# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NOORIN BINTE AHMAD NRIC No SXXXX151B Fmail 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

CC 1969 Vehicle Fuel

First Regisration 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 Driving License Validity Valid Driving experience 36 YEARS AND 3 MONTHS Gender 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? 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 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) 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

No

Was there any video captured by Car Camera?

### **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

#### 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.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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' 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.

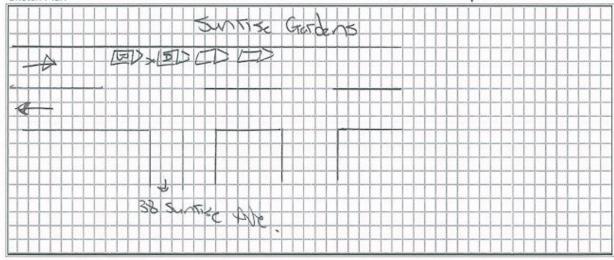
7/10/24
Policyholder's Signature / Date & Time

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

07 OCT 2024

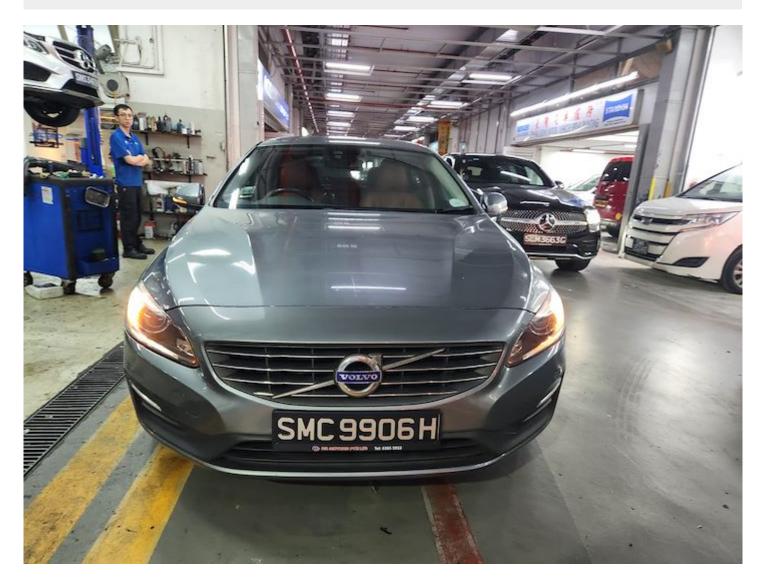
Witnessed by Regord of Centre Personnel (Name as in NRIC/IO card)

