

### 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 Authorised 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 ability.
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 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 Report	01/02/2017 14:48
Date Of Accident	29/01/2017 14:10
Exact Location Of Accident	JALAN BUKIT MERAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJS6751H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EZZUDDIN BIN ABDUL MUTTALIP
NRIC No	S8540499G
Email Address	dinisllove@gmail.com
Mobile Phone No	(LOCAL) +65-97456124
Alternative Phone No	Office-90406759
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	FIT-1.3 G (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car
<b>Insurance Company</b>	
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5061368808-03
Cover Note Number	
<b>Driver</b>	
Name of Driver	AINISHIKIN BINTE SAIARI
NRIC No	S8420246J
Date Of Birth	06/07/1984
Occupation	Indoor
Date Of Driving Pass	10/10/2007
Driving Experience	9 Years And 3 Months
Gender	Female
Mobile Number	(Local) +65-90406759
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 329A ANCHORVALE STREET #12-501
Postcode	541329
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Spouse
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Unknown - REFER SKETCH PLAN
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	Yes
Foreign Vehicle Registration Number	JJP1826 (Private Car)
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	No
Number of Passengers (Including Driver)	4

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Tiong Bahru Neighbourhood Police Post
Police Station Address	ROAD: Blk 128 Kim Tian Road #01-123/ 125 , POSTCODE: 160128 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED POLICE REPORT NO. T/20170129/2040

#### Attachment(s)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9848L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ENG SJIN FUI
NRIC/Passport Number	S2161057G
Contact Number	91182008
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	

Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

JJP1826

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

YO MING CHAN

NRIC/Passport Number

850613015653

Contact Number

93892956

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

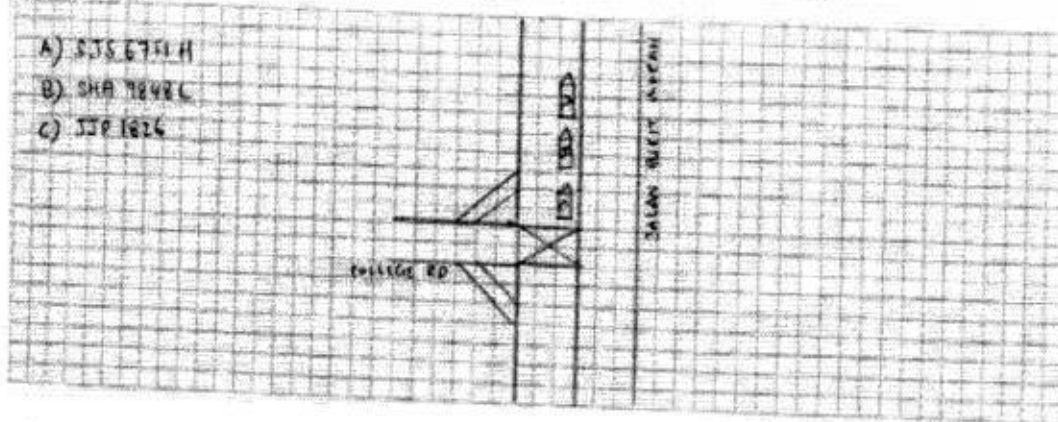
1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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

### Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

Refer to attached police report No T/20170129/2040

Declaration

We declare the foregoing particulars are true in every respect.

dlr 01/02/17  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

dlr  
Witnessed by Reporting Centre Personnel



Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

Report No. T/20170129/2040

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2017 15:25	Vide Report No.:	Station Diary No.: 23
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## Informant's Particulars

Name of Informant: AINISHIKIN BINTE SAIARI			Address: APT BLK 329A ANCHORVALE STREET #12-501 SINGAPORE 541329	
ID Type / ID No.: NRIC NO / S8420246J			Contact No.: Home/Office: Mobile: 90406759	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 32	Date of Birth: 06/07/1984	Type of Informant: Driver	
Race: Javanese			Language: English	Institution / School Name:
Occupation: ADMIN STAFF			Driving Licence Information: Class: 3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/01/2017 14:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JALAN BUKIT MERAH KAMPONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 10 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SHA9848L	Car				Slightly Damaged	1
SJS6751H	Car				Slightly Damaged	3

## Details of Person Involved

Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				



Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

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Report No. T/20170129/2040

## CONTINUATION OF REPORT

Driver				
Name	AINISHIKIN BINTE SAIARI		ID No.	S8420246J
Related Vehicle	NIL		Contact No.	90406759
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	NIL	Degree of Injury	NIL	

**Brief Details.**

On the above mentioned date time and location, my vehicle SJS 6751H was positioned on lane 1 along Jalan Bukit Merah towards to New Bridge road. I was stationary waiting to turn right into Kampong Bahru road to proceed to Telok Blangah Rise. I was waiting about 100 meters away from the junction to turn right. 1 Cab SHA9848L was waiting behind me. The cab SHA9848L hit onto the rear of my vehicle. There were damages to my vehicle. The driver of the said cab told me that the Malaysian Honda CRV vehicle JJP 1826 hit onto his rear and the impact caused his cab to move forward and hit onto my vehicle. I am lodging this report for insurance claims. That is all. The particulars of the drivers of the other vehicles will be as follows:

P1) Eng Sjin Ful  
S2161057G  
contact: 91182008  
Driver of Cab SHA9848L

P2) Yo Ming Chaw  
Malaysian ID 85061305653  
contact: 93892956  
Driver of car JJP 1826



Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

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Report No. T/20170129/2040

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
A /  
Staff Sgt LETCHUMANAN PUVANESWARAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Sr Staff Sgt ESTHER CHONG  
Contact No.: 65476368

Authentication Stamp  
NP168



Signature

Singapore Police Force

Signature Of Informant:

Date/Time:  
29/01/2017 15:25

Classification Of Case: