# 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 witholding 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 | 30/05/2018 11:59 |
| Date Of Accident | 28/05/2018 18:00 |
| Exact Location Of Accident | CLEMENTI AVENUE 2 TOWARDS WEST COAST AVENUE |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | SJD9524G |
| **Insured/Policyholder** | |
| Name Of Registered Owner | ROHAIZAD BIN A KADER |
| NRIC No | S1289300J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-94592767 |
| Alternative Phone No | OTHERS-94592767 |
| **Vehicle Particulars** | |
| Manufacturer | TOYOTA |
| Model | VIOS-1.5 E (A) |
| 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 | 5097947900 |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | ROHAIZAD BIN A KADER |
| NRIC No | S1289300J |
| Date Of Birth | 07/07/1958 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/12/1984 |
| Driving Experience | 33 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94592767 |
| Fax Number | |
| Contact Number | OTHERS-94592767 |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 352 CLEMENTI AVENUE 2<br>#02-97 |
| Postcode | 120352 |
| 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 | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**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 | 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: : BADARIAH A,GHAFFAR<br>GENDER: : FEMALE |

**Details of Police Action**

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes,Please state which Police Station | |
| Police Station Name | BUKIT MERAH WEST NPC |
| Police Station Address | **ROAD**: 500 BUKIT MERAH VIEW #01-01 , **POSTCODE:** 159682 , **COUNTRY**: SINGAPORE |
| Police Station Contact | **TEL NO**: - **FAX NO**: |
| Was notice of intended Prosecution given? | NO |
| If Yes,against whom? | |

**Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20180530/2022

**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 | SJS4111T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | THERESA TAN |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |

| | |
|---|---|
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 5 |
| Passenger 1 | NAME: :<br>GENDER: : |
| Passenger 2 | NAME: :<br>GENDER: : |
| Passenger 3 | NAME: :<br>GENDER: : |
| Passenger 4 | NAME: :<br>GENDER: : |

**DETAILS OF INJURED PERSON 1**

| | |
|---|---|
| Name | ROHAIZAD BIN A KADER |
| Approximate Age | |
| Injuries Sustain | BACK AND NECK |
| Injured person in which vehicle? | SJD9524G |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

**DETAILS OF INJURED PERSON 2**

| | |
|---|---|
| Name | BADARIAH A.GHAFFAR |
| Approximate Age | |
| Injuries Sustain | BACK AND NECK |
| Injured person in which vehicle? | SJD9524G |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

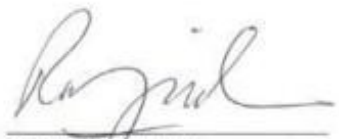
   (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (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.



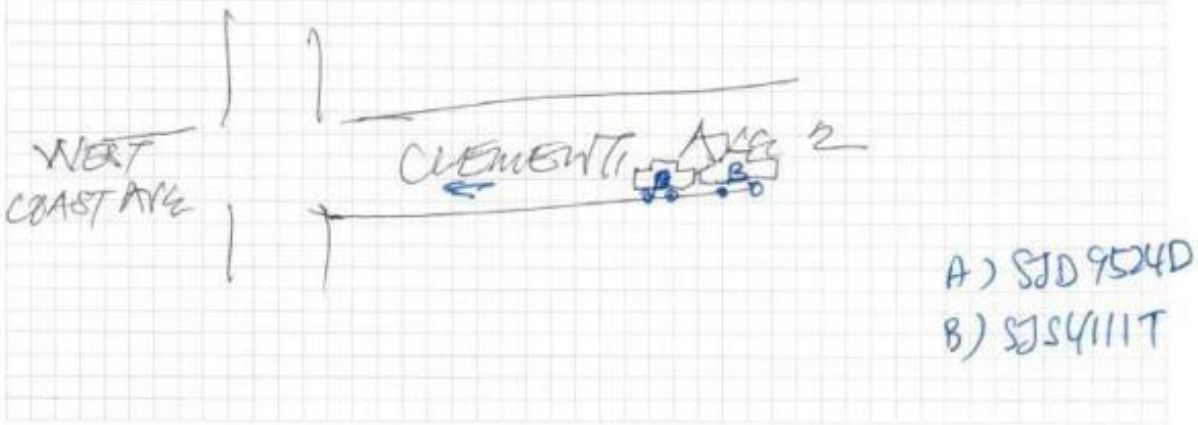
Policyholder's Signature
Date & Time:

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

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

**Accident Sketch Plan**

**SKETCH PLAN** CLEMENTI AVE 2 TOWARDS WEST COAST AVE




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

WIFE: BADARIAH A. GHAFFAR

PLS REFER TO POLICE REPORT T/20180535/2022

**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:
NRIC/FIN No.:

30/05/2018

SINGAPORE POLICE FORCE

T/20180530/2022



Report No. T/20180530/2022

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

**REPORT OF A TRAFFIC ACCIDENT**

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: |
|---|---|---|
| 30/05/2018 11:28 | | 21 |

**Informant's Particulars**

| | | | | |
|---|---|---|---|---|
| Name of Informant:<br>ROHAIZAD BIN A KADER | | | Address:<br>APT BLK 352 CLEMENTI AVENUE 2 #02-97 SINGAPORE 120352 | |
| ID Type / ID No.:<br>NRIC NO / S1289300J | | | Contact No.:<br>Home/Office: Mobile: 94592767 | |
| Nationality:<br>SINGAPORE CITIZEN | | | Email: | |
| Sex:<br>Male | Age:<br>59 | Date of Birth:<br>07/07/1958 | Type of Informant:<br>Driver | |
| Race:<br>Malay | | | Language: | Institution / School Name: |
| Occupation:<br>DRIVER | | | Driving Licence Information:<br>Class: 3 | Date of Expiry: |