Sketch Plan

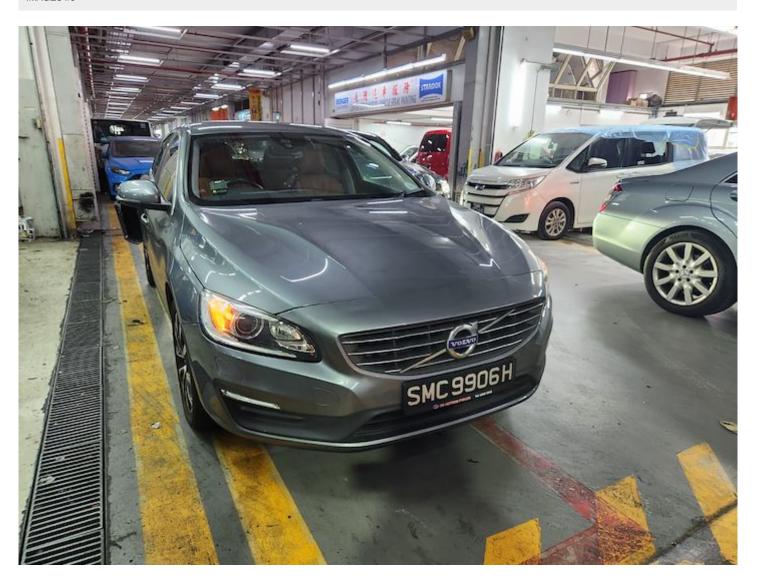


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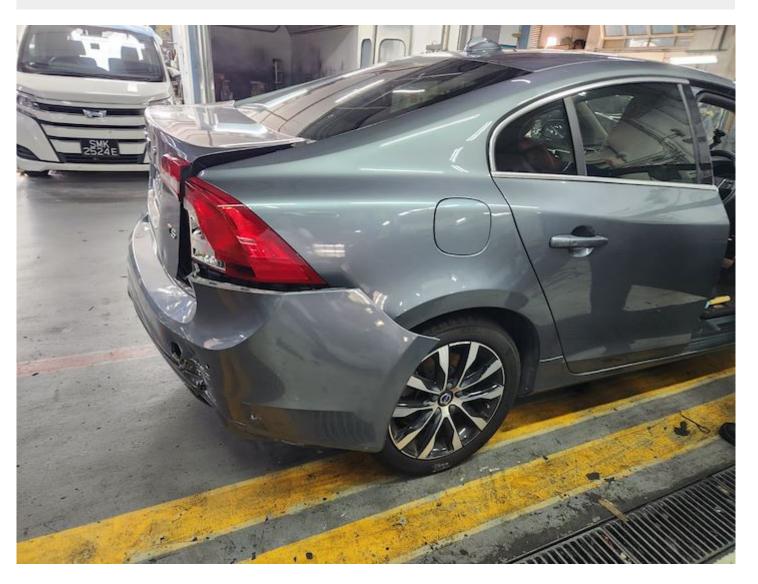
escribe Circumstance of the Accident	
DATE OF ACCIDENT: 51.024	TIME OF ACCIDENT: 1030HR <
DATE OF ACCIDENT: 5/024 VEH ASON 299067 VEH B: 54728786 Vefer to Police Cepsis	VEH C: A) L.
	1
Refer to Joha Cepor	Ť
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*	
	Α.
Declaration	
I/We declare the foregoing particulars are true in every respect.	
and w	
1 dollar	0.7 OCT 20
Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) /	0113
20.15 aw	(Name as in NRIC/ID card)





