

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	19/03/2018 12:36
Date Of Accident	17/03/2018 16:15
Exact Location Of Accident	JUNC OF PASIR RIS DR 1 & LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8441U
Insured/Policyholder	
Name Of Registered Owner	NORADILAH BINTE ABDUL KARIM
NRIC No	S7408796E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91594661
Alternative Phone No	OTHERS-91594661

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30
Exact Purpose for which vehicle was being used at time of accident	OTW BACK HOME
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3050521700
Cover Note Number	

Driver

Name of Driver	NORADILAH BINTE ABDUL KARIM
NRIC No	S7408796E
Date Of Birth	25/03/1974
Occupation	INDOOR
Date Of Driving Pass	06/11/1997
Driving Experience	20 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91594661
Fax Number	
Contact Number	OTHERS-91594661
Email Address	NOEMAIL

Address	67 FLORA DRIVE #01-48
Postcode	506850
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 TO REAR
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)	3
Passenger 1	NAME: : MUHAMMAD NAJWAN BIN NORIRWAN GENDER: : MALE
Passenger 2	NAME: : ARISSA IMANI BINTE NORIRWAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES EAST NPP
Police Station Address	ROAD: 263 TAMPINES STREET 21 #01-138 , POSTCODE: 520263 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7839999 - FAX NO:
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	SLE8347D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	R.RADHA KRISHNAN

NRIC/Passport Number S1749447C
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NORADILAH BINTE ABDUL KARIM
Approximate Age
Injuries Sustain NECK
Injured person in which vehicle? SJR8441U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MUHAMMAD NAJWAN BIN NORIRWAN
Approximate Age
Injuries Sustain NECK
Injured person in which vehicle? SJR8441U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode


Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 lodging 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 (a) 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.

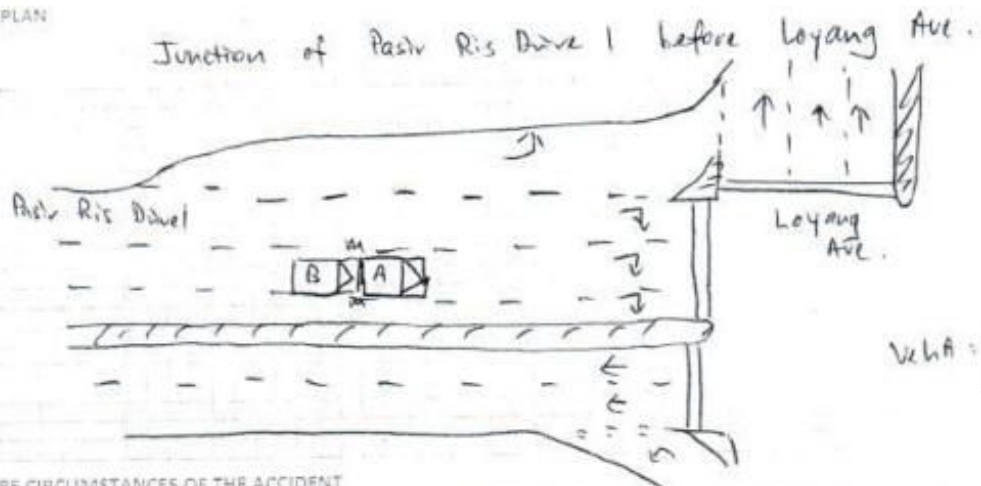

Policyholder's Signature
Date & Time:


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

 19/03/18
Receiving Centre Personnel's Signature
Name:
NRIC/IN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report T/20180318/2055.

