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 05/10/2024 11:48 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 04/10/2024 17:31 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information TOWARDS TUAS BEFORE SPEED CAM Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SNF2655A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NURUL JANNAH BINTE MD LATIFF NRIC No S9215944B Fmail Address NRLJNHH@GMAIL.COM Mobile Phone No (Phone) +65-93365718 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Yaris 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1500 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5139705084-01

DRIVER



Name of Driver NURUL JANNAH BINTE MD LATIFF NRIC No S9215944B Date Of Birth 27/04/1992 Occupation Indoor Driving Pass Date 07/09/2017 Driving License Pass Class Driving License Validity Valid Driving experience 7 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-93365718 Alt. Phone Number Email Address NRLJNHH@GMAIL.COM Address **BLK 357 XING AN RD** Address complement #07-53 Postcode 610357 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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 ATTACH 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	SNP8839U
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)	-

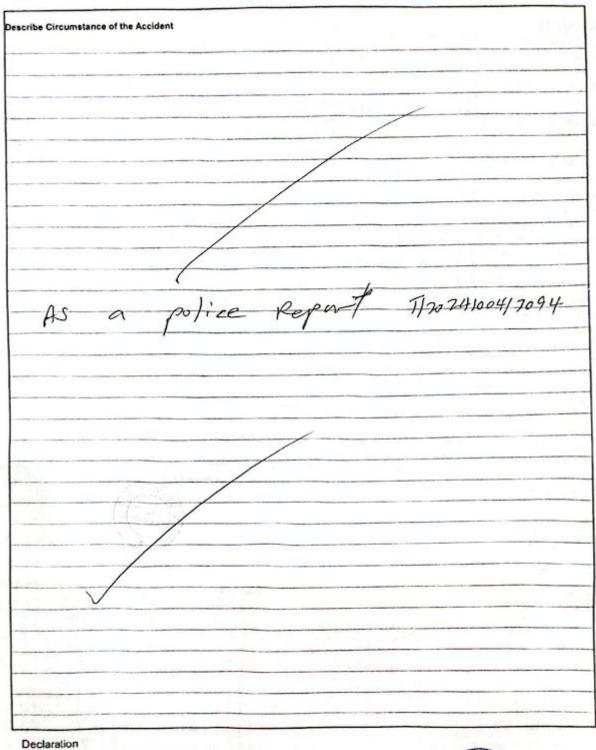
DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDK18U
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	NURUL JANNAH BINTE MD LATIFF Female
Phone No	-
Address	-
Address Complement	-
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SNF2655A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-



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





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



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SKETCH PLAN

IMPORTANT NOTICE

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- 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.

Policyholder's Signature / Date & Time

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

(Name as in NRIC/III

ng Centre Personnel

Sketch Plan

AVE

(Name as in NRIC/ID card)

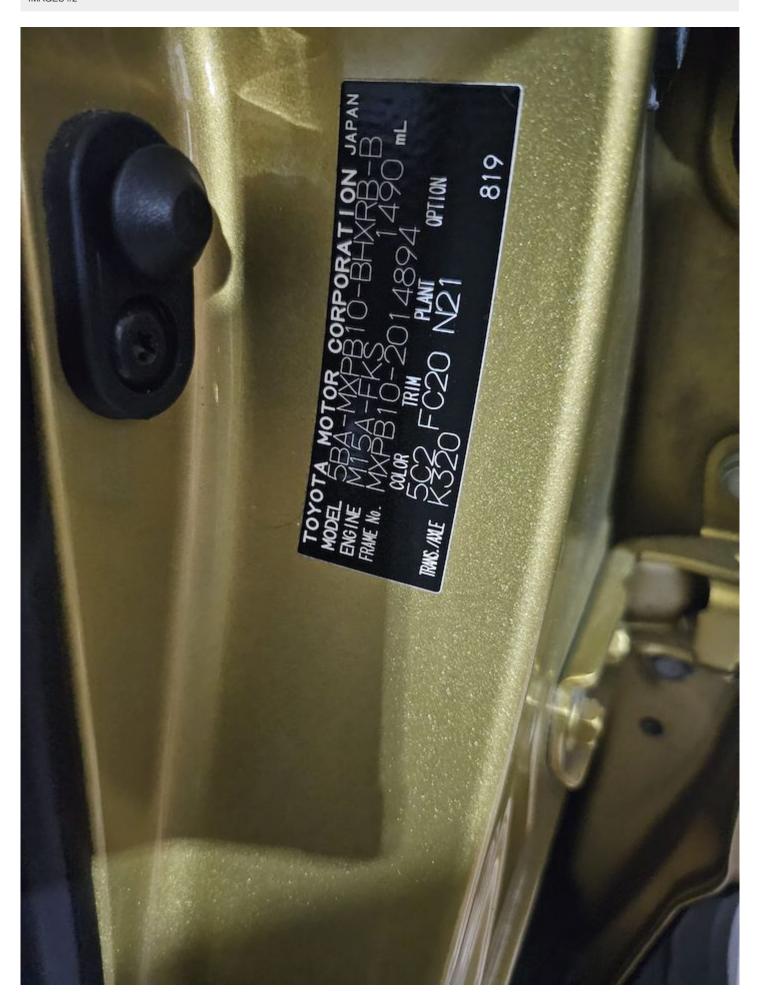
AVE

(Name as in NRIC/ID card)

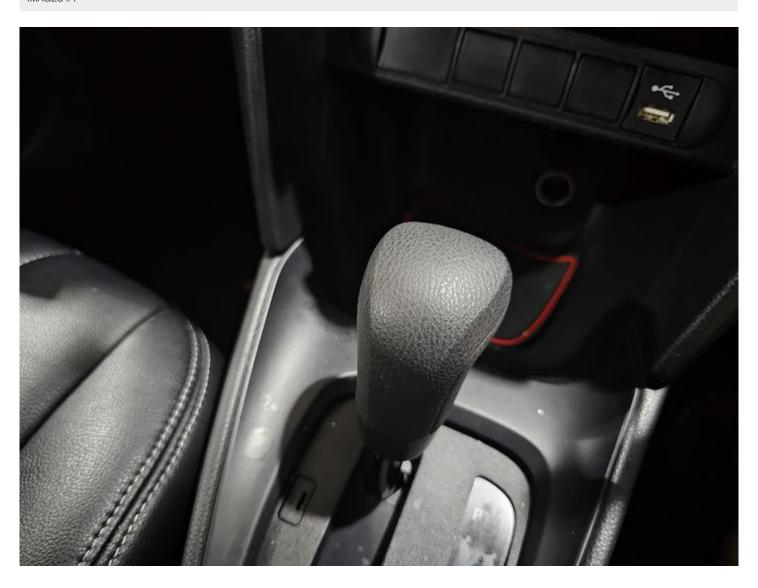
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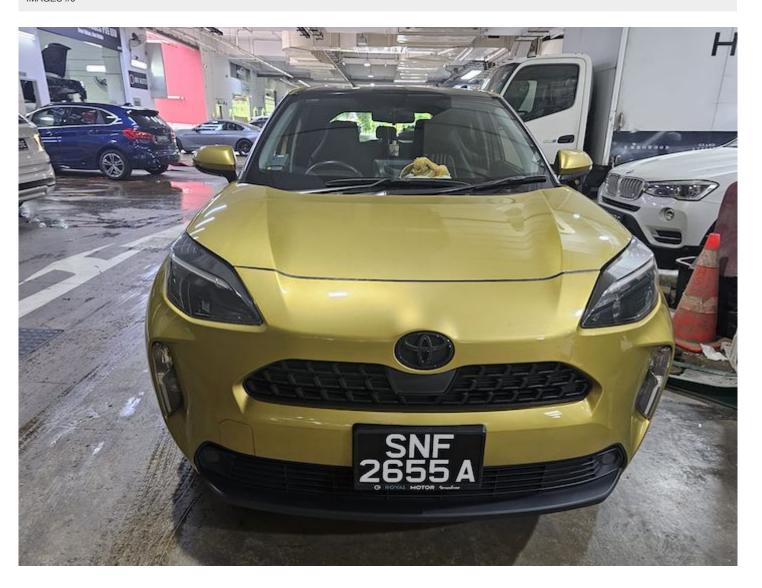






















