

## 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	10/03/2018 15:42
Date Of Accident	10/03/2018 12:30
Exact Location Of Accident	SIMS WAY / GEYLANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB2548H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMAD NOR BIN MOHAMAD
NRIC No	S1754105F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96621423
Alternative Phone No	OTHERS-96621423

### Vehicle Particulars

Manufacturer	PROTON
Model	SAGA 1.3L MT M-LINE AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	
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	5082146946-01 CLASSIC
Cover Note Number	

### Driver

Name of Driver	SITIZALIAH BINTI ARSAT
NRIC No	S1823479C
Date Of Birth	30/09/1967
Occupation	INDOOR
Date Of Driving Pass	11/04/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96452602
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 33 #20-07 BALAM ROAD
Postcode	370033
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	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	2
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)	2
Passenger 1	NAME: : NOR'AINI BTE SAAUDI GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 54 PIPIT ROAD #01-82/84 , <b>POSTCODE:</b> 370054 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7449999 - <b>FAX NO:</b> 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

### 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	SJR7338S
Vehicle Make/Model/Colour	HYUNDAI HD AVANTE 1.6 A S/R
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM THIAM JOO
NRIC/Passport Number	S1754883B
Contact Number	92385152
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name SITIZALIHAN BINTI ARSAT

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKB2548H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name NOR'AINI BTE SAAUDI (PASSENGER)

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKB2548H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

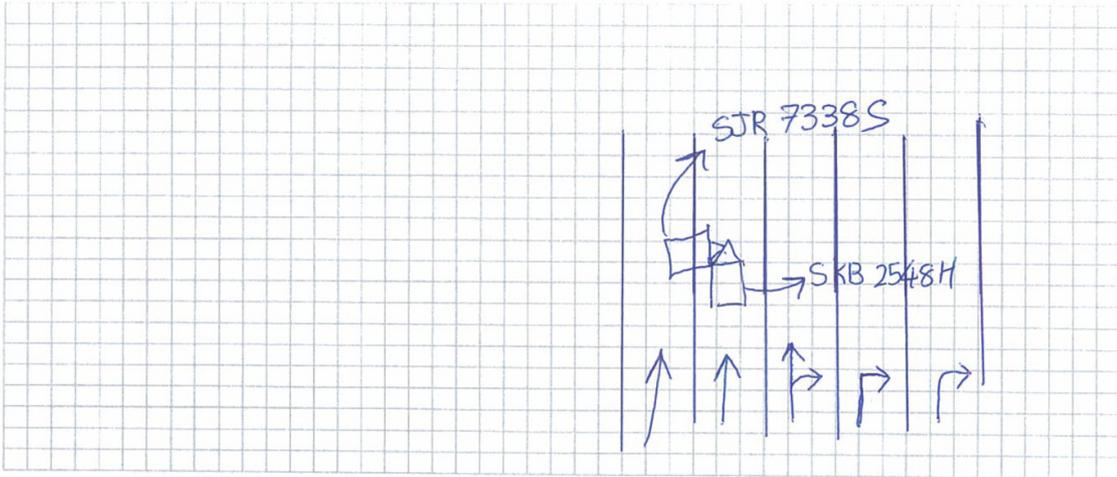
Policyholder's Signature: \_\_\_\_\_  
 Date & Time: \_\_\_\_\_

Driver's Signature:   
 (If driver is not the policyholder)  
 Date & Time: **10 MAR 2018**

**IDAC KAKI BUKIT (VAC)**  
 23 Kaki Bukit Ave 4  
 Singapore 415933  
 Tel: 67416697 Fax: 67492305  
 Email: [crackb@singnet.com.sg](mailto:crackb@singnet.com.sg)  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to  
Police Report

DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 10 MAR 2018

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

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



**Individual Statement**



**SINGAPORE  
POLICE FORCE**



T/20180310/2103

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

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Report No. T/20180310/2103

**CONTINUATION OF REPORT**

Driver			
Name	LIM THIAM JOO	ID No.	S1754883B
Related Vehicle	SJR7338S (Car)	Contact No.	92385152
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	SITIZALIAH BINTI ARSAT	ID No.	S1823479C
Related Vehicle	SKB2548H (Car)	Contact No.	96452602
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	NIL
Passenger			
Name	NOR'AINI BINTE SAAUDI	ID No.	S1809179H
Related Vehicle	SKB2548H (Car)	Contact No.	83709390
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 10/03/2018 at around 1230hrs, I was driving my White Proton bearing license plate number SKB2548H along Sims Way in the direction of Mountbatten Rd. I had a passenger with me, namely Nor'Aini Binte Saaudi. I was driving on Lane 3 of the 5-lane road. At the junction of Sims Way and Geylang Rd, I was stopped behind roughly 3 cars on Lane 3 as the car at the front of the lane was waiting to make a right turn into Geylang Rd. As I wanted to proceed straight on Sims Way, I decided to switch lanes to Lane 4 on my left to continue going straight. I made a check on Lane 4 and saw that there were no cars. As such, I slowly started to filter left into Lane 4. When my car was mostly in Lane 4, a Silver Hyundai bearing license plate number SJR7338S suddenly drove into Lane 4 and grazed onto the left side of my vehicle, at the front left tire compartment. The driver then stopped before the junction. We both got out to exchange particulars and to inspect damages. The Silver Hyundai had scratches along the driver's door and the rear right passenger door. Both parties then left the scene after exchanging

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180310/2103

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

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Report No. T/20180310/2103

CONTINUATION OF REPORT

particulars. No police or ambulance was at scene.

I wish to state that I have in-car cameras installed, however, the footage might have already been overwritten. I will be proceeding to a clinic to make a check together with my passenger after lodging this report. I also wish to state that I saw a P-Plate displayed on the Silver Hyundai.



Individual Statement



SINGAPORE  
POLICE FORCE



T/20180310/2103

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

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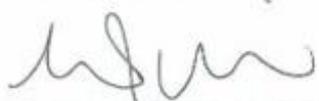
Report No. T/20180310/2103

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: G / Sgt 2 MUHAMMAD ZUHAIR BIN MIOR ABDUL AZIZ	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/03/2018 15:14
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No: 65476430	Classification Of Case:
Authentication stamp   SIGNATURE	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