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

Reporting Centre Personnel's Signature
Name: Hyun 19/03/18
NRIC/FRN No:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180318/2055

2 of 3

Report No. T/20180318/2055

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NORADILAH BINTE ABDUL KARIM	ID No.	S7408796E
Related Vehicle	SJR8441U (Car)	Contact No.	91594661
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/03/2018	Date Discharge	17/03/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Passenger			
Name	MUHAMMAD NAJWAN BIN NORIRWAN	ID No.	T0721401J
Related Vehicle	SJR8441U (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/03/2018	Date Discharge	17/03/2018
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

On 17/03/2018 at about 1615hrs I was driving on the 2nd lane of Pasir Ris Drive 3 towards Loyang Ave together with my son and daughter. I stopped at the traffic junction of Pasir Drive 3 and Loyang Avenue. While my car was stationary suddenly I felt an impact from the rear part of my car. I made a check and discovered that a blue Honda Vezel had collided onto the rear part of my car. My car's rear bumper and boot was dented.

I wish to state that my car has no in-car camera. I and my son went to seek medical treatment as both our neck felt pain due to the impact of the collision and was given Medical Certificate by Mount Alvernia Hospital.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180315/2055

1 of 3

Report No. T/20180315/2055

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7838899

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2018 16:05		Vide Report No.:		Station Diary No. 24	
Informant's Particulars					
Name of Informant: NORADILAH BINTE ABDUL KARIM			Address: 67 FLORA DRIVE #01-46 SINGAPORE 506850		
ID Type / ID No.: NRIC NO / 87408796E			Contact No.: Home/Office: Mobile: 91594661		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 43	Date of Birth: 25/03/1974	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: AP Manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/03/2018 16:15	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 PASIR RIS DRIVE & 1 LOYANG AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
SJR8441U	Car	HYUNDAI	FD 130 CW 1.6 A	Silver	Slightly Damaged	2
SLE8347D	Car	HONDA	VEZEL	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR8441U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30505217 00	16/07/2017	15/07/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20180318/2055

2 of 3

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7838888

Report No: T/20180318/2055

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NORADILAH BINTE ABDUL KARIM	ID No.	S7408798E
Related Vehicle	SJR8441U (Car)	Contact No.	91584661
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/03/2018	Date Discharge	17/03/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Passenger			
Name	MUHAMMAD NAJWAN BIN NORIRWAN	ID No.	T0721401J
Related Vehicle	SJR8441U (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/03/2018	Date Discharge	17/03/2018
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

On 17/03/2018 at about 1615hrs I was driving on the 2nd lane of Pasir Ris Drive 3 towards Loyang Ave together with my son and daughter. I stopped at the traffic junction of Pasir Drive 3 and Loyang Avenue. While my car was stationary suddenly I felt an impact from the rear part of my car. I made a check and discovered that a blue Honda Vezel had collided onto the rear part of my car. My car's rear bumper and boot was dented.

I wish to state that my car has no in-car camera. I and my son went to seek medical treatment as both our neck felt pain due to the impact of the collision and was given Medical Certificate by Mount Alvernia Hospital.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180318/2055

3 of 3

Report No. T/20180318/2055

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

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 AL-HASSAN BIN ABDUL
RAHMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/03/2018 16:05

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAN ENG CECILIA

Contact No.: 654764

Classification Of Case:

Authentication Stamp
NP165



SIGNATURE

Identification Card

REPUBLIC OF SINGAPORE
 IDENTIFICATION CARD
 87408796E



NORADILAH BINTE ABDUL KADER
 نورادילה بنت عبدكدر
 MALAY
 Date of Birth: 29-05-1974
 Expiry Date: 29-05-2009


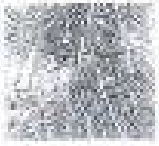
REPUBLIC OF SINGAPORE
 IDENTIFICATION CARD
 87408796E



NORADILAH BINTE ABDUL KADER
 نورادילה بنت عبدكدر
 Date of Birth: 29-05-1974
 Expiry Date: 29-05-2009



87408796E

NORADILAH BINTE ABDUL KADER
 نورادילה بنت عبدكدر
 MALAY
 Date of Birth: 29-05-1974
 Expiry Date: 29-05-2009

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Motor Cars and Motor Cycles	Motor Cycles
Class 1	Motor Cars and Motor Cycles (up to 1000 cc)	Motor Cycles (up to 1000 cc)



87408796E