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 1 of 3 Report No. T/20241004/7094

REPORT OF A TRAFFIC ACCIDENT

Tel No: 65470000

Date/Time Report Made: 04/10/2024 18:57		ide:	Vide Report No.:	Station Diary No.:
Informant	s Particular	3	持一步发展的	ASSESSMENT OF STREET
Name of I		TE MD LATIFF	Address: 357 YUNG AN ROAD #07-53 SINGA	APORE 610357
ID Type / I NRIC NO	ID No.: / S9215944	1B = 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Contact No.: Home/Office:	Mobile: 93365718
Nationality SINGAPO	r: RE CITIZE	N	Email: NRLJNHH@GMAIL.COM	
Sex: Female	Age: 32	Date of Birth: 27/04/1992	Type of Informant: Driver	
Race: Malay			Language: English	1 Jan 12
	Occupation: Hospital/Clinic attendant		Driving Licence Information:	Date of Expiry: 07/09/2017

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/10/2024 17:31	Type of Location: Straight Road
Location: AYE TO TUAS BE Weather: Drizzling	FORE SPEED CAM	Road Surface:		Carl Limboney
	10-10-1	Traffic Control:		affic Volume:
Traffic Flow: One Way		Not Controlled	MC	derate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SDK18U	Motor car	MERCEDES BENZ	EQA	Silver	Slightly Damaged	0
SNF2655A	Motor car	TOYOTA	yarris cross 1.5x	Gold	Seriously Damaged	0
SNP8839U	Motor car	NISSAN		Grey	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
SNF2655A	ntuc income	5139705084-01	25/06/2024	24/06/2025	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241004/7094

CONTINUATION OF REPORT

Any Pedestrian In	volved: No					
			Use of Pedestrian Crossing: NA			
Driver		0.00	E CUESTO	-		
Name	NURUL JANNAH BINTE MD LATIFF			ID No		S9215944B
Related Vehicle	SNF2655A (Motor car)			Conta	ct No.	93365718
Hospital/Clinic	FAMILY DOCTORS AT 365			Class Drivin Licen Expin	g	Class: 3A Date of Expiry: 07/09/2017
Date Treatment	04/10/2024 Date			narge	04/10	/2024
No. of Days grant	ed Medical Leave (MC)	NIL	Degree of	Injury	Slight	

Brief Details.

The car in front of me had jammed brake but i was able to brake way ahead. However, when i looked at my rear mirror, car (SNP8839U) was not braking and was driving fast. I inched forward to avoid collision but had to brake as the traffic ahead was still at a standstill. Eventually, SNP8839U collided with my car rear (SNF2655A). SDK18U collided with SNP8839U rear, right after, creating a chain collision.

We have taken each other's particulars but SDK18U was not able to provide her driving license due to issues with her SINGPASS.

SDK18U: Lee Zhi Hui, S9346959C, 81981372 SNP8839U: Heng Zi Jun, S7930488C, 94552604

I am writing this report as driver of SNP8839U is unable to confirm about settlement (insurance/private), as the car driven was a rental car from Tan Chong Car Rentals.

Thank you



T/20241004/7094

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20241004/7094

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: 04/10/2024 18:57
Officer In Charge Of Case: TP / AEIT / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:
This report is lodged at Jurong West NPC Kiosk 1	

NP168