

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	04/09/2024 14:57 (SGT)
Reported by	Actual Driver
Date of Accident	30/08/2024 09:25 (SGT)
Exact Location of Accident	Jurong West Street 71, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN1867E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZAMRI ABDULLAH@WRITER ZUBIN PARVEZ
NRIC No	S7921520A
Email Address	zubinwriter79@gmail.com
Mobile Phone No	(Phone) +65-87422630
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Scirocco
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1390
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG23015927

DRIVER

Name of Driver	DHANIYAH QASIMAH BINTE ZAMRI ABDULLAH
NRIC No	T0418127H
Date Of Birth	21/07/2023
Occupation	Outdoor
Driving Pass Date	21/07/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-87531701
Alt. Phone Number	-
Email Address	zubinwriter79@gmail.com
Address	75B CIRCUIT ROAD #03-166
Address complement	-
Postcode	372075
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Major/Minor Rd
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?	Yes
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20240830/2034

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	SMM6758K
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKN1867E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMM6758K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

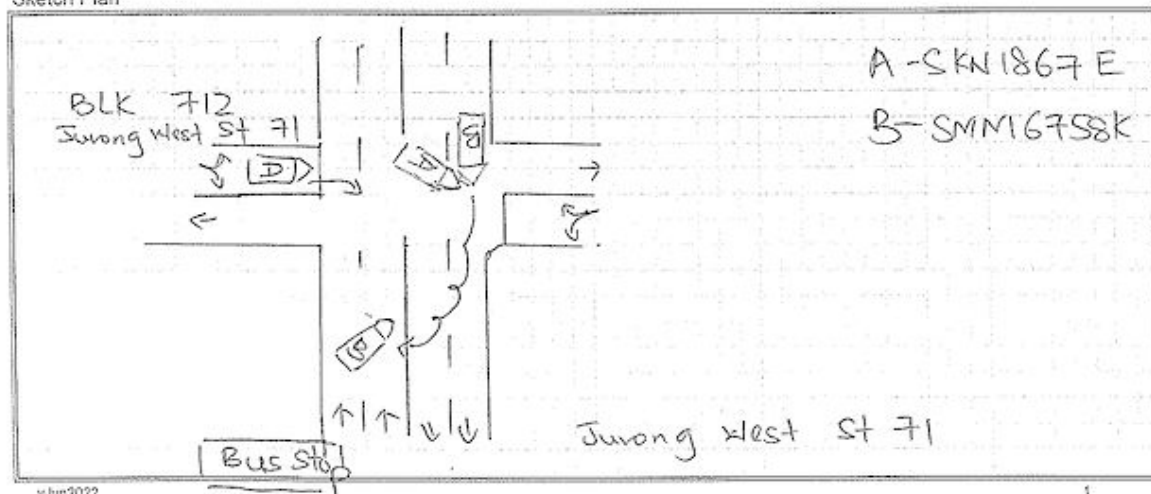
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

 07/09/24
Actual Driver's Signature (if driver is not the policyholder) / Date & Time


