

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	09/07/2018 10:43
Date Of Accident	05/07/2018 21:20
Exact Location Of Accident	PIE TOWARDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA1140M
Insured/Policyholder	
Name Of Registered Owner	MOHD AZHAR B ABDULLAH
NRIC No	S1749454F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90095400
Alternative Phone No	OFFICE-90095400

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	
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	5101450396
Cover Note Number	

Driver

Name of Driver	NOORBANI BINTE SIKANDAR
NRIC No	S7338104E
Date Of Birth	22/10/1973
Occupation	INDOOR
Date Of Driving Pass	17/05/2002
Driving Experience	16 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90095400
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 508 TAMPINES CENTRAL 1 #03-373
Postcode	520508
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)	2
Passenger 1	NAME: : MUHAMMAD HILMI BIN SAZALI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

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	SJU607X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HAJI IBRAHIM
NRIC/Passport Number	S1201686G
Contact Number	97895972
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

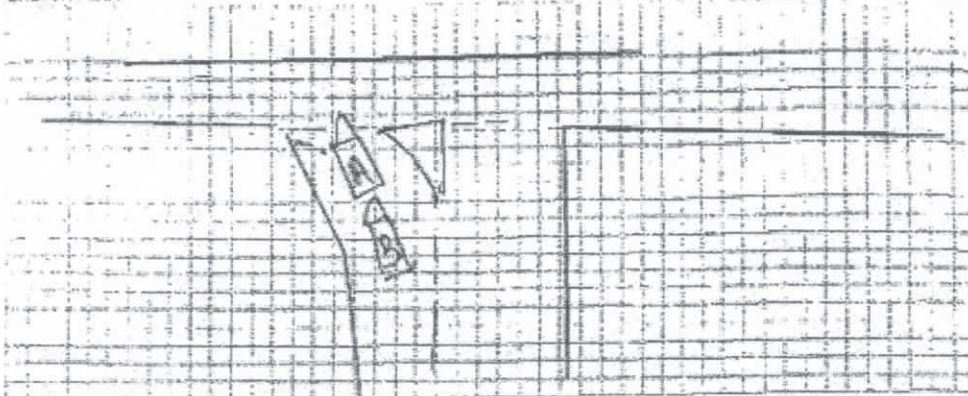
Name	NOORBANI BINTE SIKANDAR
Approximate Age	44
Injuries Sustain	
Injured person in which vehicle?	SMA1140M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MUHAMMAD HILMI BIN SAZALI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMA1140M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See police Report

DECLARATION

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

Policyholder's Signature

Date & Time:

Location: (if different from above)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ID No.:



Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20180707/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2018 00:12	Vide Report No.:	Station Diary No.: 1
--	------------------	-------------------------

Informant's Particulars

Name of Informant: NOORBANI BINTE SIKANDAR			Address: APT BLK 508 TAMPINES CENTRAL 1 #03-373 SINGAPORE 520508		
ID Type / ID No.: NRIC NO / S7338104E			Contact No.: Home/Office: Mobile: 90095400		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 44	Date of Birth: 22/10/1973	Type of Informant: Driver		
Race: Bengali			Language:		Institution / School Name:
Occupation: SALES PERSON			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/07/2018 21:20	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY Turning on to payar lebar road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
SJU607X	Car					0
SMA1140M	Car				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20180707/2002

CONTINUATION OF REPORT

Driver			
Name	HAJI IBRAHIM BIN HAJI HUSSAIN		ID No. S1201686G
Related Vehicle	SJU607X (Car)		Contact No. 97895972
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	NOORBANI BINTE SIKANDAR		ID No. S7338104E
Related Vehicle	SMA1140M (Car)		Contact No. 90095400
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	MUHAMMAD HILMI BIN SAZALI		ID No. S9634938F
Related Vehicle	SMA1140M (Car)		Contact No. 93844909
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 05/07/2018 around 2120hrs while I was driving (Toyota Vios SMA 1140 M) together with my son (MUHAMMAD HILMI BIN SAZALI) on PIE exiting towards Payar Lebar road, I was on the way to fetch my eldest son from Geylang area.

Subsequently while I was turning on to Payar Lebar road, a vehicle (KIA SJU 607 X) suddenly hit on the rear of my vehicle where we felt a big impact. I then came down my vehicle to assess the damage to my vehicle. My vehicle sustained damages at the rear of my vehicle. I manage to exchange particulars with the other party. From my assessment the other car only sustained damages to the car plate. No traffic police or ambulance were involved during the entire incident. There is no in-car camera in my vehicle. At the point in time no one was injured.



**SINGAPORE
POLICE FORCE**



T/20180707/2002

3 of 4

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20180707/2002

CONTINUATION OF REPORT

Today 06/07/2018 my son went to the Ruby Medical centre to consult the doctor as he was suffering from neck and back muscle strain from the accident and got 2 days of MC, MC reference number 57327. I on the other hand visited mount Alvernia Hospital as I sustained muscle strain all the way from my right neck to right leg, I received 5 days of MC, MC reference number M18009327.



**SINGAPORE
POLICE FORCE**



T/20180707/2002

4 of 4

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20180707/2002

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:

J /

Sgt 2 PRAKASH S/O SANGHA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

07/07/2018 00:12

Classification Of Case:

Authentication Stamp

NP168