

## 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 .....	25/06/2024 17:11 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	24/06/2024 18:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNJ7491B
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NADIA BINTE IDRIS
NRIC No .....	SXXXX141D
Email Address .....	naya667@hotmail.com
Mobile Phone No .....	(Phone) +65-88920769
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
Variant .....	HONDA / VEZEL1.5G CVT
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 .....	1496

#### INSURANCE COMPANY

Name of Insurance Company .....	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number .....	-

#### DRIVER

Name of Driver .....	NADIA BINTE IDRIS
NRIC No .....	SXXXX141D
Date Of Birth .....	02/07/1986
Occupation .....	Indoor

Driving Pass Date .....	23/11/2009
Driving experience .....	14 YEARS AND 7 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-88920769
Alt. Phone Number .....	-
Email Address .....	naya667@hotmail.com
Address .....	111B PLANTATION CRESCENT #09-524 SPORE 692111
Address complement .....	-
Postcode .....	-
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 .....	Side Swipe
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? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	-

#### PASSENGER 1

Name .....	ADAM LAU
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN/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 .....	XE5949U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods 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 .....	NADIA BINTE IDRIS
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNJ7491B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	ADAM LAU
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNJ7491B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN




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5. Any false reporting may be referred to the Police for investigation.
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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.
8. **Consent under the Personal Data Protection Act (PDPA)**

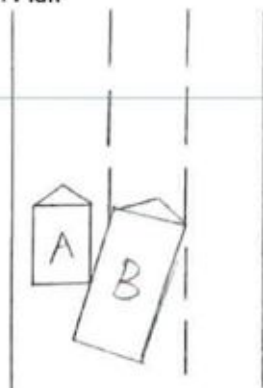
I understand, acknowledge, agree and consent that :

(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 & Time	 Witnessed by Reporting Centre Personnel
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## Sketch Plan



PIE

A= SNJ 7491B

B= XE 5949U

**Describe Circumstances of the Accident**

Please refer to the police report

T/20240624/2126

*[Signature]*

**Declaration**

We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel











































# SINGAPORE POLICE FORCE



T/20240624/2126

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Report No. T/20240624/2126

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2024 21:40	Vide Report No.:	Station Diary No.: 231
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## Informant's Particulars

Name of Informant: NADIA BINTE IDRIS	Address: 111B PLANTATION CRESCENT #09-524 SINGAPORE 692111		
ID Type / ID No.: NRIC NO / S8617141D	Contact No.:	Mobile: 88920769	
Nationality:	Home/Office:	Email: NAYA667@HOTMAIL.COM	
Sex: Female	Age: 37	Date of Birth: 02/07/1986	Type of Informant: Driver
Race: Chinese	Language:		
Occupation: Personnel/Human resource officer	Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

General Information of the Accident		Drink Drive: No	Date/Time of Accident: 24/06/2024 18:50	Type of Location: Straight Road
Type of Accident:	Injury Others			
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNJ7491B	Motor car	HONDA	VEZEL	Grey	Slightly Damaged	1
XE5949U	Lorry			White		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# SINGAPORE POLICE FORCE



T/20240624/2126

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20240624/2126

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNJ7491B	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/01435667	22/02/2024	21/02/2025

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NADIA BINTE IDRIS	ID No.	S8617141D
Related Vehicle	SNJ7491B (Motor car)	Contact No.	88920769
Hospital/Clinic	ProHealth Medical Group@Bukit Batok	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	01	Degree of	Slight

Driver			
Name	ADAM LAU	ID No.	T2124465H
Related Vehicle	SNJ7491B (Motor car)	Contact No.	NIL
Hospital/Clinic	ProHealth Medical Group@Bukit Batok	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	Slight

Driver			
Name	SUBRAMANIAN RAMAKRISHNAN	ID No.	G7868080L
Related Vehicle	XE5949U (Lorry)	Contact No.	87823262
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





**SINGAPORE  
POLICE FORCE**



T/20240624/2126

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Report No. T/20240624/2126

**CONTINUATION OF REPORT**

**Brief Details.**

On 24.06.2024 at about 1850 - 1900hrs, I was driving my vehicle; SNJ7491B along PIE (Changi) on the extreme left lane before Jurong Town Hall Road exit. Before I could exit onto the said road, a lorry; XE5949U collided onto the rear right side of my vehicle. After the incident, we exchanged particulars and continued with our respective journeys.

I went to seek medical treatment and was granted 1 day medical leave. When the accident occurred, my son was seated at the rear passenger seat behind the driver side. My vehicle has build in dash cam for both front and rear.

**SINGAPORE  
POLICE FORCE**

T/20240624/2126

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Report No. T/20240624/2126

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
J /

SR STAFF SGT MOHAMMED  
AMIRULHAFIZ BIN RAMLAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/06/2024 21:40

Officer In Charge Of Case:  
TP / AEIT /  
INSP (1) NORA BTE BACHOK  
Contact No.: 65476172

Classification Of Case:

NP168