**General Information of the Accident**

| Type of Accident: | Injury<br>Others | Drink Drive:<br>No | Date/Time of Accident:<br>28/05/2018 18:00 | Type of Location:<br>Straight Road |
|---|---|---|---|---|
| Location:<br>Along Road 1 Traveling Toward Road 2<br>CLEMENTI AVENUE 2<br>WEST COAST AVENUE<br>Clementi Avenue 2 Towards West Coast Avenue | | | | |
| Weather:<br>Clear | | Road Surface:<br>Dry | | Road Speed Limit: |
| Traffic Flow:<br>Two Way | | Traffic Control:<br>Not Controlled | | Traffic Volume:<br>Light |
| 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 |
|---|---|---|---|---|---|---|
| SJD9524G | Car | TOYOTA | COROLLA ALTIS 1.6 AUTO | Black | Slightly Damaged | 1 |
| SJS4111T | Car | TOYOTA | VIOS E AUTO | Beige | Slightly Damaged | 4 |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|---|---|---|---|---|

POLICE FORCE

T/20180530/2022



Report No. T/20180530/2022

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|---|---|---|---|---|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJD9524G | NTUC Income Insurance Co-Operative Limited | 5097947900 | 12/02/2018 | 11/02/2019 |

| Details of Person Involved | | | | | |
|---|---|---|---|---|---|
| Any Pedestrian Involved: No | | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | | |
| Driver | | | | | |
| Name | ROHAIZAD BIN A KADER | | ID No. | S1289300J | |
| Related Vehicle | SJD9524G (Car) | | Contact No. | 94592767 | |
| Hospital/Clinic | TEO CLINIC & SURGERY PTE LTD | | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL | |
| Date Treatment | 30/05/2018 | | Date Discharge | NIL | |
| No. of Days granted Medical Leave | | 03 | Degree of Injury | Slight | |

**Brief Details.**

I was travelling along the middle lane along Clementi Ave 2 towards West Coast driving my vehicle bearing the plate number SJD9524G
Suddenly a vehicle bearing the plate number SJS4111T collided onto the back of my vehicle from the most extreme right lane.
I then alight from my vehicle and check for the damaged. We then exchange particulars. Subsequently , the said driver informed me that she was very sleepy.
On the 30/05/2018 at about 0900hrs , I decided to consult doctor for my accident as I am suffering from whiplash after the accident occurred. 3 days MC was given to me
I wish to state that my wife and two grandchildren was also in the vehicle when the accident occurred.
No government property or pedestrian was involved when the accident occurred.
Subsequently, my wife also consulted a doctor and received 3 days MC.
I am lodging this police report for insurance claims

POLICE FORCE

T/20180530/2022



Report No. T/20180530/2022

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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:<br>D /<br>Sgt 1 TAN TECK CHYE ALAN | Signature Of Informant: |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>30/05/2018 11:28 |
| Officer In Charge Of Case:<br>TP / AEIT /<br>SI DZUL HAIRIE BIN RAMLI<br>Contact No.: 65476220 | Classification Of Case: |

Authentication Stamp
NP168

TEO CLINIC & SURGERY PTE LTD
152 Clementi Avenue 2, #01-111, Singapore 120152

MEDICAL CERTIFICATE
Number : 0000093650 Date : 30-May-18

This is to certify that
ROHAIZAD BIN A KADER
is Unfit for Duty for 3 days
from 30-May-18 to 1-Jun-18 inclusive.

Dr Teo Tiong Kiat

Signature
Dr. Teo Tiong Kiat
MBBS, GDOM, GDMH
MCR No: 01507E DMD Reg: 0018

**National Clinic**
BLK 352 CLEMENTI AVE 2, #01-119, SINGAPORE 120352 TEL: 67760127

## Medical Certificate

**Date of Visit:** 30-May-2018

**MC No. :** C1-TUTUEC

This is to certify that

**Name:** BADARIAH BINTE A GHAFFAR

**NRIC:** S1375107B

is Unfit for Work

for 3 day(s) from 30-May-2018 to 01-Jun-2018

**Remarks:**

Doctor: Chia Hiang Kiat
MCR: M03889Z

** This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Printed on 30 May 2018 10:00:20 by Mabel Chang

Page 1 of 1

**National Clinic**
BLK 352 CLEMENTI AVE 2, #01-119, SINGAPORE 120352 TEL: 67760127

## Payment Receipt

**Payer Info**

BADARIAH BINTE A GHAFFAR

352
CLEMENTI AVENUE 2
02 - 97
120352

Invoice No. : GPC_110656
Invoice Date : 30 May 2018
Account No : RE/015465

**Payment Details**

Payer Name : BADARIAH BINTE A GHAFFAR

Payable Amount: $12.00

| MODE | AMOUNT |
|---|---|
| Cash | $12.00 |

| | |
|---|---|
| Total Paid: | $12.00 |
| Cash Rounding: | $0.00 |
| *Other Payments: | $0.00 |
| *Outstanding Balance: | $0.00 |

* Information is accurate as at time of printing

Printed on 30 May 2018 10:06:22 by Mabel Chang

Page 1 of 1

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

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