

## 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 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             | 23/02/2018 14:09      |
| Date Of Accident           | 22/02/2018 08:45      |
| Exact Location Of Accident | UPPER EAST COAST ROAD |
| Country/State of Loss      | SINGAPORE             |

### DETAILS OF OWN VEHICLE

|                             |                              |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SLL8781X                     |
| <b>Insured/Policyholder</b> |                              |
| Name Of Registered Owner    | KALTHOM BINTE OSMAN BAMADHAJ |
| NRIC No                     | S0077100G                    |
| Email Address               | LUBY70@YAHOO.COM.SG          |
| Mobile Phone No             | (LOCAL) +65-91801556         |
| Alternative Phone No        | OTHERS-91801556              |

### Vehicle Particulars

|                                                                              |                |
|------------------------------------------------------------------------------|----------------|
| Manufacturer                                                                 | HONDA          |
| Model                                                                        | CIVIC 1.6L 5AT |
| 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             | 5093171580                             |
| Cover Note Number         |                                        |

### Driver

|                      |                            |
|----------------------|----------------------------|
| Name of Driver       | LUBNA BINTE OSMAN BAMADHAJ |
| NRIC No              | S7027436A                  |
| Date Of Birth        | 19/08/1970                 |
| Occupation           | INDOOR                     |
| Date Of Driving Pass | 04/11/1989                 |
| Driving Experience   | 28 YEARS AND 3 MONTHS      |
| Gender               | FEMALE                     |
| Mobile Number        | (LOCAL) +65-91801556       |
| Fax Number           |                            |
| Contact Number       | OTHERS-91801556            |
| Email Address        | LUBY70@YAHOO.COM.SG        |

|                                                     |               |
|-----------------------------------------------------|---------------|
| Address                                             | 20 BILAL LANE |
| Postcode                                            | 469091        |
| Was driver an employee of the Insured's Company     | NO            |
| If No, Relationship of the Driver with the Insured  | SIBLING       |
| Vehicle Registration Number of Driver's Own Vehicle | -             |
|                                                     | -             |
|                                                     | -             |
| Insurance Company of Driver's Own Vehicle           | -             |
|                                                     | -             |
|                                                     | -             |

#### General Information of the Accident

|                    |            |
|--------------------|------------|
| Type Of Accident   | SIDE SWIPE |
| Weather Conditions | CLEAR      |
| Road Surface       | DRY        |

#### Other Information

|                                                                                             |     |
|---------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in this accident?                                          | NO  |
| Number of vehicles involved in the accident                                                 |     |
| Was any body injured in the Accident?                                                       | YES |
| Was any injured conveyed to hospital by ambulance?                                          | 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)                                                     | 1   |

#### Details of Police Action

|                                           |    |
|-------------------------------------------|----|
| Was the accident reported to the police?  | NO |
| If Yes,Please state which Police Station  |    |
| Was notice of intended Prosecution given? | NO |
| If Yes,against whom?                      |    |

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### 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         | SGD3888G       |
| Vehicle Make/Model/Colour           |                |
| Details Of Properties               |                |
| Vehicle Category                    | PRIVATE CAR    |
| Name of Driver                      | CHUA HOON HUAY |
| NRIC/Passport Number                | S6938264I      |
| Contact Number                      | 92379899       |
| Address                             |                |
| Postcode                            |                |
| Insurance Company Name              |                |
| Nature Of Damage                    |                |
| No. Of Passenger (Including Driver) |                |

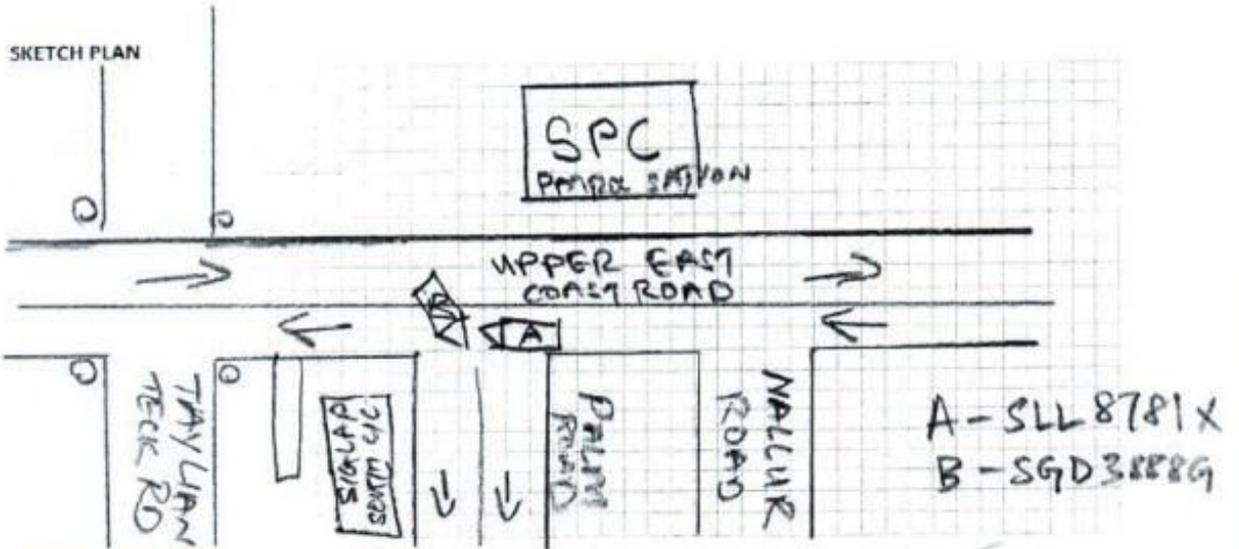
#### DETAILS OF INJURED PERSON 1

|                 |                            |
|-----------------|----------------------------|
| Name            | LUBNA BINTE OSMAN BAMADHAJ |
| Approximate Age |                            |

