

## 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	16/11/2017 09:36
Date Of Accident	11/11/2017 18:35
Exact Location Of Accident	UPP SERANGOON RD TWDS SERANGOON CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR1916M
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#### Insured/Policyholder

Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97481150

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

#### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ17-000185
Cover Note Number	-

#### Driver

Name of Driver	NORLIZA BINTE ABDUL SHUKOR
NRIC No	S7013404G
Date Of Birth	01/05/1970
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2003
Driving Experience	14 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91180861
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 123A RIVERVALE DR #03-125
Postcode	541123
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	2

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	<b>ROAD:</b> 21A TEBING LANE , <b>POSTCODE:</b> 828837 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SFV5078G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	

Email Address

#### DETAILS OF INJURED PERSON 1

Name	NORLIZA BINTE ABDUL SHUKOR
Approximate Age	
Injuries Sustain	CHEST AND LEFT ARM
Injured person in which vehicle?	SJR1916M
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	PASSENGER
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJR1916M
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



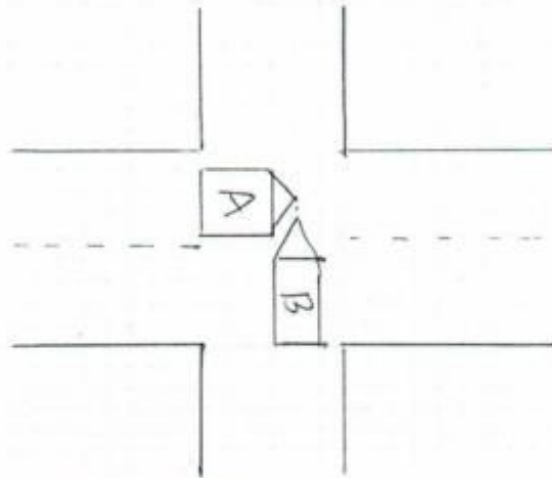
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

## DECLARATION

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

Policyholder Signature  
Date & Time

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

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20171112/2075

1 of 3

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20171112/2075

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/11/2017 16:41	Vide Report No.:	Station Diary No.: 31
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### Informant's Particulars

Name of Informant: NORLIZA BINTE ABDUL SHUKOR			Address: APT BLK 123A RIVERVALE DRIVE #03-125 SINGAPORE 541123	
ID Type / ID No.: NRIC NO / S7013404G			Contact No.: Home/Office:	Mobile: 91180861
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 47	Date of Birth: 01/05/1970	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: EXECUTIVE ASSISTANT			Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/11/2017 18:35	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 UPPER SERANGOON ROAD SERANGOON CENTRAL				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFV5078G	Car	HONDA	CIVIC	Brown	Seriously Damaged	1
SJR1916M	Car	MITSUBISHI	Lancer	White	Seriously Damaged	1

### Details of Person Involved

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



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20171112/2075

2 of 3

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20171112/2075

## CONTINUATION OF REPORT

Driver			
Name	NORLIZA BINTE ABDUL SHUKOR	ID No.	S7013404G
Related Vehicle	SJR1916M (Car)	Contact No.	91180861
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	NIL	Degree of Injury	Slight

### Brief Details.

On 11.11.2017 at about 1835hrs, I was driving my white colour Mitsubishi Lancer registration number SJR1916M at along Upper Serangoon Road going towards Serangoon Central. I was driving at the extreme left lane of a three lane road. At that juncture, When I was approaching the traffic cross junction, I noticed that the traffic light was red thus I stop before the stop line waiting for the traffic light to turn green. After the traffic light turned green in my favour, I drove off. Out of a sudden, a brown colour Honda Civic registration number SFV 5078G collided onto my car. I did not know from where the said driver came from. Due to the collision, it had cause my car to turn, the driver airbag activated and smoke seen coming out from the front of my car. I was in a state of shocked. I heard my passenger was screaming in pain. I felt pain on my chest and left arm. Later an unknown male Malay namely Shah Hp: 93621664 to my aid. He managed to get my passenger out from my car. I remained in my car to compose myself. Subsequently the other driver came and asked whether I need help. Thereafter I walked it off and sat at the nearby kerb. After which the ambulance came and I was conveyed to Tan Tock Seng Hospital. I was given five days of outpatient sick leave from 12.11.2017 to 16.11.2017.

*[Signature]*  
S7013404G  
12.11.17

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999



T/20171112/2075

3 of 3

Report No. T/20171112/2075

## 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:  
F /  
Sr Staff Sgt MUHAMMAD RAINI BIN RIFFIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/11/2017 16:41

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt NORASHIKIN BINTE DAUD  
Contact No.: 65476439

Classification Of Case:

Authentication Stamp  
NP168



Signature:

Singapore Police Force





**Tan Tock Seng Hospital**  
11 Jalan Tan Tock Seng, Singapore 308433  
TEL: (65) 6256 6011

**MEDICAL CERTIFICATE**

**ORIGINAL**

**TTS17256134**

**NAME:** NORLIZA BINTE ABDUL SHUKOR

**NRIC:** S7013404G

**Type of Medical Leave granted : OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **5** day(s) from **12-Nov-2017** to **16-Nov-2017** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **11-Nov-2017 19:55** to **11-Nov-2017 23:10**

**11-Nov-2017**  
Date

**GARY LOUIE A.N. (10520A)**  
Issued by

**Emergency Department**  
Location

A member of National Healthcare Group  
Assessing presence of contagious illness

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

