

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	21/09/2024 13:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/09/2024 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Tampines Avenue 9
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7791C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Zeenat Kausar D/O Mustaq Ali
NRIC No	SXXXX704Z
Email Address	zeenatkausar064@gmail.com
Mobile Phone No	(Phone) +65-97707149
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1493
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300314572 QMY

DRIVER

Name of Driver	Zeenat Kausar D/O Mustaq Ali
NRIC No	SXXXX704Z
Date Of Birth	23/12/1960
Occupation	Indoor
Driving Pass Date	31/03/1993
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	31 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97707149
Alt. Phone Number	-
Email Address	zeenatkausar064@gmail.com
Address	880 Tampines Avenue 8 #04-276
Address complement	-
Postcode	520880
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?	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	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

Please refer to Police Report no T/20240919/7105

ATTACHMENT(S)

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

Reasons for not uploading a video of the accident

Refer to the owner's email: - There are videos of micro SD cards retrieved from both vehicles by the police officer on site . Later I received a call from the police officer saying there was a mix up with the Micro Sd card with the other party. I have clarified the matter and informed them there is definitely a video captured from the other party Micro SD vehicle camera. Please rectify the statement in page 2 for attachment. The police had acknowledged the presence of the video camera footage of the micro SD card from the other vehicle.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD3381K
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Zeenat Kausar
Gender	Female
Phone No	(Phone) +65-97707149
Address	880 Tampines Ave 8 #04-276
Address Complement	-
Post Code	520880
Approximate Age Years Old	-
Injuries Sustained	Chest pain
Injured person in which vehicle?	SLP7791C
Were seat belts worn?	Yes
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.

Zeevat Khan

Policyholder's Signature / Date & Time

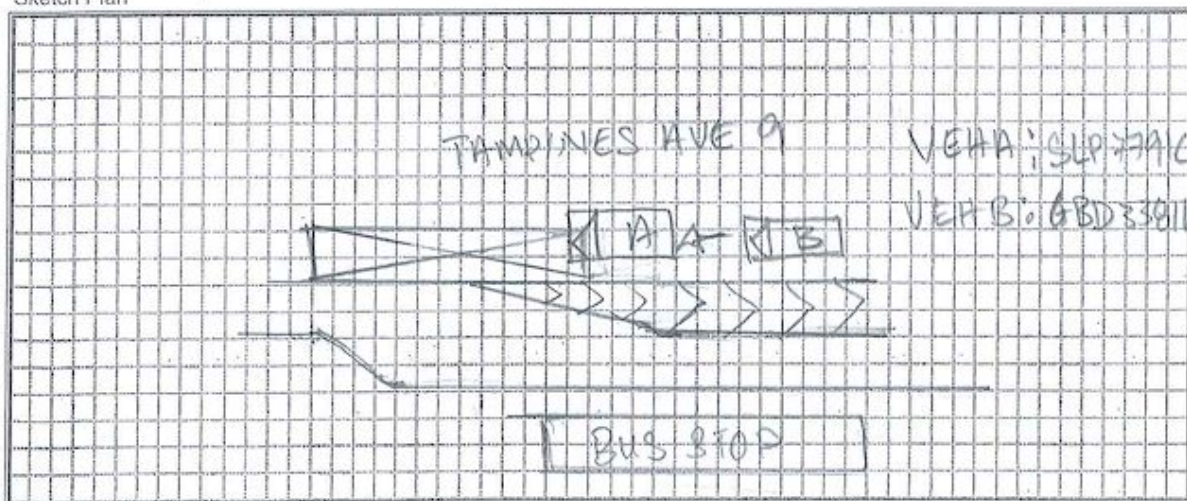
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Anna

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



Sketch Plan



vJun2022

Describe Circumstance of the Accident

Refer to Police Report
no: T/20240919/7105

Declaration

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

Zeena Kay

Policyholder's Signature / Date & Time

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

Anas

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













































**SINGAPORE
POLICE FORCE**



T/20240919/7105

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

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Report No. T/20240919/7105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/09/2024 21:23	Vide Report No.: G/20240919/0107	Station Diary No.:
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Informant's Particulars

Name of Informant: ZEENAT KAUSAR d/o MUSTAQ ALI			Address: TAMPINES AVE 8 #04-276 SINGAPORE 520880		
ID Type / ID No.: NRIC NO / S1420704Z			Contact No.: Home/Office: Mobile: 97707149		
Nationality: SINGAPORE CITIZEN			Email: zeenatkausar064@gmail.com		
Sex: Female	Age: 63	Date of Birth: 23/12/1960	Type of Informant: Driver		
Race: Pakistani			Language: English		
Occupation: Housewife			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/09/2024 14:30	Type of Location: Straight Road
Location: TAMPINES AVENUE 9				
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 Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3381K	Motor van	NISSAN	NV200	Grey		1
SLP7791C	Motor car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLP7791C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	00000000300314572	17/06/2024	16/06/2025



**SINGAPORE
POLICE FORCE**



T/20240919/7105

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

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Report No. T/20240919/7105

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZEENAT KAUSAR d/o MUSTAQ ALI	ID No.	S1420704Z
Related Vehicle	SLP7791C (Motor car)	Contact No.	97707149
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/09/2024	Date Discharge	19/09/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious
Driver			
Name	TOH HUANG XU, ADRIAN	ID No.	NIL
Related Vehicle	NIL	Contact No.	81989559
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A 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 THE ABOVE DATE AND TIME I WAS TRAVELLING ALONE IN MY MOTORCAR ALONG TAMPINES AVE 9 AT BLOCK 493B. MY CAR I STOP AT THE TRAFFIC LIGHT OPPOSITE BUSTOP 493B AS THE TRAFFIC LIGHT HAS CHANGE TO RED AT THE PEDESTRIAN CROSSING. I STOP MY CAR OUTSIDE THE BUS LANE JUST BEFORE THE YELLOW BOX. SUDDENLY I FELT A LOUD COLLISION SOUND FROM THE REAR OF MY CAR. I WAS THROWN FORWARD HITTING MY CHEST ONTO THE STEERING WHEEL. I WAS SHOCKED UPON THE IMPACT OF THE COLLISION. I FELT PAIN AT MY CHEST REGION AND FEEL DAZED AND CONFUSED. LATER I REALISED THAT I HAVE BEEN HIT BY A GREY NISSAN GBD3381K AT THE REAR OF MY CAR. I REMAIN SEATED IN MY CAR AND REQUEST TO CALL FOR THE AMBULANCE SINCE I WAS HAVING CHEST PAIN. AFTER SOME TIME THE AMBULANCE AND POLICE CAME AND I WAS CONVEY TO CHANGI GENERAL HOSPITAL.



**SINGAPORE
POLICE FORCE**

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



T/20240919/7105

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Report No. T/20240919/7105

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
NADYA BINTE MOIDEEN
Contact No.: 65476331

NP168

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

Date/Time:
19/09/2024 21:23

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1W249L0001 Vehicle Registration No: SLP7791C
 Name (as shown in NRIC): Zeenaat Kausar NRIC/FIN/Passport No: S14207042
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 880 Tampines Avenue 8 #04-276 Singapore (520880)
 Contact (Tel): _____ Mobile No.: 9740 7149
 Email Address: zeenaatkausar064@gmail.com
 Date of Accident: 19-09-2024 Time of Accident: 4:30
 Place of Accident: Tampines Ave 8
 Insurance Company: MSIA

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amendment to the video captured details and additional of
remarks.

Zeenaat Kausar
 Policyholder / Actual Driver's Signature
 Date: _____

[Signature]
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card): _____
 Date: _____