|                                                     |          |
|-----------------------------------------------------|----------|
| Injuries Sustain                                    | SLIGHT   |
| Injured person in which vehicle?                    | SLL8781X |
| Were seat belts worn?                               | YES      |
| Was this injured conveyed to hospital by ambulance? |          |
| Address                                             |          |
| Postcode                                            |          |



Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*P/s Refer to the Police Report  
T/20180223/2063*

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

*[Signature]* 23/2/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Kemping Glam NPP  
17A Beach Road SINGAPORE 189599  
Tel No: 1800-2969999



T001802230363

2 of 4

Report No: T001802230363

CONTINUATION OF REPORT

|                 |                            |                                        |                                   |
|-----------------|----------------------------|----------------------------------------|-----------------------------------|
| <b>Driver</b>   |                            | ID No.                                 | 509362040                         |
| Name            | CHUA HOON HUAY             | Contact No.                            | 92379899                          |
| Related Vehicle | SGD3688G (Car)             | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Hospital/Clinic | NIL                        | Date Treatment                         | NIL                               |
|                 |                            | Date Discharge                         | NIL                               |
|                 |                            | No. of Days granted Medical Leave      | NIL                               |
|                 |                            | Degree of Injury                       | NIL                               |
| <b>Driver</b>   |                            | ID No.                                 | S7027436A                         |
| Name            | LUBNA BINTE OSMAN BAHADHAJ | Contact No.                            | 91801556                          |
| Related Vehicle | SLL8781X (Car)             | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Hospital/Clinic | RAFFLESMEDICAL             | Date Treatment                         | 23/02/2018                        |
|                 |                            | Date Discharge                         | NIL                               |
|                 |                            | No. of Days granted Medical Leave      | 03                                |
|                 |                            | Degree of Injury                       | Slight                            |

**Brief Details.**  
 On 23/02/2018 at about 0845hrs, I was travelling along Upper East Coast Road with my vehicle SLL8781X. I was travelling at about 50Kmph. I was travelling on the left lane towards Siglap Road. There was about 4-5 vehicles on the right lane as they were waiting to turn right into SPC Petrol Station along Upper East Coast Road.

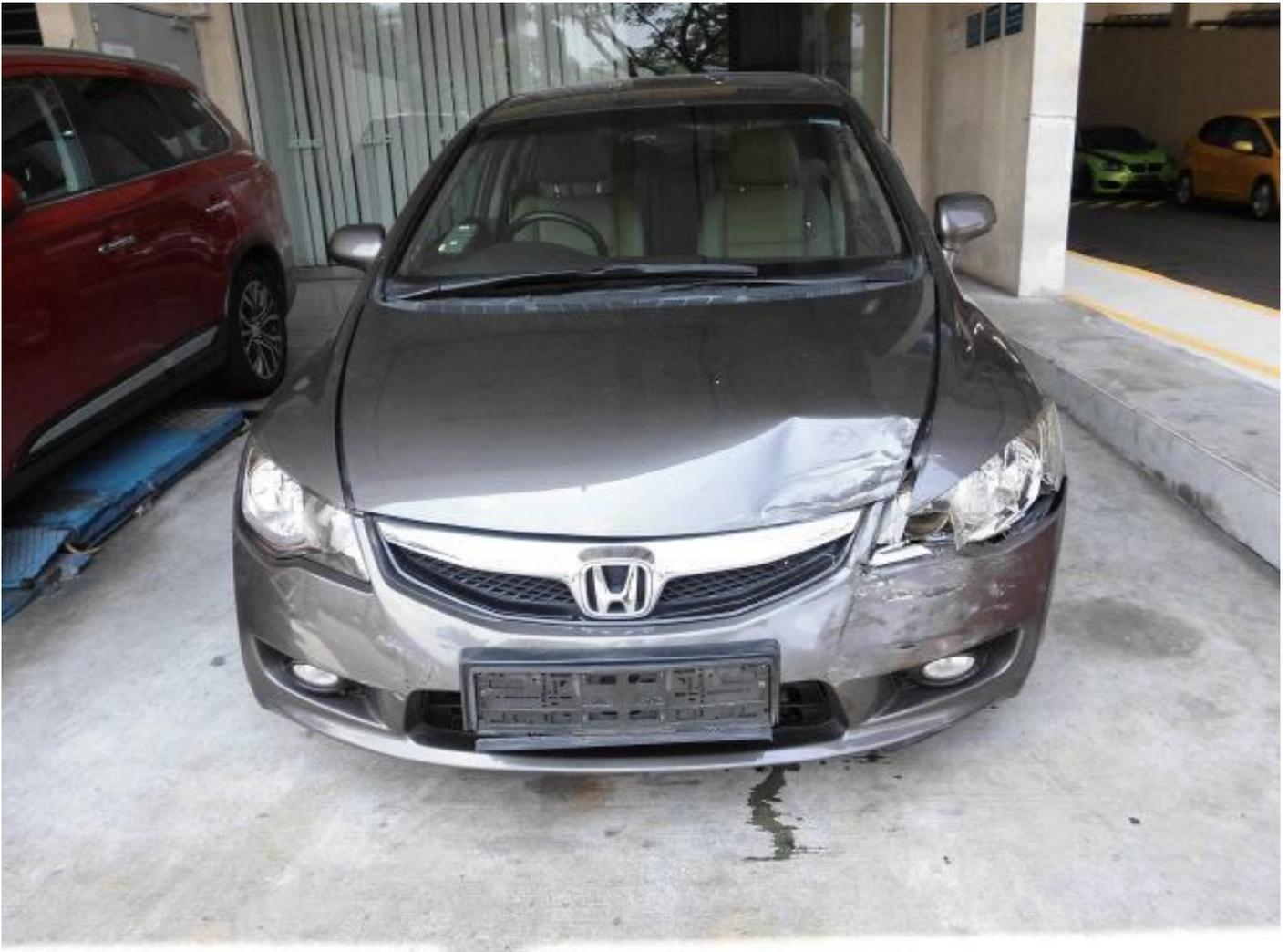
Upon reaching the junction of Palm Road, one vehicle (SGD3688G) suddenly came out of nowhere. The said vehicle (SGD3688G) was trying to turn right into Palm Road from Upper East Coast Road. I could not stop in time as such applied emergency break. As a result, my vehicle swerved to the right and my vehicle's front left collided with her vehicle's rear left. I believed her vision was blocked by the turning vehicles on the first lane and as a result, the accident occurred.

