

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	27/04/2018 14:02
Date Of Accident	26/04/2018 21:30
Exact Location Of Accident	WOODLANDS AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ2893R
Insured/Policyholder	
Name Of Registered Owner	PEEK PICKPAY
Co Reg No	53370633E
Email Address	SHARMEEN_NAJIB@MSN.COM
Mobile Phone No	(LOCAL) +65-86125174
Alternative Phone No	OFFICE-86125174

Vehicle Particulars

Manufacturer	HYUNDAI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5094451587
Cover Note Number	

Driver

Name of Driver	SHARMEEN BINTE MOHAMMAD NAJIB
NRIC No	S9528069B
Date Of Birth	10/08/1995
Occupation	OUTDOOR
Date Of Driving Pass	04/07/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86125174
Fax Number	
Contact Number	OTHERS-86125174
Email Address	SHARMEEN_NAJIB@MSN.COM

Address	BLK 117 JALAN BUKIT MERAH #09-1675
Postcode	160117
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	CHAIN COLLISION
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 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	GY5360M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AHMED KHUSAR
NRIC/Passport Number	G6708412N
Contact Number	81826714
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLG9545G
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SUKHDEV SINGH S/O S RAJINDER SINGH

NRIC/Passport Number

S1242808A

Contact Number

90042080

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SHARMEEN BINTE MOHAMMAD NAJIB

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SGJ2893R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

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.

X



Policyholder's Signature
Date & Time:

[Signature]

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

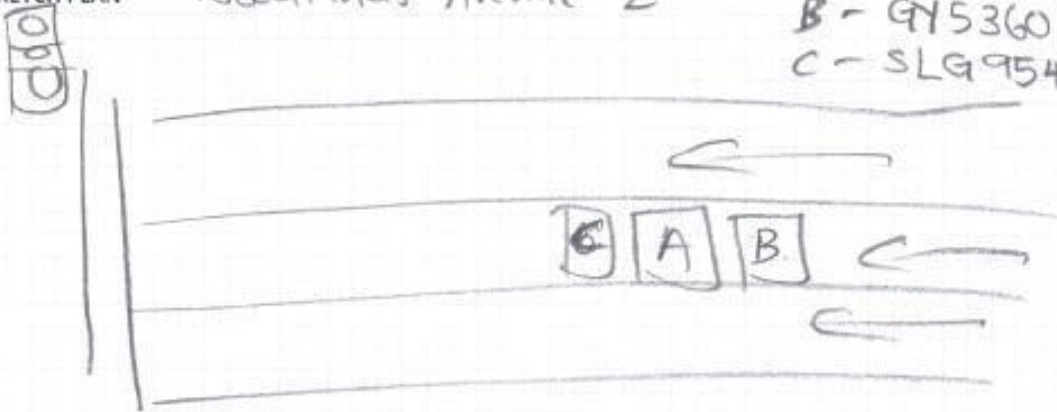
[Signature] 27/4/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Woodlands Avenue 2

A - SGJ2893R
B - GY5360M
C - SLG9545G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180427/2091

DECLARATION

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

X



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 27/4/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180427/2091

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 4

Report No. T/20180427/2091

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHARMEEN BINTE MOHAMMAD NAJIB	ID No.	S9528069B
Related Vehicle	SGJ2893R (Car)	Contact No.	86125174
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/04/2018	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	AHMED KHUSAR	ID No.	G6708412N
Related Vehicle	NIL	Contact No.	81826714
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	Sukhdev Singh S/O S Rajinder Singh	ID No.	S1242808A
Related Vehicle	NIL	Contact No.	87522664
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 26/04/2018 at about 2130hrs at the above mentioned location, I slowly braked my vehicle when the traffic light turned red. Suddenly I felt a banged behind my vehicle and my vehicle collided with the vehicle (SLG 9545G) in front. The van (GY 5360M) behind me his front was dented. The vehicle (SLG 9545G) in front of me his back bumper was dented. My vehicle front plate was broken and dense and my vehicle back bumper was dented. There was no ambulance or Traffic police at scene. I am not sure if there is any CCTV around the vicinity. I felt pain on my neck hence I went to Shalom clinic on 27/04/2018 and was given four days Medical Certification. I have no build in camera inside my car.

NOTICE OF REPORTING

This is to confirm that Sharmeen Binte Mohammad Najib, NRIC: S9528069B, has reported to the Police a non-injury traffic accident which occurred along Woodlands Ave 2 (towards Woodlands MRT station) on 26/04/2018 at 2150hrs involving the following vehicles: SGJ2893R, SLG9545G & GY5360M.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSS T02521 Mohamed Fareeq

Date: 27/04/2018 Time: 1300hrs

S/D Ref: 02

Police Post/Unit : Tiong Bahru NPP

TIONG BAHRU NPP
217A Kim Tian Road
Singapore 150128
Contact: 67451111

Original - to be issued to Informant

Duplicate - to be submitted to Traffic Police



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**



T/20180427/2091

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 4

Report No. T/20180427/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2018 16:03		Vide Report No.:		Station Diary No.: 62	
Informant's Particulars					
Name of Informant: SHARMEEN BINTE MOHAMMAD NAJIB			Address: APT BLK 117 JALAN BUKIT MERAH #09-1675 SINGAPORE 160117		
ID Type / ID No.: NRIC NO / S9528069B			Contact No.: Home/Office: Mobile: 86125174		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 22	Date of Birth: 10/08/1995	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: GUEST SERVICE OFFICER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/04/2018 21:30	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 2 Straight Road of woodland Ave 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
GY5360M	Van				Slightly Damaged	0
SGJ2893R	Car				Seriously Damaged	0
SLG9545G	Car				Slightly Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20180427/2091

Police Station Of Origin:
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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 4

Report No.: T/20180427/2091

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHARMEEN BINTE MOHAMMAD NAJIB	ID No.	S9528069B
Related Vehicle	SGJ2893R (Car)	Contact No.	86125174
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/04/2018	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	AHMED KHUSAR	ID No.	G6708412N
Related Vehicle	NIL	Contact No.	81826714
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	Sukhdev Singh S/O S Rajinder Singh	ID No.	S1242808A
Related Vehicle	NIL	Contact No.	87522664
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.

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Police Report



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Tel No: 1800-4719999

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CONTINUATION OF REPORT

Police Report



SINGAPORE
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T/20180427/2091

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4 of 4

Report No. T/20180427/2091

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:

D /
Sgt 1 LIM TIAN WEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/04/2018 16:03

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case:

Authentication Stamp
NP168

SN 45