## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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	12/06/2018 13:02
Date Of Accident	11/06/2018 15:15
Exact Location Of Accident	JOHOR BAHRU CUSTOMS TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL9083H
Insured/Policyholder	
Name Of Registered Owner	ERNIE WAHYUNIE BTE MOHD WARIF
NRIC No	S9013665H
Email Address	ERNIEWAHYUNIE.MW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81210540
Alternative Phone No	OTHERS-81210540
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
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	5093280146
Cover Note Number	CLASSIC
Driver	
Name of Driver	ERNIE WAHYUNIE BTE MOHD WARIF
NRIC No	S9013665H
Date Of Birth	27/04/1990
Occupation	INDOOR
Date Of Driving Pass	04/12/2010
Driving Experience	7 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81210540
Fax Number	
Contact Number	OTHERS-81210540

ERNIEWAHYUNIE.MW@GMAIL.COM

BLK 611 YISHUN STREET 61 Address

#02-209

760611 Postcode

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?

Number of vehicles involved in the accident

NO 2

Was any body injured in the Accident?

NO

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

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: FAIZ

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 32 YISHUN ST 81, POSTCODE: 768456, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8522999 - FAX NO: 68522239

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

Refer to Police Report.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Was there any audio recorded?

SJL1703S

Vehicle Make/Model/Colour

TOYOTA VIOS LIGHT BLUE

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

DEWI

NRIC/Passport Number

Contact Number

91377264 / 97975426

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

### Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRI	E	Vehicle No: SKL9083H	Report Date & Start Time:	12/06/18 / 13:15
Report No: MT/	D.O.A: 11/06/2018 Time: 15:15 hrs	Make / Model HONDA FIT	Reporting Type: TP	End Time:

#### SKETCH PLAN

### IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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 .
  - 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.

12/06/18 / 13:15

Signature / Date & Time

12/06/18 / 13:15

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

Customer Care Executive Motor Service Centre Witnessed by Reporting Centre Peronnel

Thomas Chen

(S098890)

Page 4 of 23

# Sketch Plan Pg. 2

TCH PLAN		
Vehicle A: SKL9083H	JOHOR BAHRU CUSTOMS TOWARDS SINGAPORE  Vehicle B: SJL1703S	

ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
efer to Police Report.	

# Declaration

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

6/12/2018 13:15

6/12/2018 13:15

Customer Care Executive Motor Service Centre

Thomas Chen (8098/90)

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

Witnessed by Reporting Centre Personnel





1 of 2

Report No. F/20180611/2232

# POLICE REPORT (NP299)

Police Station Of Origin Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

Date/Time Report Made 11/06/2018 22:50	Vide Report No.		Station Diary No. 117	
Name Of Informant ERNIE WAHYUNIE BINTE MOHD WARIF	Address APT BLK 611 YISHUN STREET 61 #02-209 SINGAPORE 760611			02-209
ID Type / ID No. NRIC NO / S9013665H	Contact No. Home/Office Mobile 81210540			
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
STAFF NURSE	Female	28	27/04/1990	Malay
Institution/School Name	Language English			
Date/Time Of Incident 11/06/2018 15:15	Location Of Incident Johor Bhar customs (CIQ) MALAYSIA			

## Brief details.

On the 11/06/2018 at about 3.00pm I was driving my vehicle (SKL9083H), White Colour Honda Fit with my husband namely, Faiz, C/N:9089 6793 at the Johor Bharu Customs CIQ. There was a long queue of vehicle. I was driving on the 5th lane before the checkpoint area. Then at about 3.15pm a vehicle bearing plate number, SJL1703S, a Light blue Toyota Vios hit my vehicle from the back. The impact caused my vehicle to rolled forward slightly but I did not hit the vehicle in front of me. My husband and I was not injured. My husband then excited my vehicle to access the damage. The owner of the said vehicle then

Signature Of Officer Recording The Report:	Signature Of Informant:
F / MUHAMAD NAUFAL BIN MUHAMAD NEZAM	Gel
Signature Of Interpreter: Not applicable	Date/Time: / 11/06/2018 22:50
Officer In-Charge Of Case: F / Yishun South N.P.C / Sgt 2 SHEIKH ASHRORY BIN MOHAMED HAIRI Contact No.: 68522999	Classification Of Case:

Authentication Stamp

SN 085

Signature:

Signature:

Signature:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180611/2232

crashed into my car was one Dewi, C/N: 9137 7264. She bumped into my right bumper. There was a small dent caused from the accident. Dewi then informed my husband that she would want to settle the matter once we arrived at Singapore. When we arrived at Singapore I called her but she said that she is not the owner of the vehicle and that she want to discussed with her husband regarding the matter. She then did not answered my calls so I am lodging this report to claim under my insurance company.

Signature Of Officer Recording The Report:

F / MUHAMAD NAUFAL BIN MUHAMAD NEZAM

Signature Of Interpreter:
Not applicable

Date/Time:
11/06/2018 22:50

Classification Of Case:
F / Yishun South N.P.C /
Sgt 2 SHEIKH ASHRORY BIN MOHAMED HAIRI
Contact No.: 68522999

Authentication Stamp

Singspore Police Force