

## 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 .....	07/10/2024 10:45 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	05/10/2024 10:30 (SGT)
Exact Location of Accident .....	38 Sunrise Ave, Singapore 806690
Additional Location Information .....	ALONG 38 SUNRISE AVE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMC9906H
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NOORIN BINTE AHMAD
NRIC No .....	SXXXX151B
Email Address .....	NOORIN@MTQPEMAC.COM.SG
Mobile Phone No .....	(Phone) +65-91454105
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Volvo
Model .....	S60
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 .....	1969
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2032471180-01

#### DRIVER

Name of Driver .....	NOORIN BINTE AHMAD
NRIC No .....	SXXXX151B
Date Of Birth .....	29/08/1963
Occupation .....	Indoor
Driving Pass Date .....	19/07/1988
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	36 YEARS AND 3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91454105
Alt. Phone Number .....	-
Email Address .....	NOORIN@MTQPEMAC.COM.SG
Address .....	38 SUNRISE AVE
Address complement .....	-
Postcode .....	806690
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 .....	Hit and run / Vandalism / Damaged whilst parked
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

#### REFER TO 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 .....	SGF2878G
Vehicle Manufacturer .....	Nissan
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? .....	SGF2878G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

VEH A: 5M C9906H  
 VEH B: SGF 28786  
 VEH C: H1L

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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

Sketch Plan

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

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

7/10/24  
10:15 am

07 OCT 2024

Sketch Plan

SWIRLIE Gardens

38 SWIRLIE AVE.

Describe Circumstance of the Accident

DATE OF ACCIDENT: 5/10/24 TIME OF ACCIDENT: 1030HRS

VEH A: 5M69906M VEH B: 56F2886 VEH C: A12

Refer to police report.

## Declaration

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

Naam 7/10/24

Policyholder's Signature / Date & Time

10:15 am

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



07 OCT 2024

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











































**SINGAPORE  
POLICE FORCE**



T/20241005/7062

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

1 of 3

Report No. T/20241005/7062

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/10/2024 15:22		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Noorin binte Ahmad			Address: 38 SUNRISE AVE LANDED PROPERTY SINGAPORE 806690		
ID Type / ID No.: NRIC NO / S1613151B			Contact No.: Home/Office: Mobile: 91454105		
Nationality: SINGAPORE CITIZEN			Email: noorin@mtqpemac.com.sg		
Sex: Female	Age: 61	Date of Birth: 29/08/1963	Type of Informant: Vehicle Owner		
Race: Malay			Language: English		
Occupation: Other business services and administration managers			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/10/2024 10:30	Type of Location: Straight Road
Location:  SUNRISE AVENUE				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGF2878G	Motor car	NISSAN	NOTE	Grey		0
SMC9906H	Motor car	VOLVO	S60 T5	Grey	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMC9906H	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2032471180-01	29/08/2024	28/08/2025



**SINGAPORE  
POLICE FORCE**



T/20241005/7062

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

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Report No. T/20241005/7062

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owner</b>			
Name	Noorin binte Ahmad	ID No.	S1613151B
Related Vehicle	SMC9906H (Motor car)	Contact No.	91454105
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

I was having a Zoom meeting when suddenly I heard a loud bang.  
When I looked out my window, I saw a white / light grey car reversing and trying to drive off, which later he did drive off, after hitting my parked vehicle.  
I quickly took a photo of the car after the accident.  
I quickly asked my sons to look for the car that hit me.  
I told my son to check with the Condo - ( Sunrise Gardens ) security if he had seen the car that hit me because I managed to take a photo of the car.  
Apparently, my neighbor also saw the accident and he also took some photos of the accident.  
My son later informed me that the car belonged to one of the condo's resident and the car owner was unconscious.  
Me and my sons went to Sunrise Garden Condo to look for the car.  
The police and ambulance later came to Sunrise Gardens Condo as the car that hit me apparently also hit the car park pillar of the Condo before it stopped.  
I saw the driver was taken away in an ambulance.  
I informed the police at the Condo site that the car found at the condo was the same one that hit my car.  
The police later gave me a Case Card Report No : F/20241005/6084. Contact person AIO Ahmad Abdillah. Tel 62181348  
I was later advised by the Traffic Policeman to tow my car to my authorized workshop.



**SINGAPORE  
POLICE FORCE**

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



T/20241005/7062

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Report No. T/20241005/7062

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
KAMALIAH BINTE KAMIS  
Contact No.: 65476433

NP168

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

Date/Time:  
05/10/2024 15:22

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: SA1924A70003 Vehicle Registration No: SMC9906H

Name (as shown in NRIC): \_\_\_\_\_ NRIC/FIN/Passport No: \_\_\_\_\_

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

**(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:

Amend to 3rd Party

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nasser

Policyholder / Driver's Signature  
Date:



07 OCT 2024

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



**SINGAPORE  
POLICE FORCE**  
SAFEGUARDING EVERY DAY

## CASE CARD

Report Number :

F/20241005/6084

Classification :

AB Service

Actions Taken

☐ Advised to seek assistance from State Courts

☐ Advised to seek community mediation

☐ For further investigation (please turn overleaf)

☐ Others: \_\_\_\_\_

For queries, please contact:

IC:

AZOA Ahmad

TEL:

62181348

IBCC: 62181343

Abdi / lah

Email: SPF\_F\_Div\_Invest\_Branch@spf.gov.sg NP319E (2019)