

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	30/07/2018 11:11
Date Of Accident	28/07/2018 13:05
Exact Location Of Accident	PIE TWDS JURONG B4 PAYA LEBAR LANE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB9942G
Insured/Policyholder	
Name Of Registered Owner	SHAKINAH BEHAM BINTE ABDUL RAHMAN
NRIC No	S1530584C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97315529
Alternative Phone No	OTHERS-82033462

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00008938
Cover Note Number	

Driver

Name of Driver	SHAKINAH BEHAM BINTE ABDUL RAHMAN
NRIC No	S1530584C
Date Of Birth	31/12/1962
Occupation	INDOOR
Date Of Driving Pass	26/07/2000
Driving Experience	18 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97315529
Fax Number	
Contact Number	OTHERS-82033462
EEmail Address	NOEMAIL

Address	BLK 453 PASIR RIS DRIVE 6 #06-216
Postcode	510453
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: : MOHAMMAD ALI S/O V ABDUL GAFFOR GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180729/2114

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	SKZ4395S
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

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

DETAILS OF INJURED PERSON 1

Name SHAKINAH BEHAM BINTE ABDUL RAHMAN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKB9942G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MOHAMMAD ALI S/O V ABDUL GAFFOR
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKB9942G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

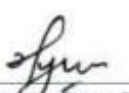
1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre 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.

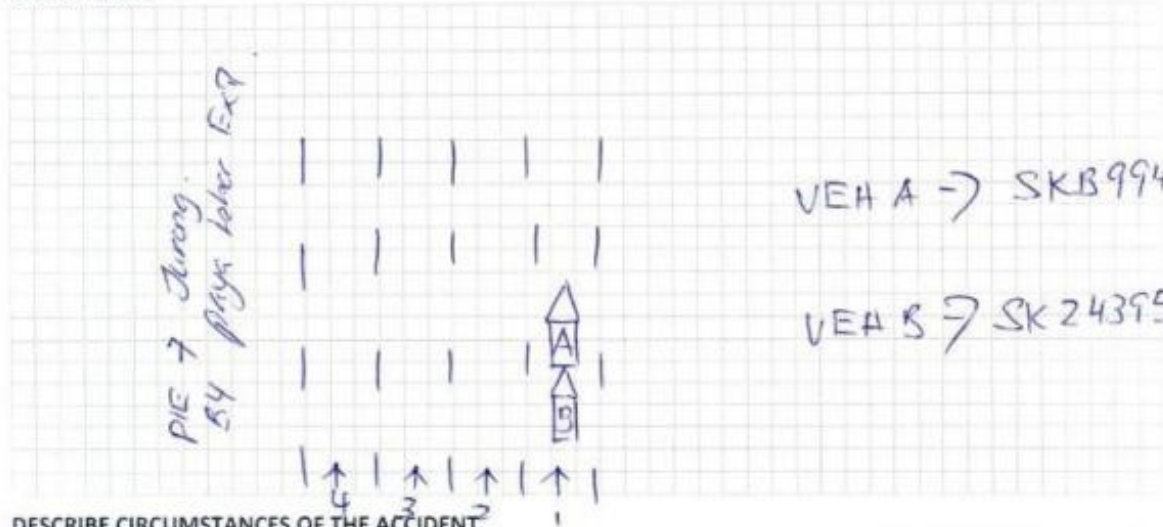
X 
Policyholder's Signature
Date & Time:

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

 30/07/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 28/07/2018 at about 13:05hrs, I was travelling along PIE towards Juring just before Page Leber exit on the Lane 1. Traffic was heavy, my front vehicle A stop as I stop my vehicle too. Out of sudden vehicle B can stop on time and hit onto the rear of my vehicle A.

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180729/2114

2 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No. 1800-5852999

Report No. T/20180729/2114

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKB9942G	FWD Singapore Pte. Ltd	PNPV2018-00008938	14/07/2018	13/07/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHAKINAH BEHAM BINTE ABDUL RAHMAN	ID No.	S1530584C
Related Vehicle	SKB9942G (Car)	Contact No.	97315529
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/07/2018	Date Discharge	28/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	Mohammed Ali S/O V Abdul Gaffor	ID No.	S1299073A
Related Vehicle	SKB9942G (Car)	Contact No.	82068462
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/07/2018	Date Discharge	28/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 28th July 2018 at about 1305hrs, I was travelling along PIE towards Jurong before Paya Lebar exit. The traffic condition was heavy and it was a start stop start traffic. I stopped the vehicle, out of the sudden a car SKZ4395S collided into me from the back. We then got out of the car and discovered our rear bumper was dented. Me and my husband felt some pain and went to SGH on our own. We exchanged particulars and left the scene. I was given 3 days MC for the pain in the head and my husband was given for 3 days MC for his neck and throat pain.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
510457
Tel No: 1800-5852999

Report No: 1901851350114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2018 23:25		Vide Report No.		Station Diary No. 143
Informant's Particulars				
Name of Informant: SHAKINAH BEHAM BINTE ABDUL RAHMAN		Address: APT BLK 453 PASIR RIS DRIVE 5 #08-216 SINGAPORE 510453		
ID Type / ID No. NRIC NO / S1530584C		Contact No. Home/Office: 97315529 Mobile:		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 55	Date of Birth: 31/12/1962	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: Registered nurse		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: 28/07/2018 13:05	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE Towards Jurong before Paya Lebar Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One 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
SKB9942G	Car	CHEVROLET	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR	Black	Slightly Damaged	1
SKZ4395S	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T20180729/2114

Police Station Of Origin:
Pasir Ris N.P.C.
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No: T20180729/2114

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SKB9942G	FWD Singapore Pte. Ltd	PNPV2018-00009938	14/07/2018	13/07/2019

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	SHAKINAH BEHAM BINTE ABDUL RAHMAN	ID No	S1530584C
Related Vehicle	SKB9942G (Car)	Contact No	97315529
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/07/2018	Date Discharge	28/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Passenger

Name	Mohammed Ali S/O V Abdul Gaffor	ID No	S1299073A
Related Vehicle	SKB9942G (Car)	Contact No	82058462
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/07/2018	Date Discharge	28/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 28th July 2018 at about 1305hrs. I was travelling along PIE towards Jurong before Paya Lebar exit. The traffic condition was heavy and it was a start stop start traffic. I stopped the vehicle, out of the sudden a car SKZ4395S collided into me from the back. We then got out of the car and discovered our rear bumper was dented. Me and my husband felt some pain and went to SGH on our own. We exchanged particulars and left the scene. I was given 3 days MC for the pain in the head and my husband was given for 3 days MC for his neck and throat pain.

Police Report



SINGAPORE
POLICE FORCE



T/20180720/2314

Police Station Of Origin:
Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

Tel No: 1800-5852999

Report No: T/20180720/2314

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Staff Sgt MUHAMMAD ZAMAKHSYARI BIN
MOHAMED ALBAKRI

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

29/07/2018 23:25

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK
Contact No: 85476436



SINGAPORE
POLICE FORCE

Classification Of Case:



Authentication Stamp

NP158

