

## 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	08/10/2018 15:06
Date Of Accident	07/10/2018 11:30
Exact Location Of Accident	ALONG PIE TWDS PAYA LEBAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX2644U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PG MOTORING
Co Reg No	53213875M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90253415

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5097341677-01
Cover Note Number	

### Driver

Name of Driver	NORLIA BINTE MOHD MOKHTAR
NRIC No	S8138570Z
Date Of Birth	10/12/1981
Occupation	INDOOR
Date Of Driving Pass	08/01/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90253415
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 411 EUNOS ROAD 5 #12-124
Postcode	400411
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	
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: : ABDUL RASAQ ISHIEKWENE AKEEM GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 9 EUNOS CRESCENT #01-2687 , <b>POSTCODE:</b> 400009 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7479999 - <b>FAX NO:</b> 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181007/2070

#### 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	GBE8636M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MR TEO
NRIC/Passport Number	
Contact Number	83841765
Address	

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SDL699Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver KP TAN  
NRIC/Passport Number  
Contact Number 98773209  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name NORLIA BINTE MOHD MOKHTAR  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SGX2644U  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name ABDUL RASAQ ISHIEKWENE AKEEM  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SGX2644U  
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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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

ALONG PIE TWDS  
PAYA LEBAR

A - SGX 2644 U  
B - GBE 8636 M  
C - SDL 699 Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report T/2018/1007/2070

## 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/20181007/2070

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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Report No. T/20181007/2070

**CONTINUATION OF REPORT**

**Brief Details.**

On 7/10/2018 at about 1130hrs, I was travelling along PIE exit towards paya lebar rd. I then stopped at traffic light before the slip road. Subsequently while waiting for the traffic light to turn green, my vehicle was hit by a lorry from the rear which caused my vehicle to hit the car in front of me, and then I came out to assess the damages caused. My vehicle suffered shattered rear window, dented boot, dangled brake light on the rear bumper and dented front bonnet with dented front car plate. The lorry suffered dented, and dislodged front bumper and car plate, front air vent cover dropped off. The vehicle in front of me suffered no damages. No Ambulance or police was at scene.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181007/2070

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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Report No. T/20181007/2070

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2018 16:48		Vide Report No.:		Station Diary No.: 18	
<b>Informant's Particulars</b>					
Name of Informant: NORLIA BINTE MOHD MOKHTAR			Address: APT BLK 411 EUNOS ROAD 5 #12-124 SINGAPORE 400411		
ID Type / ID No.: NRIC NO / S8138570Z			Contact No.: Home/Office: Mobile: 90253415		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 36	Date of Birth: 10/12/1981	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: PURCHASER			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: 07/10/2018 11:30	Type of Location: Y-Junction
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY PAYA LEBAR ROAD PIE exit Paya Lebar Rd. towards Guillemard Rd				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GBE8636M	Lorry	TOYOTA	Dyna	Silver	Slightly Damaged	1
SDL699Z	Car	VOLVO	XC60	Grey	No Damage	0
SGX2644U	Car	TOYOTA	picnic auto	Silver	Seriously Damaged	1

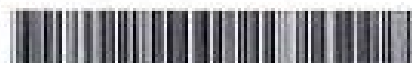
## Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181007/2070

Police Station Of Origin:  
Kampong Ubi NPP  
9 Euros Crescent #01-2687 SINGAPORE  
400008  
Tel No: 1800-7479999

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Report No. T/20181007/2070

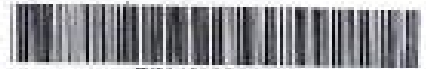
## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MR TEO	ID No.	NIL
Related Vehicle	GBE8636M (Lorry)	Contact No.	83841765
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
<b>Driver</b>			
Name	KP TAN	ID No.	NIL
Related Vehicle	SDL899Z (Car)	Contact No.	98773209
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
<b>Driver</b>			
Name	NORLIA BINTE MOHD MOKHTAR	ID No.	S8138570Z
Related Vehicle	SGX2644U (Car)	Contact No.	90253415
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/10/2018	Date Discharge	07/10/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Passenger</b>			
Name	ABDUL RASAQ ISHIEKWENE AKEEM	ID No.	T0119243J
Related Vehicle	SGX2644U (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/10/2018	Date Discharge	07/10/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181007/2070

Police Station Of Origin:

3 of 4

Kampong Ubi NPP

Report No. T/20181007/2070

9 Eunos Crescent #01-2687 SINGAPORE

400009

CONTINUATION OF REPORT

Tel No: 1800-7479999

### Brief Details.

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Police Report



**SINGAPORE  
POLICE FORCE**



T/20181007/2070

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479989

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Report No: T/20181007/2070

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:

Sgt 2 CHEW SONG YAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
07/10/2018 16:46

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 85476151

Classification Of Case:

Authentication Stamp  
NP168