

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 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. 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	05/10/2018 08:17
Date Of Accident	04/10/2018 08:50
Exact Location Of Accident	UPPER CHANGI ROAD NORTH / LOYANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH6824A
Insured/Policyholder	
Name Of Registered Owner	MURSHIDAH BTE ALI
NRIC No	S7317048F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97383532
Alternative Phone No	OTHERS-97383532

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E A

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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5021621497-11 TPFT
Cover Note Number	

Driver

Name of Driver	MURSHIDAH BTE ALI
NRIC No	S7317048F
Date Of Birth	16/05/1973
Occupation	INDOOR
Date Of Driving Pass	23/06/1998
Driving Experience	20 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97383532
Fax Number	
Contact Number	OTHERS-97383532
Email Address	NOEMAIL

Address	BLK 27 #06-351 CHAI CHEE ROAD
Postcode	460027
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	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)	2
Passenger 1	NAME: : MOHD FAISAL
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHAI CHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 35 CHAI CHEE AVENUE #01-256/258 , POSTCODE: 461035 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-445 9999 - FAX NO: 6244 4375
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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	SLQ415E
Vehicle Make/Model/Colour	TOYOTA PRIUS HYBRID 1.8 CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OH BENG ANG
NRIC/Passport Number	S1306191B
Contact Number	98254282
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKL5660T
Vehicle Make/Model/Colour	HYUNDAI LM TUCSON 2.0L AUTO ABS D/AB SR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SCHULZ GEORG FELIX
NRIC/Passport Number	
Contact Number	98314840
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MURSHIDAH BTE ALI
Approximate Age	
Injuries Sustain	PAIN ON BACK NECK, LOWER BACK
Injured person in which vehicle?	SGH6824A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MOHD FAISAL (PASSENGER)
Approximate Age	
Injuries Sustain	PAIN ON BACK NECK
Injured person in which vehicle?	SGH6824A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: yackb@singnet.com.sg

Policyholder's Signature
 Date & Time:

- 5 OCT 2018

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

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

SKETCH PLAN

A	SGH 6824A
B	SLQ415E
C	SKL560T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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

Policyholder's Signature
Date & Time: 5 OCT 2018

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181004/2178

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Report No. T/20181004/2178

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2018 21:12	Vide Report No.:	Station Diary No.: 56
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Informant's Particulars

Name of Informant: MURSHIDAH BTE ALI		Address: APT BLK 27 CHAI CHEE ROAD #05-351 SINGAPORE 460027	
ID Type / ID No: NRIC NO / S7317048F	Contact No: Home/Office:	Mobile: 97383532	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 45	Date of Birth: 16/05/1973	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: REGIONAL ACCOUNTS MANAGER	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: 04/10/2018 08:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 UPPER CHANGI ROAD NORTH LOYANG WAY IN FRONT OF THE JAPANESE SCHOOL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	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
SGH6824A	Car	TOYOTA	VIOS 1.5E A	Silver	Slightly Damaged	1
SKL5660T	Car				Slightly Damaged	0
SLQ415E	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181004/2178

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Report No. T/20181004/2178

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
481035
Tel No: 1800-4459999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SGH6824A	NTUC Income Insurance Co-Operative Limited	5021621497-11	19/06/2018	18/06/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MURSHIDAH BTE ALI	ID No.	S7317048F
Related Vehicle	SGH6824A (Car)	Contact No.	97383532
Hospital/Clinic	SM HANEEFA CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/10/2018	Date Discharge	04/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Passenger			
Name	MOHAMED FAISAL BIN HANIF	ID No.	S7513423A
Related Vehicle	SGH6824A (Car)	Contact No.	93368483
Hospital/Clinic	SM HANEEFA CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/10/2018	Date Discharge	04/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Driver			
Name	SCHULZ GEORG FELIX	ID No.	S7081405F
Related Vehicle	SKL5860T (Car)	Contact No.	NIL
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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181004/2178

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

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Report No: T/20181004/2178

CONTINUATION OF REPORT

Driver			
Name	OH BENG ANG	ID No.	S1306191B
Related Vehicle	SLQ415E (Car)	Contact No.	NIL
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 the above-mentioned date and time, I was travelling along Upper Changi Road North. I was the first car from the traffic light crossing in front of The Japanese School. The lights were green but as traffic was very heavy, I was stationary. Suddenly I felt an impact from the rear of the car. I then stepped out of my vehicle and realized that my vehicle was hit by another car (SLQ415E) from behind. That said car was hit by another car (SKL5660T). At that point of time, no one was injured. We then exchanged particulars and took the necessary photos before moving off.

Later in the afternoon, I felt pain at the back of my neck and my lower back. My husband, who was my passenger at the time of accident, also felt pain at the back of his neck. Thus we went to see a doctor where we received out-patient treatment and given 3 days MC each.

The rear bumper of my car is dented and slightly dislodged. The second car had scratches on the front bumper, slight crack on the front license plate and slight dents on the rear bumper. The last car had scratches on the front bumper.

Individual Statement



SINGAPORE
POLICE FORCE



T/20181004/2178

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Report No: T/20181004/2178

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461035
Tel No: 1800-4459999

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:
G /
Sr Staff Sgt MUHAMMAD HAFIZ BIN ABDUL
RAZAK

Signature Of Informant

Date/Time:
04/10/2018 21:12

Signature Of Interpreter:
Not applicable

Classification Of Case:

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

Authentication Stamp
NP158

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	7048F
Vehicle Details	
Vehicle No.:	SGH6824A
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Oct 2018
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5E A
Primary Colour:	Silver
Manufacturing Year:	2006
Engine No.:	1NZX435360
Chassis No.:	MR053HY4204189038
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$12,707.00
Original Registration Date:	19 Jun 2006
First Registration Date:	19 Jun 2006
Transfer Count:	1
Actual ARF Paid:	\$13,978.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 May 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$22,789.00
COE Rebate Amount:	\$12,092.00
Total Rebate Amount:	\$12,092.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 05 Oct 2018

OK