

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	27/07/2018 11:03
Date Of Accident	21/07/2018 15:15
Exact Location Of Accident	ALONG PIONEER RD NORTH (FILTER LANE EXITING PIE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9825Y
Insured/Policyholder	
Name Of Registered Owner	NUR AFIDZA BINTE MOHD GHAZALI
NRIC No	S8821833G
Email Address	MSFIDOD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96541414
Alternative Phone No	OTHERS-96541414

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	5090422393
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ZULFADHLI BIN ZULKAFLY
NRIC No	S8700890H
Date Of Birth	08/01/1987
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93294525
Fax Number	
Contact Number	
Email Address	ZOOLFADHLI@GMAIL.COM

Address	BLK 709 JURONG WEST STREET 71 #05-32
Postcode	640709
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	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
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	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT

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	QX562S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	SGT. ARINA
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)


SKETCH PLAN

IMPORTANT NOTICE

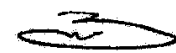
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reassess 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: Yvonne Toh
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180724/2134

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20180724/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/07/2018 18:14	Vide Report No.: J/20180721/0158	Station Diary No.: 172
--	-------------------------------------	---------------------------

Informant's Particulars

Name of Informant: MUHAMMAD ZULFADHLI BIN ZULKAFLY			Address: APT BLK 709 JURONG WEST STREET 71 #05-32 SINGAPORE 640709	
ID Type / ID No.: NRIC NO / S8700890H			Contact No.: Home/Office: Mobile: 93294525	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 31	Date of Birth: 08/01/1987	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: CONTAINER HANDLING			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 21/07/2018 15:15	Type of Location: Filter Lane
Location: Along Road 1 PIONEER ROAD NORTH				
Along Pioneer Road North towards NTU, at the filter lane exiting PIE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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
QX562S	Car	HYUNDAI		White	Slightly Damaged	2
SLL9825Y	Car	KIA		Red	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180724/2134

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 2

Report No. T/20180724/2134

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD ZULFADHLI BIN ZULKAFLY	ID No.	S8700890H
Related Vehicle	SLL9825Y (Car)	Contact No.	93294525
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/07/18 at about 1515hrs, I was driving my car (SLL9825Y) at the filter lane exiting PIE, going towards Pioneer Road North in the direction of NTU. My wife was in the Police car (QX562S) as previously my wife was searching for her handphone on the expressway thus the officer asked her to board the car and she will then bring my wife to the side.

While exiting PIE, at the filter lane, I had stopped my car as there were oncoming vehicles from Pioneer Road North going towards NTU. I suddenly felt a hard impact to the rear. I then move out of the filter lane and the driver's partner then told me to wait while the officer drive the car and parked it in front of my car in order not to block the traffic.

The officer then informed me that she has to report the matter to her supervisor and Traffic Police. She had also taken photos of the damage. My car sustained a dent and scratches to the rear bumper. Traffic Police officer and her supervisor then came down. The Traffic Police officer then advised me to lodge a Traffic Accident Report under TP IO Sharulnizam Tel: 65476904 vide incident J/20180721/0158.

There is a camera in the Police car. I am not sure if there are any traffic camera at the vicinity.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20180724/2134

3 of 3

Report No. T/20180724/2134

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 /
Staff Sgt NORIMAWATI BINTI ABDULLAH

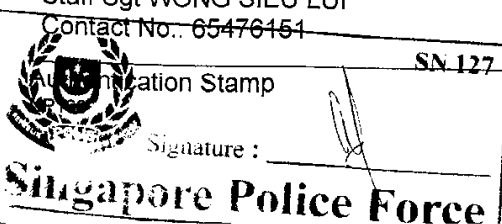
Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No: 65476151

Signature Of Informant:

Date/Time:
24/07/2018 18:14

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo