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

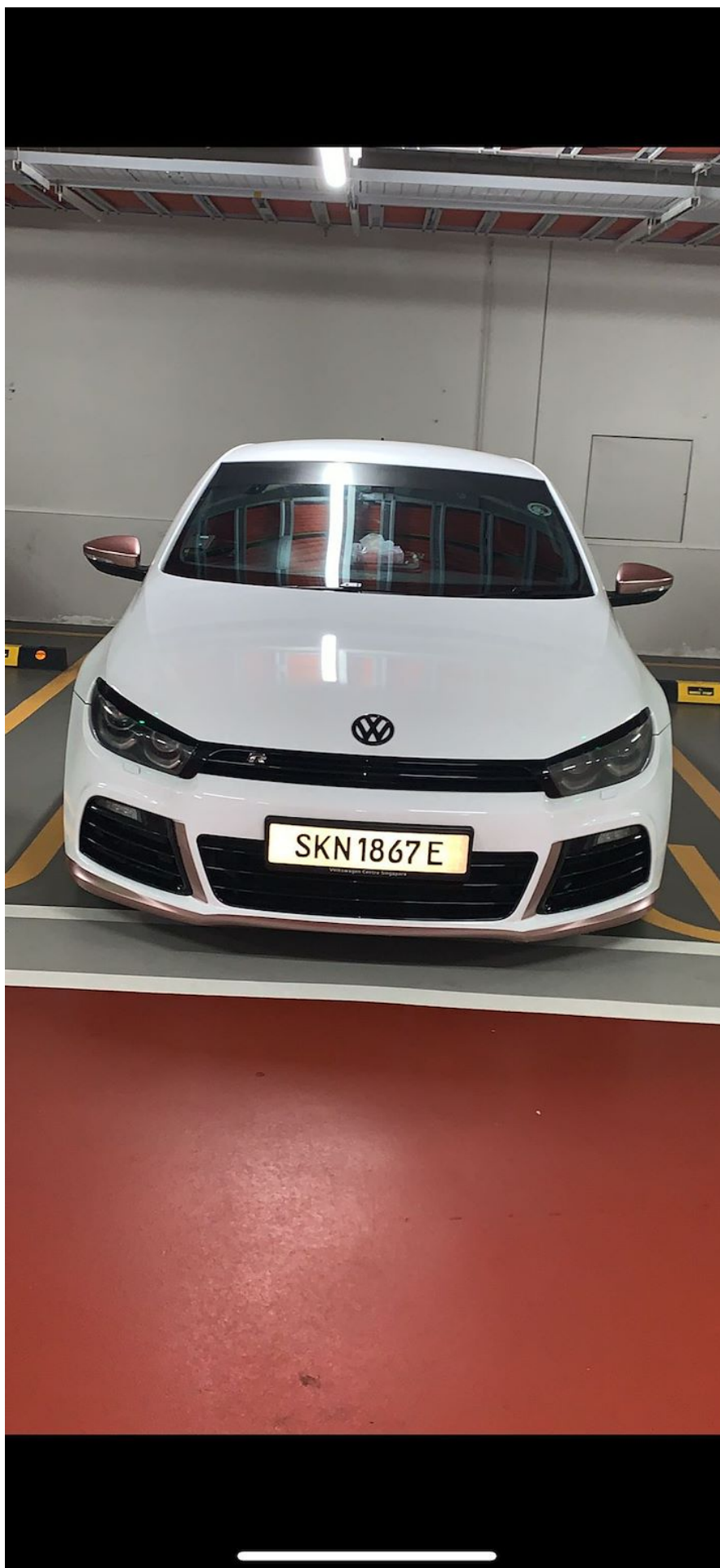
Sketch Plan















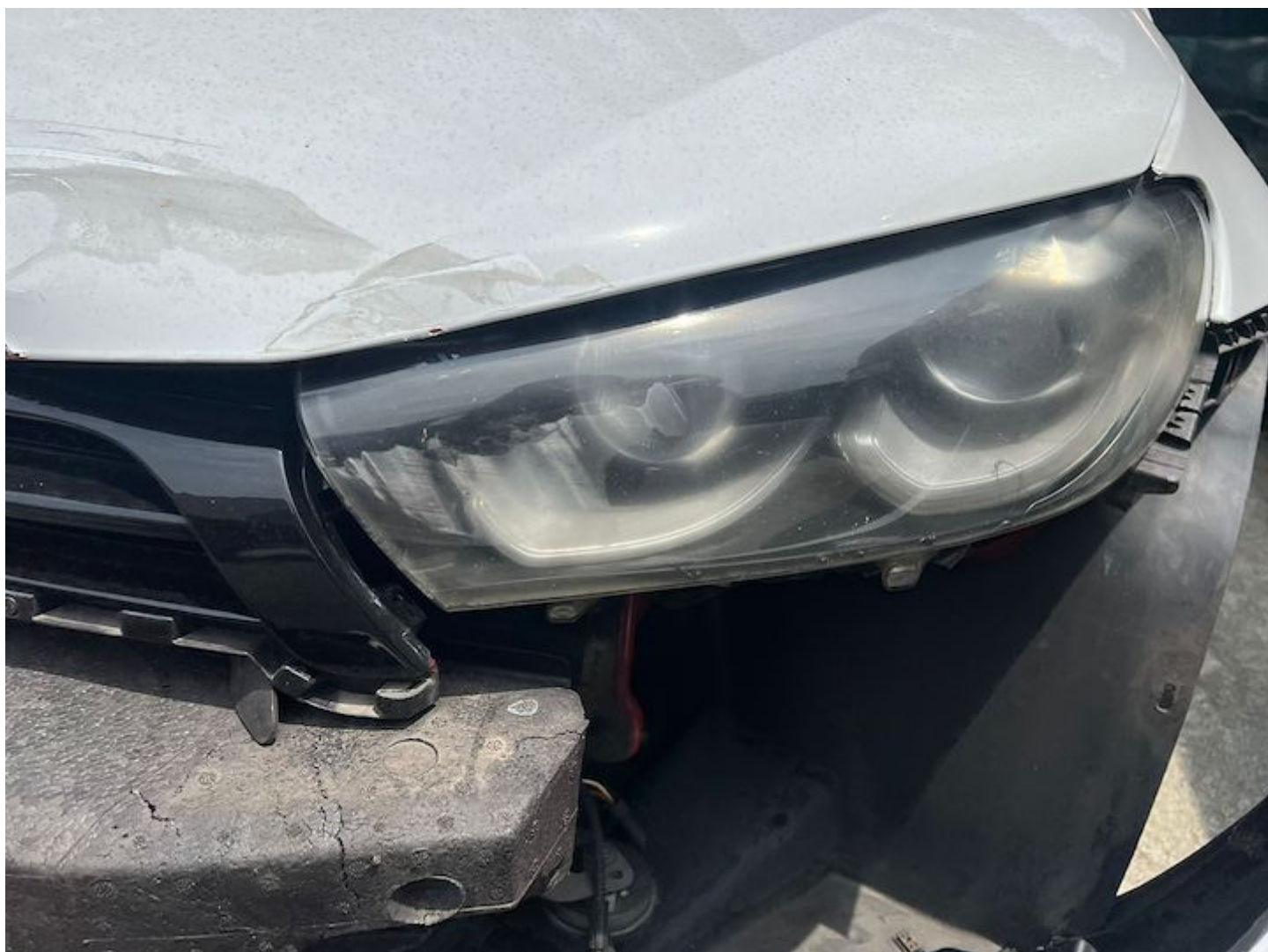









































**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20240830/2034

1 of 3

Report No. T/20240830/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2024 13:30		Vide Report No.: J/20240830/0056	Station Diary No.: 61
Informant's Particulars			
Name of Informant: DHANIYAH QASIMAH BINTE ZAMRI ABDULLAH		Address: 75B CIRCUIT ROAD #03-166 SINGAPORE 372075	
ID Type / ID No.: NRIC NO / T0418127H		Contact No.: Home/Office:	Mobile: 87531701
Nationality: SINGAPORE CITIZEN		Email: DHANIYAHQASIMAH04@GMAIL.COM	
Sex: Female	Age: 20	Date of Birth: 07/07/2004	Type of Informant: Driver
Race: Indian		Language:	
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/08/2024 09:25	Type of Location: Straight Road
Location: JURONG WEST STREET 71				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKN1867E	Motor car				Slightly Damaged	0
SMM6758K	Motor car				Totally Damaged	0

Details of Person Involved

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



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T/20240830/2034

Police Station Of Origin:
Nanyang N.P.C
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649482
Tel No: 1800-7929999

2 of 3

Report No. T/20240830/2034

CONTINUATION OF REPORT

Driver			
Name	DHANIYAH QASIMAH BINTE ZAMRI ABDULLAH		ID No. T0418127H
Related Vehicle	NIL		Contact No. 87531701
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the 30/08/2024, around 09:25am, I was driving my vehicle bearing the registration plate number, SKN1867E and I was turning out of carpark gantry, nearest to BLK 712 Jurong West st 71 Nanyang Sapphire S(640712) and turned onto the main road. I already turned and was halfway on the first lane when a car bearing the registration plate number, SMM6758K came fast on my left side and collided with the front of my vehicle. As the other vehicle was coming at a fast speed, the car