

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 11:01
Date Of Accident	18/03/2018 14:15
Exact Location Of Accident	ALONG CHOA CHU KANG AVE 6 TURNING INTO AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS2708K
Insured/Policyholder	
Name Of Registered Owner	MOHAMED YUNOS BIN IBRAHIM
NRIC No	S1555071F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90026377
Alternative Phone No	OFFICE-90026377

Vehicle Particulars

Manufacturer	KIA
Model	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M0008529
Cover Note Number	

Driver

Name of Driver	NUR DIYANAH BINTE MOHAMED YUNOS
NRIC No	S9435796I
Date Of Birth	04/10/1994
Occupation	INDOOR
Date Of Driving Pass	27/06/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90460665
Fax Number	
Contact Number	
Email Address	YANA_YUNOS@HOTMAIL.COM

Address	APT BLK 297A CHOA CHU KANG AVENUE 2 #10-116
Postcode	681297
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	NO
Was any injured conveyed to hospital by ambulance?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER SKETCH PLAN & 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	SLF4109X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	
Name of Driver	SEE HUI KIANG (SHI HUIQIANG)
NRIC/Passport Number	S7514611F
Contact Number	93823229
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

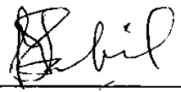
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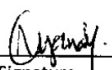
8. Consent under the Personal Data Protection Act (PDPA)

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: Jeneen
NRIC/FIN No.:

SKETCH PLAN

AS per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 18/Mar/18 1415pm
Accident Location : Choa Chu Kang Ave 6 Turn into Ave 1.
I was travelling along the mentioned location, on the right lane turning left.
Before I turned, I stopped & checked on my blind spots for oncoming vehicles from the main road.
I proceeded after confirming the traffic was to my favour.
At the opposite road, I noticed vehicle B had his right turn signal on, which I thought he was turning right only.
There was no U-Turn sign, however vehicle B U-Turned.
Therefore our vehicles collided. Vehicle B then went in front of me & suddenly jammed brake. I could not stop in time & collided into his vehicle rear portion.
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Claim at other workshop (OD/TP)

DECLARATION

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

*** IMPORTANT NOTE:**

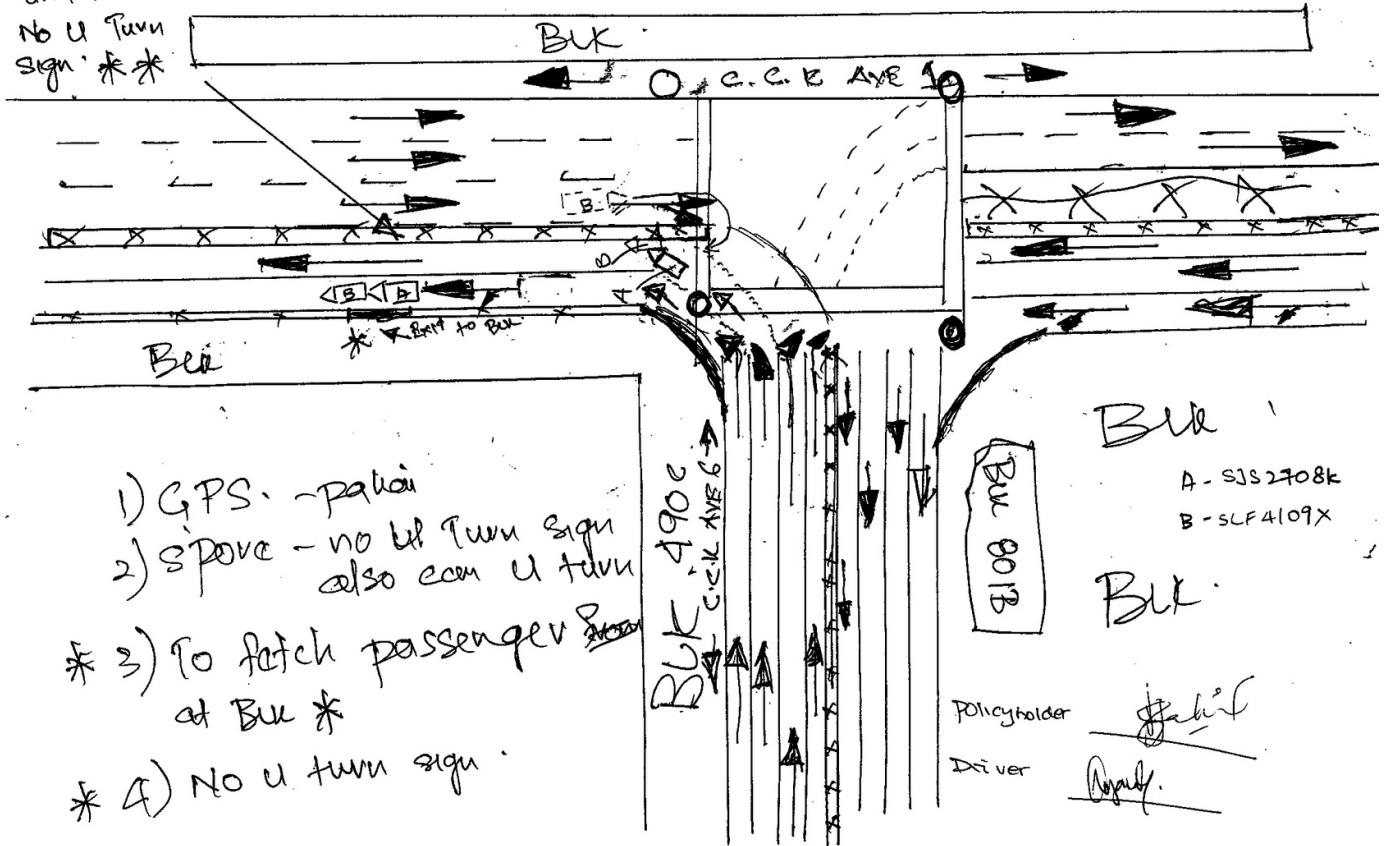
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan Pg. 1





**SINGAPORE
POLICE FORCE**



T/20180319/7026

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180319/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2018 22:32		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NUR DIYANAH BINTE MOHAMED YUNOS			Address: APT BLK 297A CHOA CHU KANG AVENUE 2 #10-116 SINGAPORE 681297		
ID Type / ID No.: NRIC NO / S9435796I			Contact No.: Home/Office: Mobile: 90460665		
Nationality: SINGAPORE CITIZEN			Email: yana_yunos@hotmail.com		
Sex: Female	Age: 23	Date of Birth: 04/10/1994	Type of Informant: Driver		
Race: Boyanesese			Language: English		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 2B,3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/03/2018 14:11	Type of Location: T-Junction
Location: CHOA CHU KANG AVENUE 1 SLIP ROAD AT CCK AVE 6 AND CCK AVE 1 JUNCTION(TURNING TO THE LEFT) Lamp Post Number: NIL				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS2708K	Car	KIA	CERATO FORTE	Orange	Slightly Damaged	1
SLF4109X	Car	TOYOTA	SIENTA	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS2708K	ETIQA INSURANCE BERHAD			



**SINGAPORE
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T/20180319/7026

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180319/7026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NUR DIYANAH BINTE MOHAMED YUNOS	ID No.	S9435796I
Related Vehicle	SJS2708K (Car)	Contact No.	90460665
Hospital/Clinic	ZAM FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

WHILE I WAS MAKING A TURN TO CHOA CHU KANG AVE 1 FROM CHOA CHU KANG AVE 6, I AM SURE THAT THE ROAD WAS CLEAR FROM MY BLINDSPOT. OUT OF SUDDEN, THE OTHER PARTY(SLF4109X) SWIPE HIS(JASON) CAR TO THE LEFT LANE WITH A FAST SPEED, HITTING MY CAR AGAINST MY FRONT RIGHT. BEFORE THAT, HE MADE A U-TURN AT THE PLACE WHERE THERE IS NO U-TURN SIGN. AFTER HE HIT ME AT THE SIDE, HE WENT IN FRONT OF MY CAR AND MAKE A JAM BRAKE, CAUSING MY CAR TO HIT HIS BACK. I WAS IN A SHOCK MOMENT. WE WENT OUT FROM OUR CARS AND I ASKED HIM:

ME: WHERE U CAME FROM?

HIM: I WAS FROM OPPOSITE WAY. I MADE A U-TURN BECAUSE I NEED TO HURRY TO FETCH A PASSENGER AT SUNSHINE GARDEN AREA.

ME: WHY YOU MADE A U-TURN SINCE THERE'S NO U-TURN SIGN?

HIM: GPS ASKED ME TO MAKE U-TURN. SINGAPORE NO U-TURN SIGN ALSO CAN MAKE U-TURN.

ME:(I QUIET FOR A WHILE)

HIM: NOW I WANT TO SETTLE PRIVATE WITH YOU. I NEED YOU TO PAY THE DAMAGES FOR ME! BECAUSE THIS CAR IS AN UBER RENTAL!

ME: I DISCUSS THIS WITH MY DAD(OWNER OF CAR) FIRST.

SO WE EXCHANGE PARTICULARS AND TOOK PICTURE OF THE ACCIDENTS.



**SINGAPORE
POLICE FORCE**

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T/20180319/7026

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Report No. T/20180319/7026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
YEO KIA HUAT
Contact No.: 65476325

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
19/03/2018 22:32

Classification Of Case: