

## 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	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
<b>Insured/Policyholder</b>	
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 #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	- - -
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)	2
Passenger 1	NAME: : BADARIAH A,GHAFFAR 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	<b>ROAD:</b> 500 BUKIT MERAH VIEW #01-01 , <b>POSTCODE:</b> 159682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
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: :

GENDER: :

Passenger 2 NAME: :

GENDER: :

Passenger 3 NAME: :

GENDER: :

Passenger 4 NAME: :

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

## Accident Sketch Plan

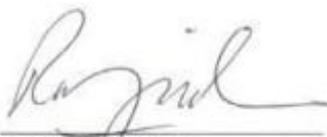
### SKETCH PLAN

#### 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 liability**.
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. 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:

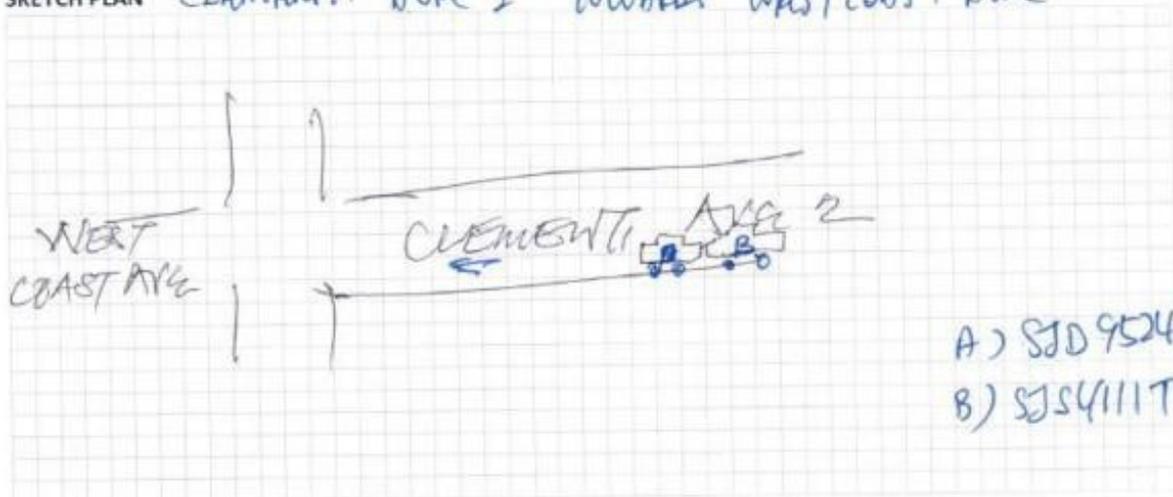
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

30/05/2018  
Rishi Anand

Accident Sketch Plan

SKETCH PLAN CLEMENTI AVE 2 TOWARDS WEST COAST AVE



A) SJD 9524 G  
B) SJS4111 T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WIFE: BADARAH A. GHAFFAR

*PLS REFER TO POLICE REPORT  
7/20180530/2022*

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 30/05/2018

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

POLICE REPORT



SINGAPORE  
POLICE FORCE



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

1 of 3

Report No. T/20180530/2022

REPORT OF A TRAFFIC ACCIDENT

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

Informant's Particulars			
Name of Informant: ROHAIZAD BIN A KADER		Address: APT BLK 352 CLEMENTI AVENUE 2 #02-97 SINGAPORE 120352	
ID Type / ID No.: NRIC NO / S1289300J		Contact No.:	Mobile: 94592767
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 07/07/1958	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: DRIVER		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: 28/05/2018 18:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CLEMENTI AVENUE 2 WEST COAST AVENUE Clementi Avenue 2 Towards West Coast Avenue				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	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
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 REPORT



SINGAPORE POLICE FORCE



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

2 of 3

Report No. T/20180530/2022

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 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 REPORT



SINGAPORE  
POLICE FORCE



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

3 of 3

Report No. T/20180530/2022

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

Authentication Stamp  
NP168

MC



TEO CLINIC & SURGERY PTE LTD

352 Clementi Avenue 2, #01-111, Singapore 120352

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, GDCM, GDMH  
MCP (M) 015071 DWG No. 2008

**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

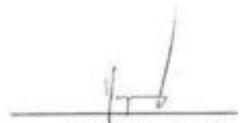
Name: BADARIAH BINTE A GHAFFAR

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.