We then stopped our vehicles at Palm Road. We took pictures of the damages and exchanged particulars. At that point of time, there were no serious injuries as such no police or ambulance were called. I felt pain on my left shoulder however I am able to visit the doctor on my own. After exchanging particulars, we left scene.

On 23/02/2018, I decided to go to Raffles Medical for consultation. According to the doctor, I suffered a twist on my left shoulder and was given 3 days medical leave.

I have already lodged a report with IDAC and was advised to lodge a police report.

Accident Photo



Accident Photo



Accident Photo



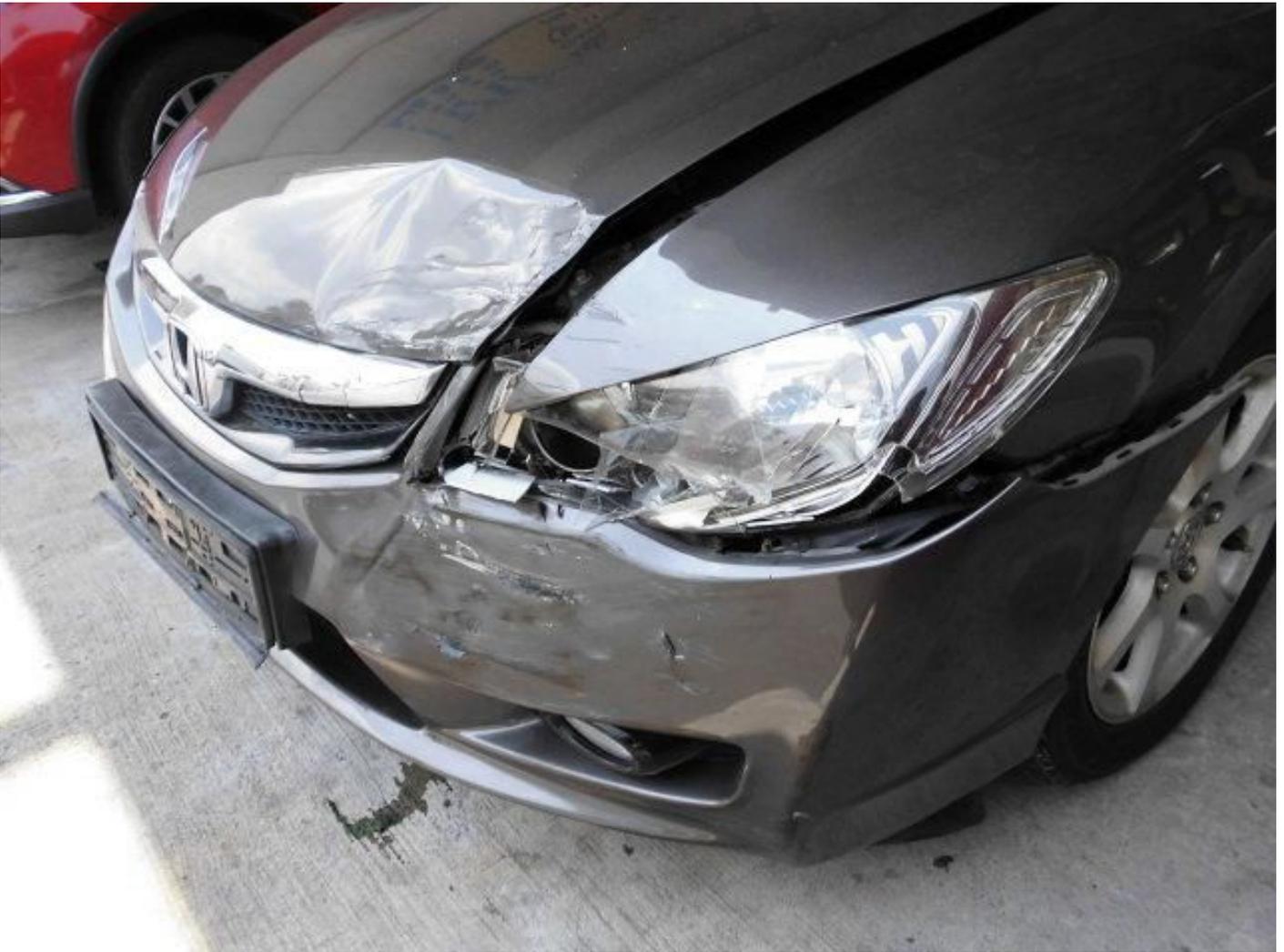
Accident Photo



Accident Photo



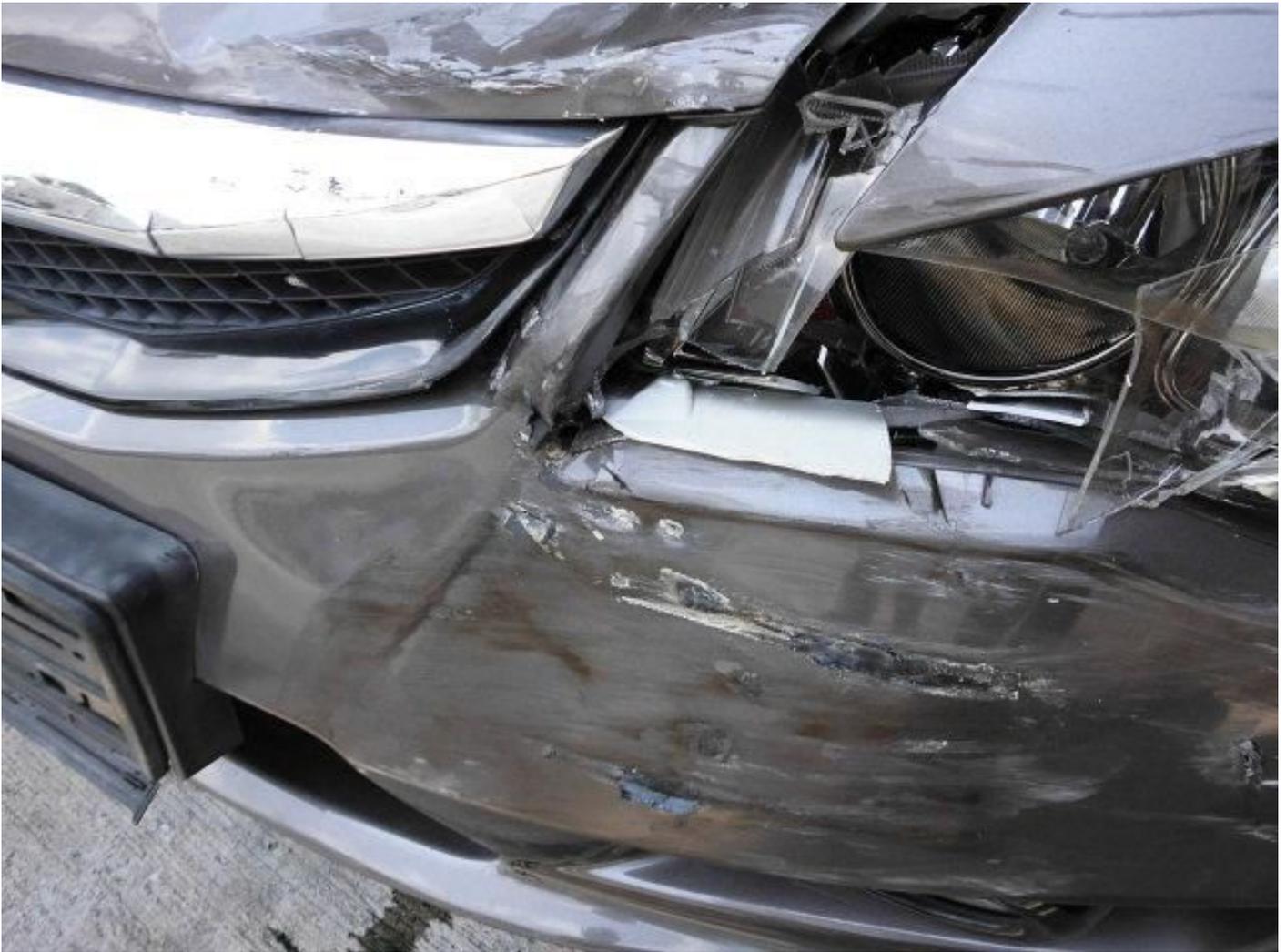
Accident Photo



Accident Photo



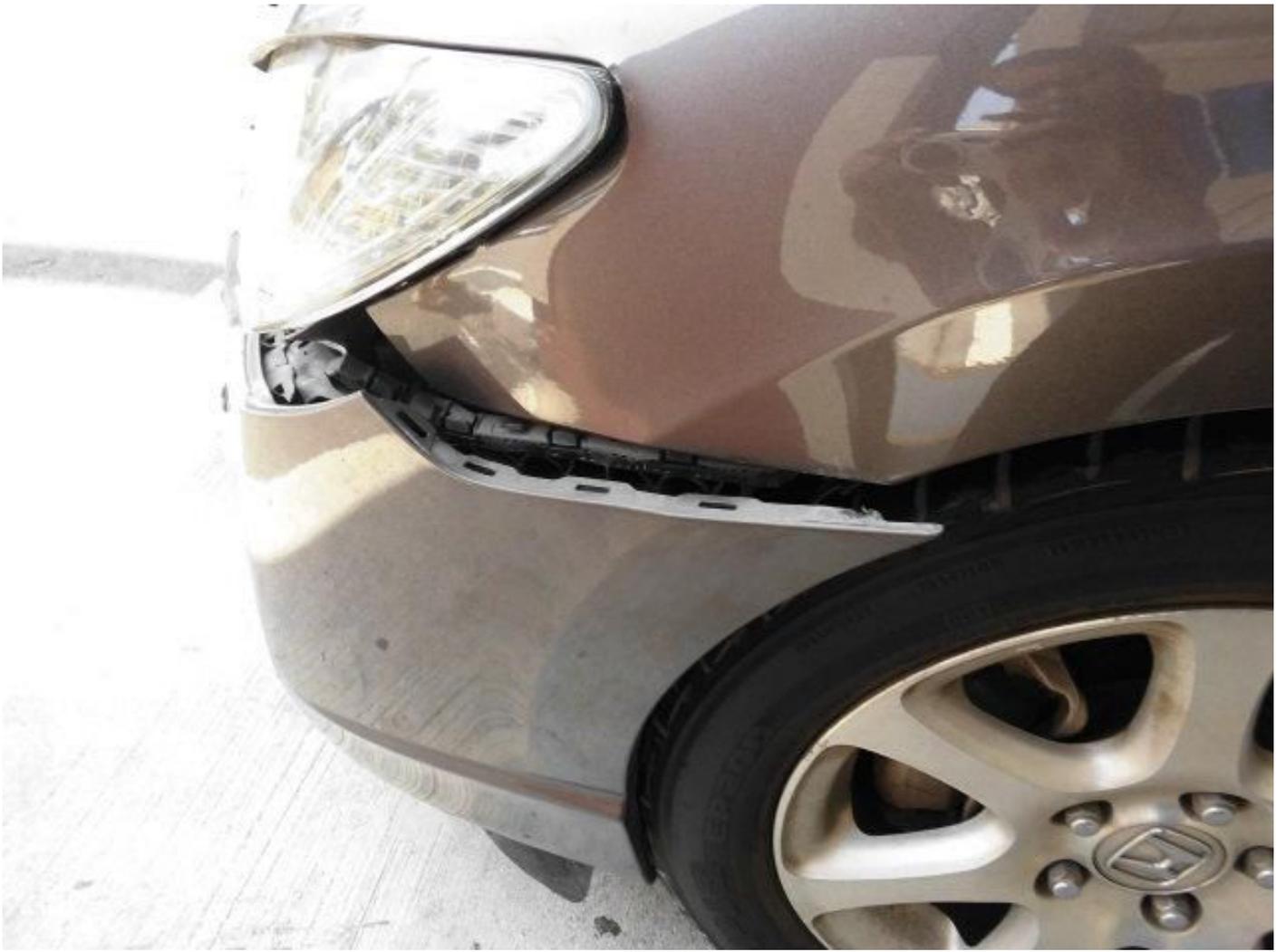
Accident Photo



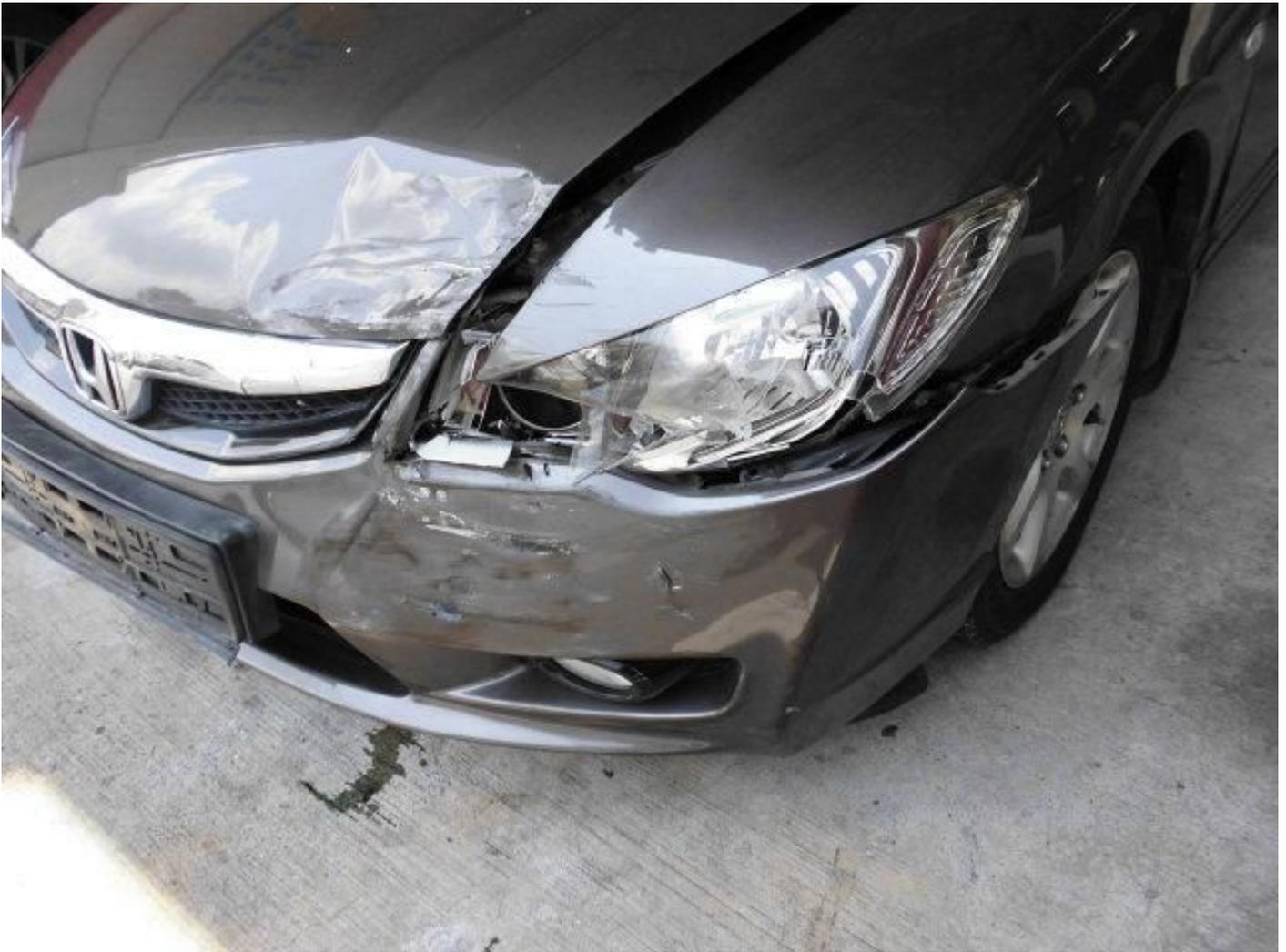
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



