

## 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	07/09/2018 17:01
Date Of Accident	06/09/2018 21:40
Exact Location Of Accident	PIE (CHANGI) AFTER JLN EUNOS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL1191D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED RASHID, MUHAMMAD RIDHWAN
NRIC No	S8536569Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87672811
Alternative Phone No	OFFICE-87672811

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MT/00528383
Cover Note Number	

### Driver

Name of Driver	RAFIDAH BINTE MD SALEH
NRIC No	S8635803D
Date Of Birth	09/11/1986
Occupation	INDOOR
Date Of Driving Pass	16/02/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91065244
Fax Number	
Contact Number	OFFICE-91065244
Email Address	NOEMAIL

Address	BLK 279B SENGKANG EAST AVENUE #05-547
Postcode	542279
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	4
Passenger 1	NAME: : IFFA ELLYANA BINTE MUHAMMAD RIDHWAN GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180907/7000.

#### 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	SLH6877M
Vehicle Make/Model/Colour	
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)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKH7678D
Vehicle Make/Model/Colour	
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)	3
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :

#### DETAILS OF INJURED PERSON 1

Name	RAFIDAH BINTE MD SALEH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGL1191D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	IFFA ELLYANA BINTE MUHAMMAD RIDHWAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGL1191D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

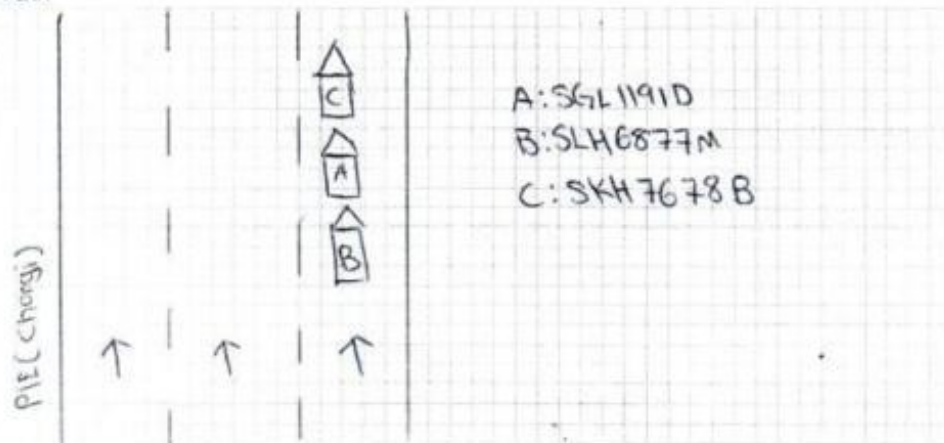
  
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date, time, location, I was travelling straight. Suddenly I felt a huge impact from the rear. CA-sink my vehicle to surge forward and hit into vehicle C.

## 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.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180907/7000

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20180907/7000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2018 00:33	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: RAFIDAH BINTE MD SALEH			Address: APT BLK 279B SENGKANG EAST AVENUE #05-547 SINGAPORE 542279	
ID Type / ID No.: NRIC NO / S8635803D			Contact No.: Home/Office: Mobile: 91065244	
Nationality: SINGAPORE CITIZEN			Email: fyda_muhd@yahoo.com.sg	
Sex: Female	Age: 31	Date of Birth: 09/11/1986	Type of Informant: Driver	
Race: Arab			Language: English	Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/09/2018 21:40	Type of Location: Flyover
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SGL1191D	Car	HONDA	Civic	Black	Seriously Damaged	3
SKH7678B	Car	MITSUBISHI	Outlander	Silver	Slightly Damaged	2
SLH6877M	Car	TOYOTA		White	Slightly Damaged	0



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180907/7000

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20180907/7000

### CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	IFFA ELLYANA BINTE MUHAMMAD RIDHWAN	ID No.	T0525932G
Related Vehicle	SGL1191D (Car)	Contact No.	91065244
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/09/2018	Date Discharge	07/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Driver			
Name	RAFIDAH BINTE MD SALEH	ID No.	S8635803D
Related Vehicle	SGL1191D (Car)	Contact No.	91065244
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	07/09/2018	Date Discharge	07/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

#### Brief Details:

On 6/9/2018 at around 9.40pm, I was the driver of vehicle SGL1191D, driving on pie towards changi. I was travelling on lane 1.

When the front vehicle slowed down and stop, I follow suit and came to a complete stop. I managed to brake and not hit the front vehicle.

Suddenly, I felt a huge impact from the rear. Due to the huge impact, my vehicle was forced to the front to hit another vehicle.

The front vehicle number plate is SKH7678B.  
The rear vehicle plate is SLH6877M.

We alighted to make a check and take photos. As we did not want to block traffic, EMAS suggested us to move to the nearest exit.

We exited the expressway and stop at the side of the road to exchange particulars and take more photos.

Following, I went to my workshop to make a GIA report and I felt pain at my knee, back and neck area.

Hence, I went to INTEMEDICAL 24 HOURS CLINIC at Ang Mo Kio, and was given 5 days of mc.

## Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
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T/20180907/7000

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Report No. T/20180907/7000

### CONTINUATION OF REPORT

My daughter was also given 5 days of MC.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180907/7000

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Police Station Of Origin:  
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Tel No: 65470000

Report No. T/20180907/7000

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/09/2018 00:33
Officer In Charge Of Case:	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**





Accident Photo



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo



Accident Photo

