

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	14/11/2017 13:23
Date Of Accident	14/11/2017 06:40
Exact Location Of Accident	JURONG WEST ST 71 TWDS JURONG WEST ST 61
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJR7795E
Insured/Policyholder	
Name Of Registered Owner	MARWATEE BTE AHMADRAWI
NRIC No	S8434227J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92352105
Alternative Phone No	OTHERS-92352105
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5049503125-06 (DRIVO CLASSIC)
Cover Note Number	
Driver	
Name of Driver	MASRUDI BIN ALI HASSAN
NRIC No	S7834540C
Date Of Birth	01/12/1978
Occupation	OUTDOOR
Date Of Driving Pass	09/04/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92352105
Fax Number	
Contact Number	OTHERS-92352105
Email Address	NOEMAIL

Address	BLK 823 JURONG WEST STREET 81 #05-474
Postcode	640823
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - COUSIN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	RAINING
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 [OTHER]	NANYANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20171114/2035 ATTACHED. (ATTENDED BY CHRISTINA)

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	SLQ1398P
Vehicle Make/Model/Colour	TOYOTA WISH / WHITE
Details Of Properties	
Name of Driver	AW CHEOW TEE
NRIC/Passport Number	S0166983D
Contact Number	96643897
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	PC704Y
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Vehicle Make/Model/Colour	BUS
Details Of Properties	
Name of Driver	RAMANATHAN LAKSHMI KANDAN BHARATHI RAJ
NRIC/Passport Number	S7981325G
Contact Number	81148441
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	MASRUDI BIN ALI HASSAN
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT
Injured person in which vehicle?	SJR7795E
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NETTY ALLYSHA BINTE MASRUDI
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT
Injured person in which vehicle?	SJR7795E
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.



14 NOV 2017

Policyholder's Signature
Date & Time:

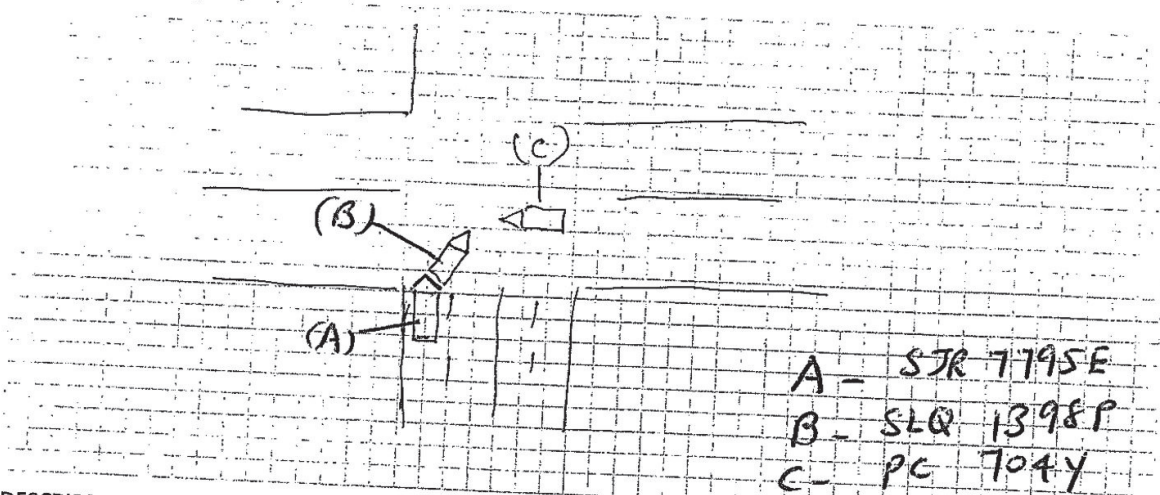
Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC SIN MING (VAC)

385 Sin Ming Drive
Singapore 575718

Report Centre Person's Signature
Tel: 64555556 (ARC) 64555556
Name: 64526621
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DOA - 14/11/17

Large empty lined area for describing the circumstances of the accident.

DECLARATION

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

14 NOV 2017

Policyholder's Signature
 Date & Time:

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

IDAC SIN MING (VAC)
 385 Sin Ming Drive
 Singapore 575718
 Tel: 64555358(ARC), 66975243
 Fax: 64526621
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20171114/2035

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Report No. T/20171114/2035

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
14/11/2017 11:15

Vide Report No.:

Station Diary No.
39

Informant's Particulars

Name of Informant: MASRUDI BIN ALI HASSAN		Address: APT BLK 823 JURONG WEST STREET 81 #05-474 SINGAPORE 640823	
ID Type / ID No.: NRIC NO / S7834540C		Contact No.: Home/Office: Mobile: 92352105	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 01/12/1978	Type of Informant: Driver
Race: Bryanese		Language: English	Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2017 06:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 JURONG WEST STREET 71 JURONG WEST AVENUE 4				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC704Y	Bus/Coach/Mi nibus			White	Slightly Damaged	0
SJR7795E	Car	SUBARU	IMPREZA	White	Slightly Damaged	1
SLQ1398P	Car	TOYOTA	WISH	White	Seriously Damaged	0



**SINGAPORE
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Tel No: 1800-7929999

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Report No. T/20171114/2035

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAMANATHAN LAKSHMI KANDAN BHARATHI RAJ	ID No.	S7981325G
Related Vehicle	PC704Y (Bus/Coach/Minibus)	Contact No.	81148441
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MASRUDI BIN ALI HASSAN	ID No.	S7834540C
Related Vehicle	SJR7795E (Car)	Contact No.	92352105
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3 Date of Expiry: NIL
Date Treatment	14/11/2017	Date Discharge	14/11/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	NETTY ALLYSHA BINTE MASRUDI	ID No.	T0630506C
Related Vehicle	SJR7795E (Car)	Contact No.	NIL
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/11/2017	Date Discharge	14/11/2017
No. of Days granted Medical Leave	01	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20171114/2035

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Tel No: 1800-7929999

Report No. T/20171114/2035

CONTINUATION OF REPORT

Driver			
Name	AW CHEOW TEE		ID No. S0166983D
Related Vehicle	SLQ1398P (Car)		Contact No. 96643897
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 14/11/17 at about 0640hrs, I was driving my car (SJR7795E) along Jurong West St 71 towards Jurong West St.61, on the left lane. I was stationary while waiting for the traffic light to turn green. Suddenly I heard a loud bang and subsequently felt an impact at the front of my car. Another car (SLQ1398P) had been hit by a bus (PC704Y) while making a right turn to Jurong West St 71. The impact from the collision caused the car to hit onto my car. The bus was going straight on Jurong West Ave 4.

I immediately made a check on my daughter. I then made a check on the damages on my car. My car sustained damages on the front right side. I then approached the other drivers to make a check on them and exchange particulars. The car sustained serious damage and had to be towed. No Traffic Police or ambulance was called.

There's in-vehicle camera in my car. After the accident, my daughter and I went to Raffles Medical clinic at Jurong Point for medical treatment. I received 3 days MC for my back pain. My daughter received 1 day MC for her back pain.



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T/20171114/2035

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Report No. T/20171114/2035

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: J/ Staff Sgt NORIMAWATI BINTI ABDULLAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2017 11:15
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:
Authentication Stamp NP168	SN 127
 Signature : _____ Singapore Police Force	