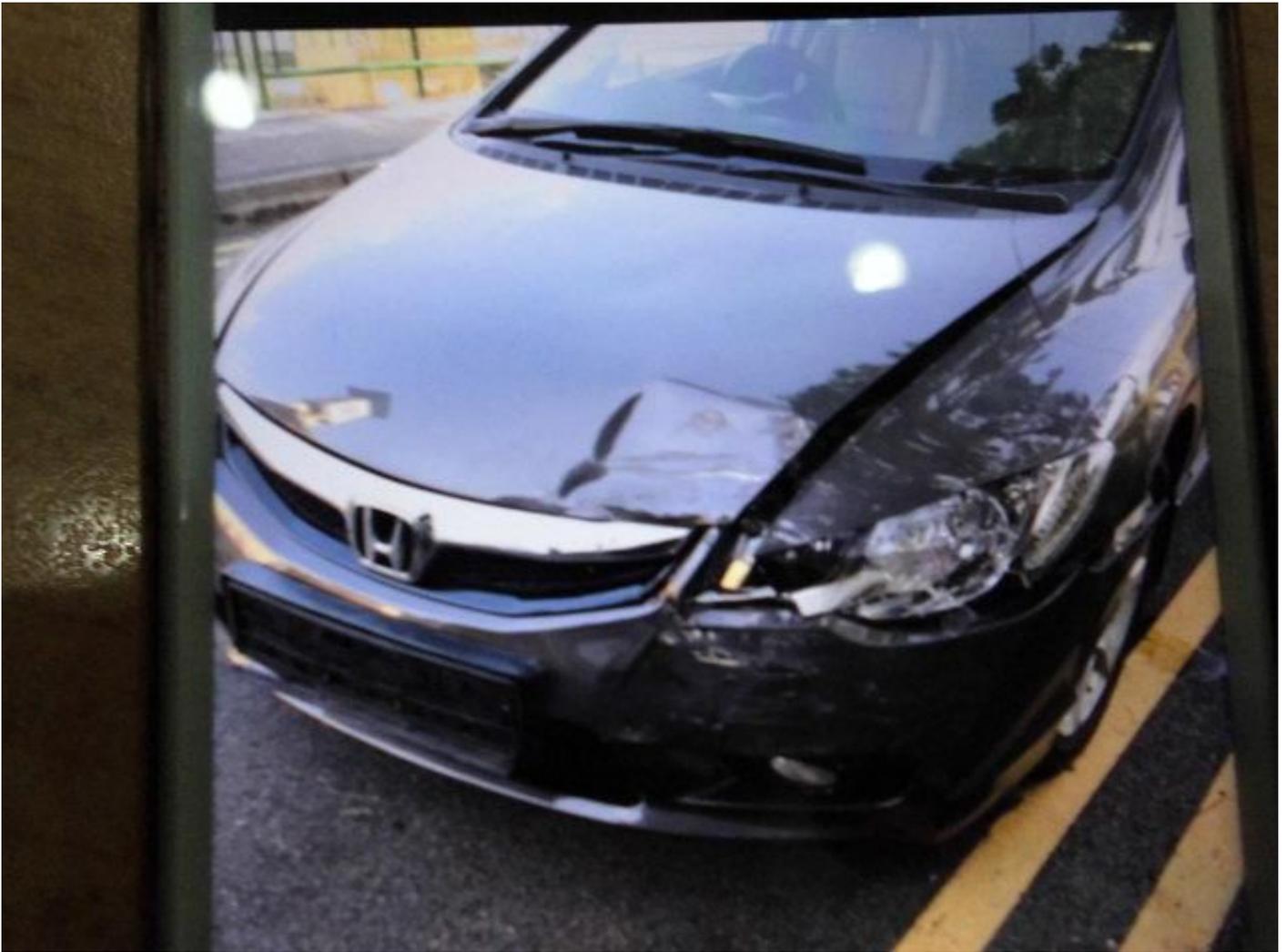
Accident Photo



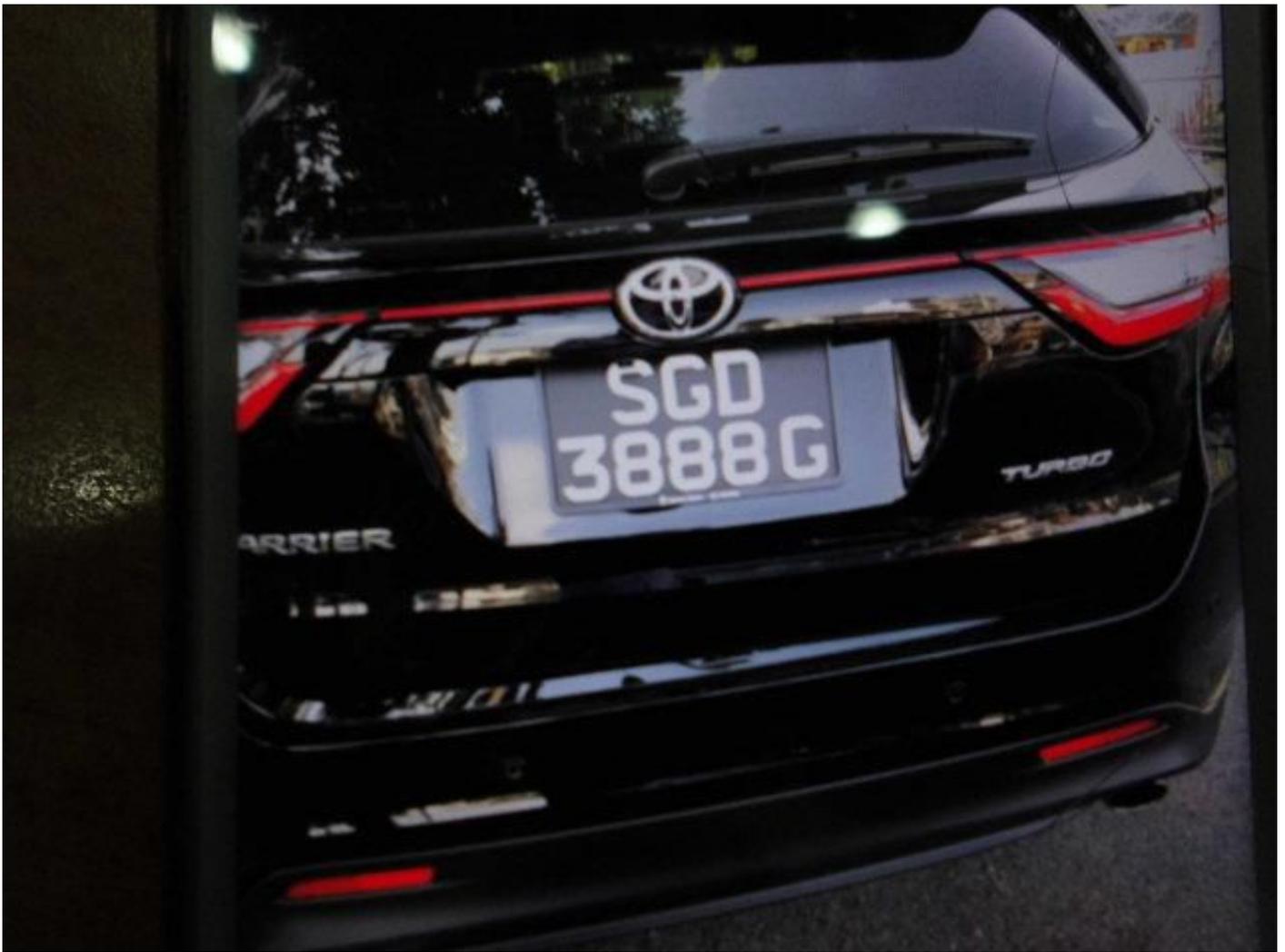
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Raffles Place NYP  
17A Beach Road SINGAPORE 189536  
Tel No: 1800-2588999



1 of 4  
Report No: T201802230001

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/02/2018 13:06      Visit Report No:      Station Diary No: 16