**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\_110856  
Invoice Date : 30 May 2018  
Account No : REJ019465

**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

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



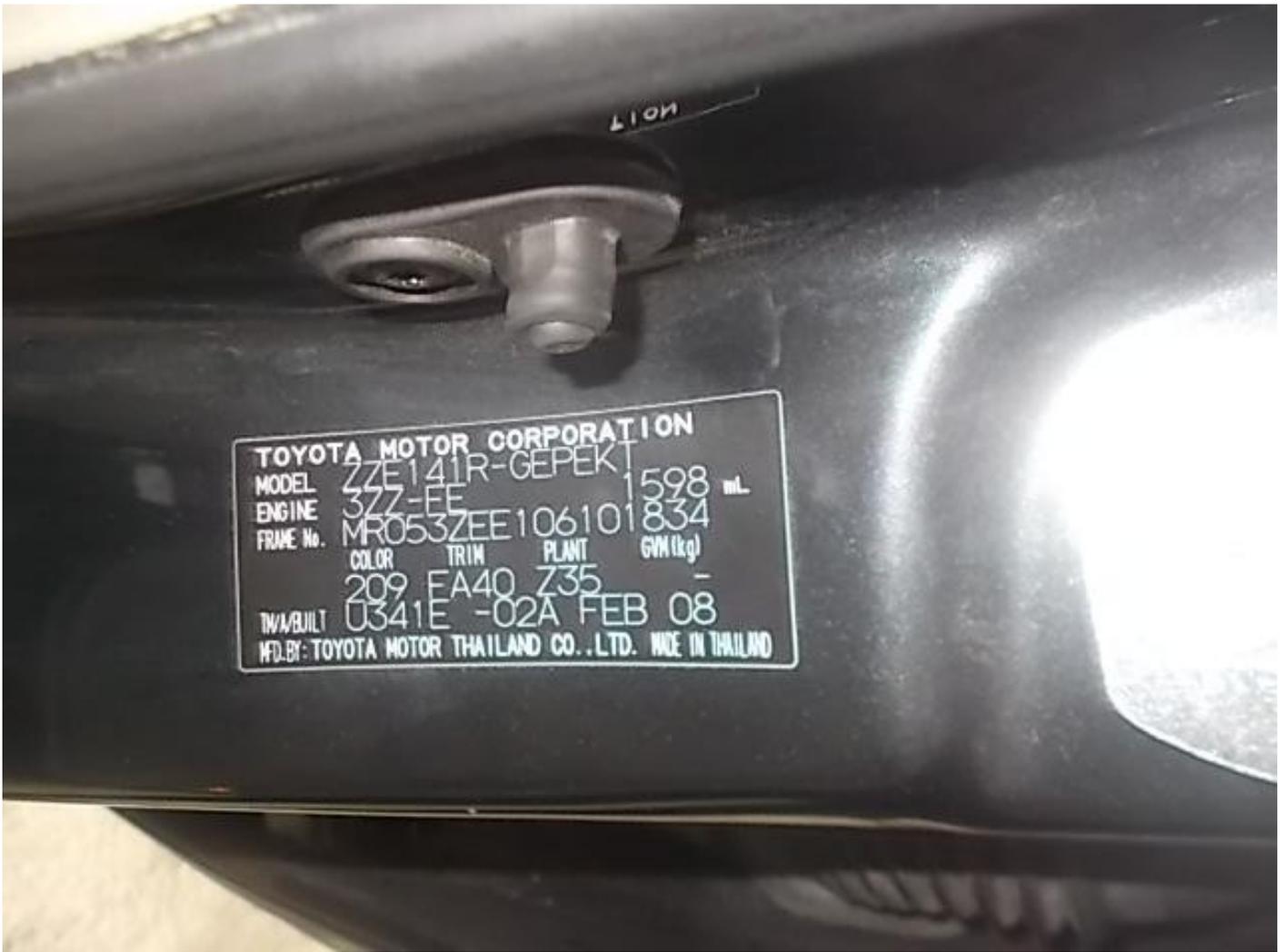
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66350020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHA418069875 Vehicle Registration No: SJD 9524G  
Name (as shown in NRIC) : KOHARZAO BIN A KADAR NRIC/FIN/Passport No : S1289300J  
(\*Vehicle Driver ~~Vehicle Owner~~\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 94592767  
Email Address : \_\_\_\_\_  
Date of Accident : 28/05/2018 Time of Accident : 18:00  
Place of Accident : CLAMARTI AVENUE 2 TOWARDS WEST COAST  
Insurance Company: \_\_\_\_\_

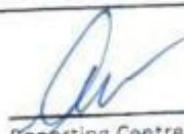
(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED VEHICLE NUMBER TO SJD 9524G AND SKETCH PLAN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: Rafiqi Wathani  
NRIC/FIN No: \_\_\_\_\_  
Date: 07/06/2018