

## 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	18/06/2018 13:51
Date Of Accident	14/06/2018 21:25
Exact Location Of Accident	BRADDELL RD TWDS CTE AMK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX7513G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MDM NOR SYABARIYAH BTE SAIRI
NRIC No	S7810077Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91874892
Alternative Phone No	OTHERS-91874892

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3061001700
Cover Note Number	

### Driver

Name of Driver	SUHAIMIY B ABDUL JALIL A M D
NRIC No	S1805355A
Date Of Birth	04/03/1967
Occupation	INDOOR
Date Of Driving Pass	27/06/1996
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91874892
Fax Number	
Contact Number	OTHERS-91874892
EEmail Address	NOEMAIL

Address	BLK 712 TAMPINES STREET 71 #03-156
Postcode	520712
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 6 TAMPINES AVE 4 , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5871999 - <b>FAX NO:</b> 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180616/2029

#### 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	SLL810Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOUIS
NRIC/Passport Number	
Contact Number	93877087
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	SUHAIMIY B ABDUL JALIL A M D
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGX7513G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## 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 Authorized 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.

#### B. 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:

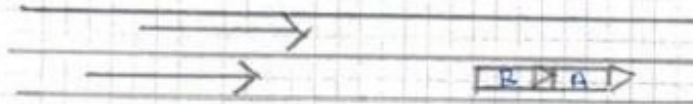
Driver's Signature  
(If driver is not the Policyholder)

Reporting Centre Person's Name

Sketch Plan #2

SKETCH PLAN

A SGX 7513G  
B SL 810Z



Braddell Rd  
towards CTE Ave.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police report.

T/20180616/2029

DECLARATION

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

Date & Time:

X [Signature]

(If driver is not the policyholder)

Date & Time:

[Signature]

Name:

NRIC/FIN No.:

18/6/2018

**Sketch Plan #3**



**SINGAPORE  
POLICE FORCE**



T/20180616/2029

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20180616/.

**CONTINUATION OF REPORT**

**Brief Details.**

On the 14th of June 2018 at about 2125hrs, I was travelling (SGX7513G) on the first lane along Braddell Road, towards Central Expressway, Ang Mo Kio. The traffic was moving slowly and my car was stationary, behind another vehicle. When I was about to move off, the car (SLL810Z) behind me hit onto the rear portion of my car.

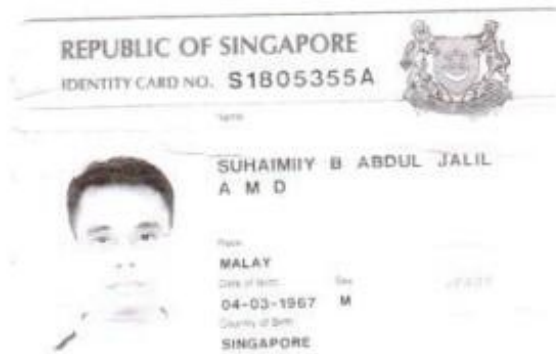
Due to the accident, my rear bumper had dents. The other vehicle only had dent on his front plate number.

The other driver is namely Louis (hp no: 93877087).

At that point of time, no one was injured. On the 15th of June 2018, I started to feel pain on my neck, down to my lower back. I went to see the doctor and obtained 3 days MC from 15th to 17th of June 2018.

Accident Sketch Plan

Driver



Driver

## Accident Sketch Plan

Driver

3281473



LIC No: S1805355A



Valid Until: 23-12-2003

APT BLK 712 TAMPINES STREET 71 #03-156  
SINGAPORE 520712


NRIC No: S1805355A Date: 18/06/2012 No: 7077740

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	16 May 1960
Class 7A	Motorcycles between 201 cc and 400 cc	16 May 1960
Class 3	Motor Cars and Motor Tractors the weight of which (laden does not exceed) 3500 kilograms	27 Jun 1960

NP 429A

Licence No: S1805355A



Driver

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/20180616/2029

1 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20180616/2029

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2018 10:32		Vide Report No.:		Station Diary No.: 45
<b>Informant's Particulars</b>				
Name of Informant: SUHAIMIY B ABDUL JALIL A M D		Address: APT BLK 712 TAMPINES STREET 71 #03-156 SINGAPORE 520712		
ID Type / ID No.: NRIC NO / S1805355A		Contact No.: Home/Office: Mobile: 91874892		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 51	Date of Birth: 04/03/1967	Type of Informant: Driver	
Race: Malay		Language:	Institution / School Name:	
Occupation: TECHNICIAN		Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/06/2018 21:25	Type of Location: Straight Road
Location: Along Road 1 BRADDELL ROAD				
TOWARDS CTE. AMK.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SGX7513G	Car	TOYOTA	WISH 1.8 A	Grey	Slightly Damaged	0
SLL810Z	Car	SUBARU	OUTBACK 2.5I-S CVT AWD SR	Silver	Slightly Damaged	0

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180616/2029

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20180616/.

### CONTINUATION OF REPORT

#### Brief Details.

On the 14th of June 2018 at about 2125hrs, I was travelling (SGX7513G) on the first lane along Braddell Road, towards Central Expressway, Ang Mo Kio. The traffic was moving slowly and my car was stationary, behind another vehicle. When I was about to move off, the car (SLL810Z) behind me hit onto the rear portion of my car.

Due to the accident, my rear bumper had dents. The other vehicle only had dent on his front plate number.

The other driver is namely Louis (hp no: 93877087).

At that point of time, no one was injured. On the 15th of June 2018, I started to feel pain on my neck, down to my lower back. I went to see the doctor and obtained 3 days MC from 15th to 17th of June 2018.

# Police Report



SINGAPORE  
POLICE FORCE



T/20180616/2029

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20180616/2029

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 3 NURHIDAYAH BINTE IADIL

W/SGT SYAFINAZ

1140510

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

16/06/2018 10:32

Classification Of Case: