848 3613
Fax: 6848 3644**
2. In order to enable SCDF to assess your claims, you should submit the following documents to the above address:
 - a. Police Report;
 - b. Appraiser Report with regard to the damages incurred;
 - c. Detailed breakdown of the cost of repair; and
 - d. Colour photographs of the damaged vehicle showing the damage.
3. Please take note that the above paragraphs are not and shall not be treated as acceptance by the Government of any liability whatsoever for any damages sustained as a result of the accident in which your vehicle and the SCDF vehicle are involved.

Thank you.

Yours faithfully,

**DIRECTOR LOGISTICS DEPARTMENT
FOR COMMISSIONER
SINGAPORE CIVIL DEFENCE FORCE**A - 1
RESTRICTED



**SINGAPORE
POLICE FORCE**



T/20240911/7053

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

1 of 3

Report No. T/20240911/7053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2024 13:05		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: Nurul Atiqah binte Jamari		Address: 225C Compassvale Walk #04- SINGAPORE 543225		
ID Type / ID No.: NRIC NO / S9837593G		Contact No.: Home/Office: Mobile: 90401080		
Nationality: SINGAPORE CITIZEN		Email: atiqahj98@gmail.com		
Sex: Female	Age: 25	Date of Birth: 10/11/1998	Type of Informant: Driver	
Race: Javanese		Language: English		
Occupation: Software and applications developer and analyst		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 10/09/2024 17:55	Type of Location: Zebra Crossing
Location: SUNRISE AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
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
GBF 3825L	SCDF Red Rhino Van					0
SJN3240L	Motor car	HYUNDAI	Avante	Grey	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SJN3240L	NTUC Income Insurance Co-Operative Limited	5125119678-02	12/02/2024	11/02/2025



**SINGAPORE
POLICE FORCE**



T/20240911/7053

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

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Report No. T/20240911/7053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HUANG JINQUAN	ID No.	S9071931I
Related Vehicle	GBF 3825L (SCDF Red Rhino Van)	Contact No.	92998329
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 (MC)	NIL	Degree of Injury	NIL
Driver			
Name	Nurul Atiqah binte Jamari	ID No.	S9837593G
Related Vehicle	SJN3240L (Motor car)	Contact No.	90401080
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

At 5.55 pm, I, Nurul Atiqah binte Jamari, driver of SJN 3240 L, was driving from Yio Chu Kang Road towards Seletar West Link (Yishun Ave 1) / SLE / TPE near Sunrise Avenue. The vehicle in front of me, by the plate of SMJ 1369Z, pulled the brake at the Zebra Pedestrian crossing, which in return made my response to pull the brakes as well. In a sudden, I felt an impact from the rear of my vehicle. Then, I realised that the SCDF Red Rhino, by the plate of GBF 3825 L, behind me has collided to my vehicle.

No one was injured.



**SINGAPORE
POLICE FORCE**

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



T/20240911/7053

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Report No. T/20240911/7053

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

NP168

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

Date/Time:
11/09/2024 13:05

Classification Of Case: