

MNA118130226 / National Assessment Centre Services - Ubi
 ENTRY DATE & TIME: 08/10/2018 13:45
 SUBMITTED BY: Jackson Ho Zhao Tian

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 13:45
Date Of Accident	07/10/2018 13:00
Exact Location Of Accident	SLIP RD TPE (SLE) TWDS PASIR RIS FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG4127Y
Insured/Policyholder	
Name Of Registered Owner	MAIDEEN, MOHAMMED
Co Reg No	S2681962H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81804425
Alternative Phone No	OFFICE-81804425

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L A
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00037320/07
Cover Note Number	

Driver

Name of Driver	HAJRA MAIDEEN
NRIC No	S9172314Z
Date Of Birth	23/06/1991
Occupation	INDOOR
Date Of Driving Pass	02/08/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98557898
Fax Number	
Contact Number	OFFICE-98557898
Email Address	NOEMAIL

Address BLK 347 TAMPINES STREET 33
#04-402
Postcode 520347
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured CHILDREN
Vehicle Registration Number of Driver's Own Vehicle -
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? 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: : AISHA MAIDEEN
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of Intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181007/2077.

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 SKB9085E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MANDEEP KAUR SIDHU
NRIC/Passport Number S9628726G
Contact Number
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name HAJRA MAIDEEN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGG4127Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name AISHA MAIDEEN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGG4127Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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7. By the lodging 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.

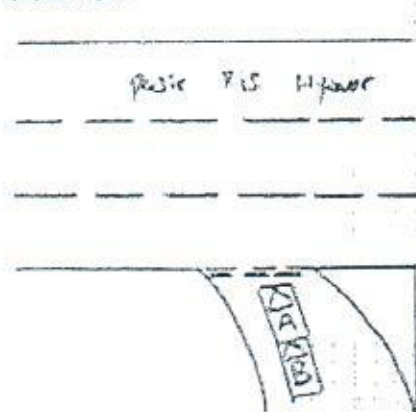
 Policyholder's Signature
 Date & Time

 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



A: 56441271

B: 56441271

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/18/2018/2018.

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/PSN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20181007/2077

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No: T/20181007/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2018 10:11	Video Report No.:	Station Diary No.: 40
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Informant's Particulars

Name of Informant: HAJRA MAIDEEN			Address: APT BLK 347 TAMPINES STREET 33 #04-402 SINGAPORE 520347		
ID Type / ID No.: NRIC NO / S9172314Z			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office:		
			Mobile: 98557898		
			Email:		
Sex: Female	Age: 27	Date of Birth: 23/06/1991	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: TEACHER			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: 07/10/2018 13:00	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 TAMPINES EXPRESSWAY ELIAS ROAD EXIT 3B				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		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
SGG4127Y	Car	HONDA	Civic		Slightly Damaged	1
SKB9085E	Car	MINI	Cooper	Brown	Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20181007/2077

Police Station Of Origin:

Eunos NPP

029 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

2 of 3

Report No. T/20181007/2077

CONTINUATION OF REPORT

Driver			
Name	HAJRA MAIDEEN	ID No.	S9172314Z
Related Vehicle	SGG4127Y (Car)	Contact No.	98557898
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	03	Degree of Injury	Slight
Passenger			
Name	AISHA MAIDEEN	ID No.	T0005669Z
Related Vehicle	SGG4127Y (Car)	Contact No.	82017155
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	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was driving a Honda and I came to a stop due to the pedestrian crossing ahead. The mini cooper behind me however did not slow down nor stop and hence collided onto the rear of my vehicle.

Due to the collision, the rear bumper and my car boot was damaged. The other party did not complain of injury however due to severe headache and back discomfort, myself and my sister went to Mount Alvernia to seek medical assistance and were both granted 3 days of Medical Leave.

Police Report

**SINGAPORE
POLICE FORCE**

T/20181007/2077

Police Station Of Origin:
Eunos NPP
620 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20181007/2077

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/
Sgt 1 TAN LI JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/10/2018 18:11

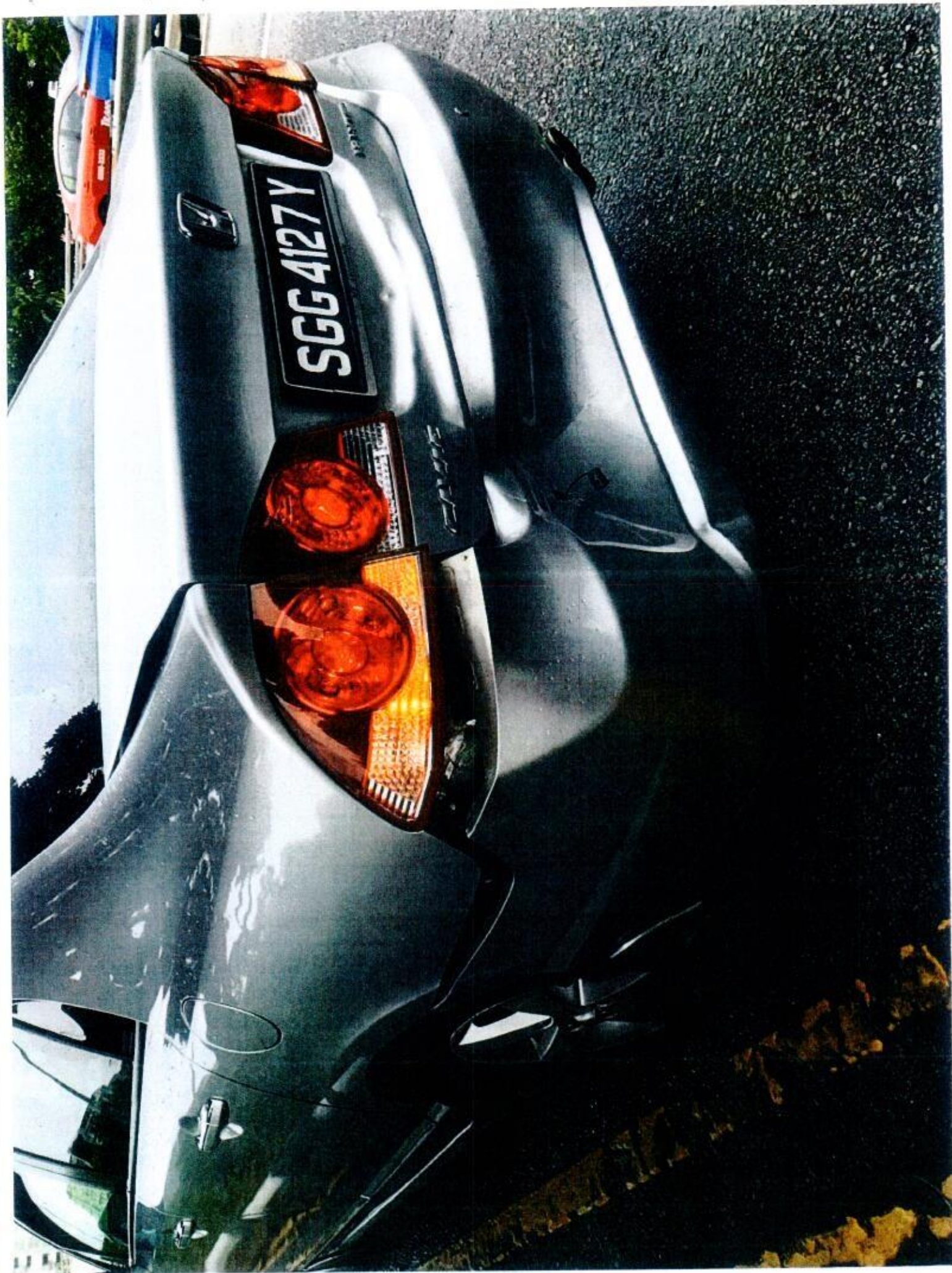
Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH

Contact No: 65476367

Authentication Stamp
NP 166

Classification Of Case:



SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report	08/10/2018 17:28
Date Of Accident	07/10/2018 13:05
Exact Location Of Accident	TPE EXIT 3B TOWARDS PASIR RIS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB9085E
Insured/Policyholder	
Name Of Registered Owner	HARBANS SINGH S/O MARGAR SINGH
NRIC No	S1536306A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94896656
Alternative Phone No	OFFICE-93259384

Vehicle Particulars

Manufacturer	MINI
Model	COOPER-1.6 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05016880
Cover Note Number	

Driver

Name of Driver	MANDEEP KAUR SIDHU
NRIC No	S9628726G
Date Of Birth	15/08/1996
Occupation	INDOOR
Date Of Driving Pass	05/07/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93259384
Fax Number	
Contact Number	
Email Address	MANDEEPKAUR_96@HOTMAIL.COM

Address	34 BAYSHORE ROAD #11-05
Postcode	469976
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	DRIZZLING
Road Surface	WET

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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING AT THE TPE EXIT 3B TOWARDS PASIR RIS AND I WAS AT THE END OF THE EXIT AT THE FILTER LANE COMING OUT TO THE MAIN ROAD. THE CAR INFRONT OF ME HAD ALREADY PASSED THE PEDESTRIAN CROSSING AND WAS ACCELERATING TOWARDS THE MAIN ROAD AS ONCOMING TRAFFIC WAS CLEAR. I PROCEEDED TO ACCELERATE TOO AND WAS CHECKING TO SEE IF ONCOMING TRAFFIC WAS STILL CLEAR FOR ME. THE CAR INFRONT BRAKED AND AS I ACCELERATED, I HIT INTO THE CAR. THERE WAS NO INJURIES FROM THIS ACCIDENT.

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	SGG4127Y
Vehicle Make/Model/Colour	HONDA / SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HAJRA MAIDEEN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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:

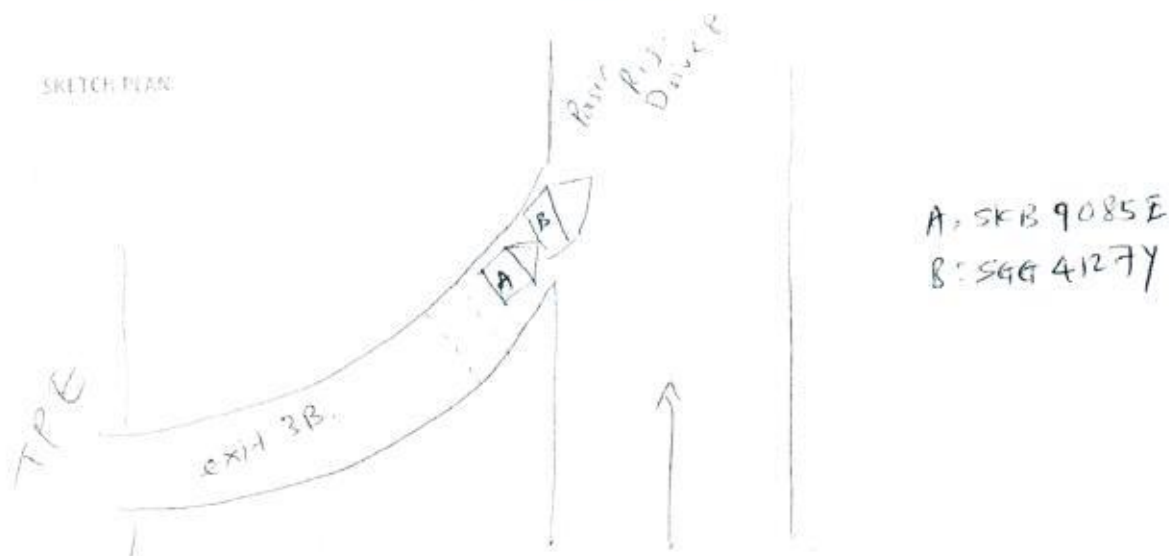
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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 Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at the ipe exit 3B towards passing and I was at the end of the exit at the latter lane coming out to the main road. The car in front of me had already passed the pedestrian crossing and was accelerating towards the main road as oncoming traffic was clear. I proceeded to accelerate too and was checking to see if oncoming traffic was still clear for me. The car in front of me braked and as I accelerated, I hit into the car. There was no injuries from this accident.

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:

8/10/2018

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9628726G



Name: MANDEEP Kaur SIDHU

Race: SIKH

Date of birth: 15-08-1996 Sex: F

Country of birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9628726G

Name: MANDEEP Kaur SIDHU

Birth Date: 15 Aug 1996

Issue Date: 05 Jul 2016




002565432B



4718770



MRIC No. S9628726G



Date of issue: 28-04-2011

Address:
34 BAYSHORE ROAD
#11-05
SINGAPORE 469976

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	05 Jul 2016

NP 428A

Licence No: S9628726G



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