---

**Informant's Particulars**

|                                                 |                            |                                          |                             |
|-------------------------------------------------|----------------------------|------------------------------------------|-----------------------------|
| Name of Informant<br>LUBNA BINTE OSMAN BAKADHAJ |                            | Address<br>20 SELAL LANE SINGAPORE 48021 |                             |
| ID Type / ID No.<br>NRIC NO / S7027436A         | Contact No.<br>Home/Office | Mobile: 91801556                         |                             |
| Nationality<br>SINGAPORE CITIZEN                |                            |                                          |                             |
| Sex<br>Female                                   | Age<br>47                  | Date of Birth<br>19/08/1970              | Type of Informant<br>Driver |
| Race<br>Arab                                    |                            | Language                                 | Institution / School Name:  |
| Occupation<br>SHOPI ASSISTANT                   |                            | Driving Licence Information<br>Class: 3  | Date of Expiry:             |

---

**General Information of the Accident**

|                                                                |                                   |                                           |                                    |
|----------------------------------------------------------------|-----------------------------------|-------------------------------------------|------------------------------------|
| Type of Accident<br>RTVY<br>Others                             | Drive<br>No                       | Date/Time of Accident<br>22/02/2018 08:45 | Type of Location<br>Straight Road  |
| Location<br>Along Road 1<br>UPPER EAST COAST ROAD<br>PALM ROAD |                                   |                                           |                                    |
| Weather<br>Clear                                               | Road Surface<br>Dry               | Road Speed Limit                          |                                    |
| Traffic Flow<br>Two Way                                        | Traffic Control<br>Not Controlled | Traffic Volume<br>Moderate                |                                    |
| Type of Collision<br>Between Moving Vehicles - Head To Rear    |                                   |                                           | Anyone conveyed by ambulance<br>No |

---

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model              | Color | Condition           | No of Passenger |
|-------------|------|--------|--------------------|-------|---------------------|-----------------|
| SOD3880     | Car  | TOYOTA | HARRIER M<br>GRADE | Black | Slightly<br>Damaged | 1               |
| SLL8781X    | Car  | HONDA  | CIVIC 1.6L<br>SAT  | Brown | Slightly<br>Damaged | 0               |

---

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: Nil | Use of Pedestrian Crossing: NA |

Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Kampong Glam NPP  
17A Beach Road SINGAPORE 189596  
Tel No: 1800-2989999



2 of 4  
Report No: 100182232363

CONTINUATION OF REPORT

|                                   |                             |                                        |                                   |
|-----------------------------------|-----------------------------|----------------------------------------|-----------------------------------|
| <b>Driver</b>                     |                             |                                        |                                   |
| Name                              | CHUA HOON HUAY              | ID No.                                 | 509362641                         |
| Related Vehicle                   | S6D3888G (Car)              | Contact No.                            | 92379899                          |
| Hospital/Clinic                   | NIL                         | Class of Driving License & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                         | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                         | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                             |                                        |                                   |
| Name                              | LUBNA BINTE OSMAN BAMBACHAJ | ID No.                                 | 57027435A                         |
| Related Vehicle                   | SLL8781X (Car)              | Contact No.                            | 91801556                          |
| Hospital/Clinic                   | RAFFLES MEDICAL             | Class of Driving License & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | 23/02/2018                  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | 03                          | Degree of Injury                       | Slight                            |

**Brief Details.**  
On 23/02/2018 at about 0845hrs, I was traveling along Upper East Coast Road with my vehicle SLL8781X. I was traveling at about 50km/hr. I was traveling on the left lane towards Siglap Road. There was about 4-5 vehicles on the right lane as they were waiting to turn right into SPC Petrol Station along Upper East Coast Road.

Upon reaching the junction of Palm Road, one vehicle (S6D3888G) suddenly came out of nowhere. The said vehicle (S6D3888G) was trying to turn right into Palm Road from Upper East Coast Road. I could not stop in time as such applied emergency break. As a result, my vehicle swerved to the right and my vehicle's front left collided with her vehicle's rear left. I believed her vision was blocked by the turning vehicles on the first lane and as a result, the accident occurred.

We then stopped our vehicles at Palm Road. We took pictures of the damages and exchanged particulars. At that point of time, there were no serious injuries as such no police or ambulance were called. I felt pain on my left shoulder however I am able to visit the doctor on my own. After exchanging particulars, we left scene.

On 23/02/2018, I decided to go to Raffles Medical for consultation. According to the doctor, I suffered a twist on my left shoulder and was given 3 days medical leave.

I have already lodged a report with IDAC and was advised to lodge a police report.



Police Report

**SINGAPORE POLICE FORCE**  
Police Station Of Origin  
Kampung Glam, 1401  
17A Bras Basah Road SINGAPORE 189558  
Tel No: 1800-2388636

Report No: 1801-189558-001

**Report Form**  
Informant is not able to provide details of case

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you do not have the certificate with you now, please fax a copy to 6547-4885 stating the report number as reference.

|                                                                                             |                                                     |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Signature Of Officer Recording The Report</b><br>A. J.<br>Sgt 2 LOH ZI HAO               | <b>Signature Of Informant</b><br><i>[Signature]</i> |
| <b>Signature Of Interpreter</b><br>Not applicable                                           | <b>Date/Time</b><br>23/08/2018 13:06                |
| <b>Officer In Charge Of Case</b><br>TP / AET /<br>Sgt 2 YEO DA HUAL<br>Contact No: 89478225 | <b>Classification Of Case</b>                       |

**Information Stamp**  
A