

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	13/12/2018 14:43
Date Of Accident	12/12/2018 17:30
Exact Location Of Accident	ALONG DAIRY FARM ROAD (BUS STOP)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW7727P
Insured/Policyholder	
Name Of Registered Owner	NOR ZAMZARINA BINTE KAMIS
NRIC No	S7719794Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86128983
Alternative Phone No	OTHERS-86128983

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA292094/1
Cover Note Number	

Driver

Name of Driver	NOR HARMAYA BINTE KAMIS
NRIC No	S8013384G
Date Of Birth	12/05/1980
Occupation	INDOOR
Date Of Driving Pass	07/04/2000
Driving Experience	18 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86128983
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 651 WOODLANNDS RING ROAD #10-452
Postcode	730651
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	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: : ZAINAL BIN WAKIJO GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

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	GBG2405S
Vehicle Make/Model/Colour	NISSAN VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	FENG JINZHONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NOR HARMAYA BINTE KAMIS
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SKW7727P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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: 13/12/2018

12.55PM

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

VAN HOT my car SKW7727D

~~FR~~ BUS STOP

Refer To Police Report Attached

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

Driver's Signature
(If driver is not the policyholder)

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

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/20181213/2033

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 758827
Tel No: 1800-8529999

1 of 4
Report No. T/20181213/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2018 11:30		Vide Report No.:		Station Diary No.: 25
Informant's Particulars				
Name of Informant: NOR HARMAYA BINTE KAMIS		Address: APT BLK 651 WOODLANDS RING ROAD #10-452 SINGAPORE 730651		
ID Type / ID No.: NRIC NO / S8013364G		Contact No.: Home/Office: Mobile: 86128983		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 38	Date of Birth: 12/05/1980	Type of Informant: Driver	
Race: Malay		Language:	Institution / School Name:	
Occupation: Other administrative and related associate professionals nec		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/12/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 DAIRY FARM ROAD BUKIT TIMAH EXPRESSWAY Bus stop in front of GESS Campus Lamp Post Number: 33				
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: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG2405S	Van					0
SKW7727P	Car	MITSUBISHI	LANCER 2015	Silver	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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Police Report



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T/20181213/2033

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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20181213/2033

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW7727P	AXA INSURANCE SINGAPORE PTE LTD	GA292094	18/11/2018	15/11/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NOR HARMAYA BINTE KAMIS		ID No.	S8013384G
Related Vehicle	SKW7727P (Car)		Contact No.	86128983
Hospital/Clinic	COUNTRYSIDE CLINIC AND SURGERY		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	12/12/2018		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Passenger				
Name	ZAINAL BIN WAKIJO		ID No.	S1656378A
Related Vehicle	SKW7727P (Car)		Contact No.	88626859
Hospital/Clinic	COUNTRYSIDE CLINIC AND SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/12/2018		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

On 12/12/2018 at around 1730hrs, I was in my car (SKW7727P) travelling along Dairy Farm Road on the second lane when I saw a taxi (SHB1025S) in front of me making a stop intending to drop a passenger. As it was unsafe for me to overtake the taxi on the right at that point of time, I slowed down and came to a stop right behind the said taxi. I was waiting for the taxi to move on for about less than a minute when a van (GBG2405S, Driven by Feng Jin Zhong, G:8108933M, Company: SkillTech Aluminium Construction Pte Ltd) collided with my vehicle from the rear. Due to the collision, me and my passenger both suffered pain on the neck and back area. Hence, we both went to get our injuries treated shortly after and received 3 days MC (Mc No. 69731 & No. 69732). I wish to state that there are no traffic police or ambulance at scene and no damage to government property. I wish to also inform that I have in-car footages of the incident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20181213/2033

Police Station Of Origin:
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31 Yishun Central SINGAPORE 768827
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Report No. T/20181213/2033

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20181213/2033

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Report No. T/20181213/2033

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:

L /

Sgt 2 NU'MAN BIN MOHD NOOR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/12/2018 11:30

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168

Identification Card

