

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	26/10/2018 11:33
Date Of Accident	25/10/2018 08:55
Exact Location Of Accident	PIE SLIP ROAD INTO ECP (MCE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA7191A
Insured/Policyholder	
Name Of Registered Owner	NUR FAJRINA BEE BTE ABD AZIZ
NRIC No	S8512461G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90116447
Alternative Phone No	OFFICE-90116447

Vehicle Particulars

Manufacturer	MAZDA
Model	-
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05017858
Cover Note Number	

Driver

Name of Driver	NUR FAJRINA BEE BTE ABD AZIZ
NRIC No	S8512461G
Date Of Birth	20/04/1985
Occupation	INDOOR
Date Of Driving Pass	23/09/2004
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90116447
Fax Number	
Contact Number	OFFICE-90116447
Email Address	NOEMAIL

Address	-
Postcode	
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	
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)	1

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
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer attached 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	SJR1369S
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBC243B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLG2592R
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)

DETAILS OF INJURED PERSON 1

Name NUR FAJRINA BEE ABD AZIZ
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKA7191A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

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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.:

SKETCH PLAN

A - SLK 7191A
B - SJR 1369S
C - GBC 243B
D - SLG 2592R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

attached police report.

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.:



**SINGAPORE
POLICE FORCE**



T/20181026/2022

1 of 4

Report No. T/20181026/2022

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2018 09:50	Vide Report No.: G/20181025/0066	Station Diary No.:
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Informant's Particulars

Name of Informant: NURFAJRINA BEE BINTE ABD AZIZ			Address: APT BLK 662 BUFFALO ROAD #23-20 SINGAPORE 210662		
ID Type / ID No.: NRIC NO / S8512461G			Contact No.: Home/Office:		Mobile: 90116447
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 33	Date of Birth: 20/04/1985	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: PRODUCT PLANNER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/10/2018 08:55	Type of Location: Flyover
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY EAST COAST EXPRESSWAY PIE(AIRPORT) SLIP ROAD ECP(MCE) Lamp Post Number: 2F12				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC243B	Lorry				Seriously Damaged	0
SJR1369S	Car				Totally Damaged	0
SKA7191A	Car	MAZDA	MAZDA2 1.5 AT V	White	Seriously Damaged	0
SLG2592R	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20181026/2022

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Traffic Police Division HQ
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Tel No: 65470000

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Report No. T/20181026/2022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA7191A	LONPAC INSURANCE BHD.	Z18VP05017858	12/04/2018	11/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL				
Driver		Use of Pedestrian Crossing: NA		
Name	FARUK OMAR	ID No.	G202650P	
Related Vehicle	GBC243B (Lorry)	Contact No.	85873640	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL			
No. of Days granted Medical Leave	NIL	Date Discharge	NIL	
Driver		Degree of Injury		
Name	WOO HUI YEN, ADELINE	ID No.	S8713228E	
Related Vehicle	SJR1369S (Car)	Contact No.	90607741	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL	
Date Treatment	NIL			
No. of Days granted Medical Leave	NIL	Date Discharge	NIL	
Driver		Degree of Injury		
Name	NURFAJRINA BEE BINTE ABD AZIZ	ID No.	S8512461G	
Related Vehicle	SKA7191A (Car)	Contact No.	90116447	
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	25/10/2018			
No. of Days granted Medical Leave	03	Date Discharge	25/10/2018	
		Degree of Injury	Slight	



**SINGAPORE
POLICE FORCE**



T/20181026/2022

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

Report No. T/20181026/2022

CONTINUATION OF REPORT

Driver			
Name	SUBRAMANIAN PANDURENGAN		ID No. G6032095R
Related Vehicle	SLG2592R (Car)		Contact No. 81560114
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.

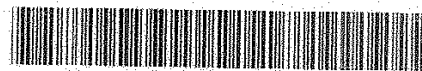
ON THE 25/10/2018 AT AROUND 0856HRS ALONG PIE(AIRPORT) SLIP ROAD ECP(MCE)

THE TRAFFIC FLOW WAS MODERATE AND THE ROAD SURFACE WAS DRY, I WAS TRAVELLING ALONG THE PIE(AIRPORT) ENTERING THE SLIP ROAD TO THE MCE EXPRESSWAY. I SAW ABLE TO SEE THE VEHICLE IN FRONT OF SLG2592R MAKE A VERY HUSH JAM BRAKE, THE VEHICLE SLG2592R WAS ABLE TO STOP BEHIND THE VEHICLE ON TIME. AS I WAS TRAVELLING BEHIND SLG2592R AT THAT POINT OF TIME, I SLOW DOWN MY VEHICLE ABIT BEFORE THE INCIDENT HAPPENED. WHEN THE FRONT CAR JAM BRAKE, I WAS ABLE TO REACT ON TIME AND I WAS ABLE TO STOP RIGHT BEHIND THE VEHICLE(SLG2592R). LATER ON WHEN MY CAR WAS IN A STATIONARY, I FELT 2 IMPACT FROM THE REAR OF MY VEHICLE AND I WAS IN SHOCKED AND UNABLE TO EXIT MY VEHICLE UNTIL THE AMBULANCE ARRIVED TO THE SCENE AND ASKED MY TO EXIT OUT OF MY VEHICLE TO MAKE A CHECK ON ME. AFTER THE AMBULANCE MAKE A CHECK ON ME, I REFUSED TO BE CONVEYED TO THE HOSPITAL BUT I WILL SEEK MY OWN MEDICAL TREATMENT LATER ON.

THAT'S ALL



**SINGAPORE
POLICE FORCE**



T/20181026/2022

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Tel No: 65470000

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Report No. T/20181026/2022

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:
TP /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

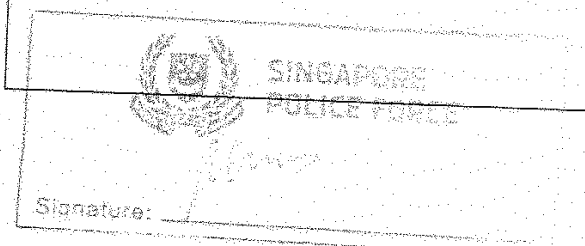
Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168


Signature Of Informant:

Date/Time:
26/10/2018 09:50

Classification Of Case:



REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S8512461G



Name
NUR FAJRINA BEE BINTE
ABD AZIZ

Race
INDIAN

Date of Birth
20-04-1985

Sex
F

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8512461G



Name
NUR FAJRINA BEE BINTE
ABD AZIZ

Birth Date: 20 Apr 1985

Issue Date: 12 Oct 2004

001292091A

3149289



NRIC No: S8512461G



Blood Group
B+

Date of Issue
20-04-2000

Address
APT BLK 662 BUFFALO ROAD
#23-20
SINGAPORE 210662

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

CLASS DATE
23 Sep 2004

Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors / vehicles <= 2500 kg

NP 428A

License No: S8512461G

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