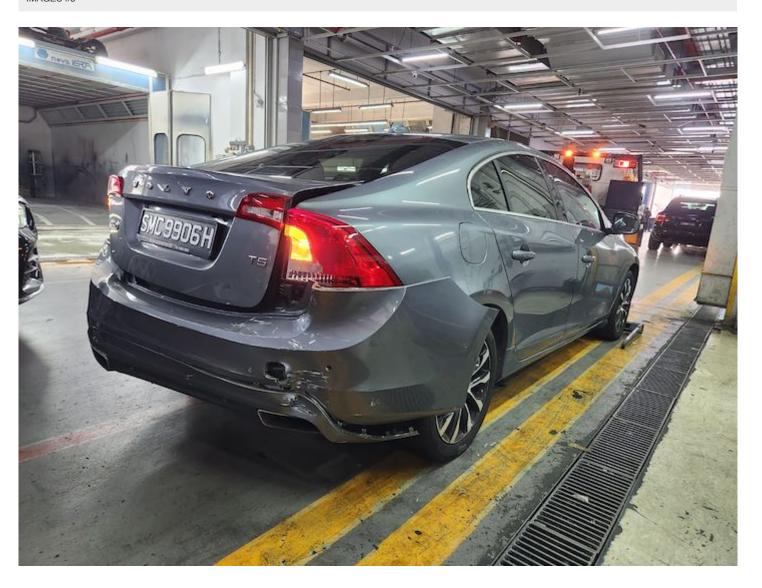




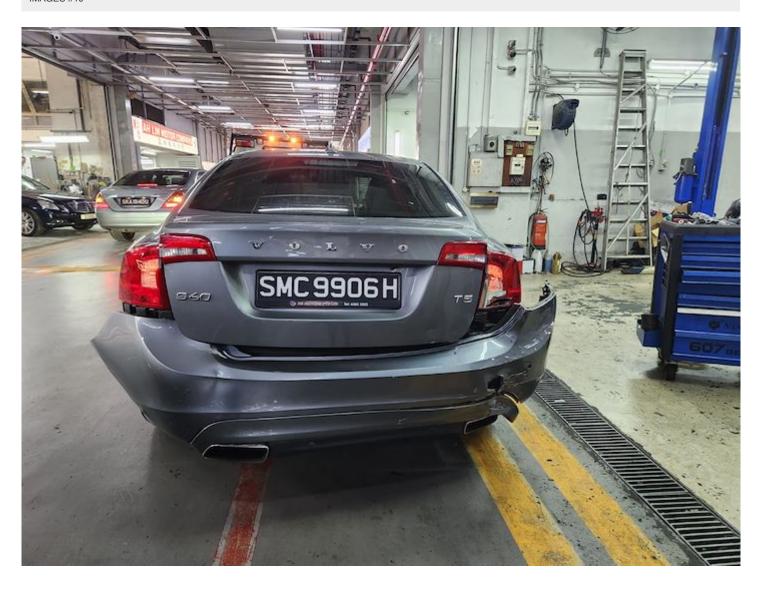




















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241005/7062

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/10/2024 15:22		ade:	Vide Report No.:	Station Diary No.:			
Informant	s Particular	rs					
Name of Informant: Noorin binte Ahmad			Address: 38 SUNRISE AVE LANDED PROPERTY SINGAPORE 806				
	Type / ID No.: Contact No.: Home/Office: Mobile: 91454105			Mobile: 91454105			
Nationality: SINGAPORE CITIZEN		:N	Email: noorin@mtqpemac.com.sg				
Sex: Female			Type of Informant: Vehicle Owner				
Race: Malay			Language: English				
Occupation: Other business services and administration managers			Driving Licence Information: Class: 3	Date of Expiry:			

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 AVENU	F			
20111102111210				
Weather:		Road Surface:		
5.000.0000.0000		Road Surface: Dry		
Sunny			Tr	affic Volume:
Weather: Sunny Traffic Flow: Two Way		Dry	1000	affic Volume: o Traffic
Sunny Traffic Flow: Two Way Type of Collision:	ainst - Parked Vehicle	Dry Traffic Control:	No Ar	

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 Veh	nicle 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



T/20241005/7062

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241005/7062

#### CONTINUATION OF REPORT

Any Pedestrian In	volved: No				
No. of Pedestrians		Use of Pede	estrian	Crossin	g: NA
Vehicle Owner					Market Market St.
Name	Noorin binte Ahmad		ID No		S1613151B
Related Vehicle	SMC9906H (Motor car)		Conta	ct No.	91454105
Hospital/Clinic	NIL		Class Drivin Licens Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days grant	ed Medical Leave (MC) NIL	Degree of I	njury	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 AlO Ahmad Abdillah. Tel 62181348

I was later advised by the Traffic Policeman to tow my car to my authorized workshop.



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



3 of 3 Report No. T/20241005/7062

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/10/2024 15:22
Officer In Charge Of Case: TP / TPIB / KAMALIAH BINTE KAMIS Contact No.: 65476433	Classification Of Case:
NP168	



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

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: SA 1974 A 70003 Vehicle Registration No: 500 Name (as shown in NRIC): \_NRIC/FIN/Passport No: (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate \_\_\_\_\_ Singapore ( Contact (Tel):\_\_\_\_ Mobile No.: \_ Email Address: \_\_\_ \_\_\_\_\_ Time of Accident: \_\_\_\_ Date 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: 0.7 OCT 2024 Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No.:

Date:

Accident report SA1924A70003

GIARMC Addendum Form