flipped at least 3 times upon making contact with my car. Since the car was coming fast, the left back wheel of the other car completely detached. My car moved forward due to the impact and I stopped slightly further down the road in front of the carpark of BLKS 702-711 to avoid blocking the lanes. I then turned the car off and got out of the car. My front bumper is completely damaged and has detached from the rest of the body. I will also be going to the doctors later on as my right leg is now numb. The paramedics did a check on me and asked me if I would like to go to the hospital, but I refused as I was only in shock and did not sustain any injuries.

A passerby who witnessed the crash then called for an ambulance and the police for assistance as the other vehicle was rolled over and the driver was trapped in the driver's side. Subsequently, Police and SCDF arrived at the scene and informed that the other driver was injured and will be conveyed to NUH for treatment. I was not able to get the particulars of the other driver as I was overwhelmed by the whole incident. Traffic Police officers who attended to the incident provided me a case card, with the case number, J/20240830/0056, (Officer in Charge: Tony, 97393866) and instructed me to lodge a report at a Police station.

I would like to affirm that I had adhered to all road safety rules before turning, and did not speed or drive recklessly. I decided to turn after looking both left and right and turned after seeing that the road was clear and there were no oncoming cars. I also checked that there was no traffic on the left side before moving off.

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POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20240830/2034

3 of 3

Report No. T/20240830/2034

CONTINUATION OF REPORT

Signature of Officer Recording The
J /

SCCPL KAMALLESH VEERAA P

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/08/2024 13:30

Officer In Charge Of Case:
TP / GIT /
SI YEO HOE HUAT, TONY
Contact No.: 97393866

Classification Of Case:

NP168