### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	27/02/2019 16:26
Date Of Accident	26/02/2019 18:30
Exact Location Of Accident	MANDAI ROAD TOWARDS YISHUN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG3995T
Insured/Policyholder	
Name Of Registered Owner	KHAIRUNNISA BINTE MD YUSOP
NRIC No	S8812518E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92771095
Alternative Phone No	OTHERS-92771095
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3005911900
Cover Note Number	
Driver	

Driver

Name of Driver KHAIRUNNISA BINTE MD YUSOP

NRIC No S8812518E

Date Of Birth 17/04/1988

Occupation INDOOR

Date Of Driving Pass 17/12/2008

Driving Experience 10 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92771095

Fax Number

Contact Number OTHERS-92771095

EMail Address NOEMAIL

BLK 549 BEDOK NORTH AVENUE 1 Address

#10-440

Postcode 460549

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** 

**CHAIN COLLISION** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

ambulance?

NAME: : HAMAZAH ISA

**GENDER:** : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name KAKI BUKIT NEIGHBOURHOOD POLICE POST

ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448, POSTCODE: 460526 Police Station Address

, COUNTRY: SINGAPORE

TEL NO: 1800-4429999 - FAX NO: 62444377 Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

## **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20190227/2062

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SMC3762U **FORKLIFT** Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver MOK WEI YANG

S9716664A NRIC/Passport Number 97405493 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJS6451Z

Vehicle Make/Model/Colour VOLKSWAGEN

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver GOOI CAI TING
NRIC/Passport Number S8910144A
Contact Number 98007473

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name KHAIRUNNISA BINTE MD YUSOP

Approximate Age

Injuries Sustain SLIGHT INJURY Injured person in which vehicle? SMG3995T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode YES YES

#### Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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  facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 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 agescy/authority (such as the police), for the purpose(s) of:
  - 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 lirms, 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:
  - 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	WAMDEL	ROBO	Towards	Yostun	
					@ Smq 3995T
					B SMC 3762 U
	ASTANCES OF THE AC				
es ferr	A Po Poug	E RKPOK	F 7/2019	0227/20	62
DECLARATION I/We declare the fore	going particulars are true	in every respec	a.		/
(HY)		190		0/	Mostrell
Policyholder's Signaturi Date & Time:	(If ciriv	's Signature er is not the poli Time:	cyholder)	Reporting Centre P Name: NRIC/FIN No.:	Rosh Wills





Police Station Of Origin: Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 Tel No: 1800-4429999

1 of 4 Report No. T/20190227/2062

REPO	RT	OF	A	TRAF	FIC	ACCI	DENT

Date/Time Report Made: 27/02/2019 12:47			Vide Report No.:	Station Diary No.: 16	
Informar	t's Partic	ulars			
	Informant: NNISA BIN	ITE MD YUSOP	Address: APT BLK 549 BEDOK NORT SINGAPORE 460549	H AVENUE 1 #10-440	
ID Type / ID No.: NRIC NO / S8812518E			Contact No.: Home/Office:	Mobile: 92771095	
Nationalit SINGAPO	y: ORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Female 30 17/04/1988		Date of Birth: 17/04/1988	Type of Informant: Driver		
Race; Malay			Language: Malay	Institution / School Name:	
Occupation: RESEARCH TECHNICIAN		NICIAN	Driving Licence Information: Class: 2B,3	Date of Expiry:	

selleral Infor	mation of the Acci	The second second		
Type of Accident:	Others	Drink Drive: No	Date/Time of Accident: 26/02/2019 18:30	Type of Location Straight Road
Location: Along Road 1 MANDAI RO/ towards Yishu Weather: Clear	AD .	turn junction to Mandai F Road Surface: Dry		Road Speed Limit:
Traffic Flow: Traffic Control: Dual Carriage Way Not Controlled				Traffic Volume: Moderate
Type of Collis Moving Vehic	ion: le Against Stopped	Vehicle		Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved			Manager and Table	SET WELL STORY
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJS6451Z	Car	VOLKSWAGO N	Golf	Black	Slightly Damaged	0
SMC3762U	Car	FORD		Blue	Slightly Damaged	0
SMG3995T	Car	HONDA	Jazz	Red	Slightly Damaged	1

Details of V	ehicle Insurance		Editor Person	MARKET STATE
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



T/20190227/2062

Police Station Of Origin: Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 Tel No: 1800-4429999

Details of Vehicle Insurance

Date Treatment 26/02/2019

No. of Days granted Medical Leave

2 of 4 Report No. T/20190227/2062

#### CONTINUATION OF REPORT

Vehicle No.	Inst	rance Company	Ins	urance No	000	Effective	Expiry Date
SMG3995T	3995T CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.		DMPCSN30059119 00		119	21/01/2019	20/01/2020
Details of Po	W V W	The state of the s				VIII II	E POWER IN
Any Pedestri			_		_		
No. of Pedes	strian	s Injured: NIL	Use o	f Pedestrian	Cross	sing: NA	
Driver			C USES	- The second	25.50		Lange (Carling
Name		GOOI CAI TING		ID No.		S8910144A	١.
Related Veh	icle	SJS6451Z (Car)		Contac	ct No.	98007473	
Hospital/Clinic NIL			Driving Licence	Class of Class: NIL Date of Expiry: Licence & Expiry Date		oiry: NIL	
Date Treatm	e Treatment NIL Date				NIL		
No. of Days	grant	ed Medical Leave NIL		ee of injury	NIL		
Driver	9			THE REAL PROPERTY.	344		all de la
Name		MOK WEI YANG		ID No.		S9716664/	4
Related Veh	icle	SMC3762U (Car)		Conta	ct No.	97405493	
Hospital/Clin	iic	NIL		Class Driving Licence Expiry	e &	Class: NIL Date of Ex	piry: NIL
Date Treatm	ent	NIL	Date	Discharge	NIL		
		ted Medical Leave NIL	Degr	ee of Injury	NIL		
Driver						1751270	
Name		KHAIRUNNISA BINTE MD YU	ID No.		S8812518		
Related Veh	icle	SMG3995T (Car)		Conta	ct No.	92771095	
Hospital/Clin	nic	KHOO TECK PUAT HOSPITA	Class Drivin Licen	g	Class: 2B, Date of Ex		

03

Expiry Date

Date Discharge 26/02/2019

Degree of Injury Slight



T/20190227/2062

Police Station Of Origin: Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 Tel No: 1800-4429999 3 of 4 Report No. T/20190227/2062

CONTINUATION OF REPORT

#### Brief Details.

On 26/02/2019 @ 1830hrs, I was driving my car, SMG3995T, on lane 2 of Mandai Road towards Yishun, just before right turn junction to Mandai Road/ Upp Thomson. All of a sudden, the car in front of me, SFS1201J, jammed brake and did a sudden lane change to the first lane. I jammed my brake too to avoid collision and managed to stop in time. All of a sudden, I felt an impact from the rear after I have stopped my car. I went down to check and realized that a car, SMC3762U, had collided onto the rear of my car while another car, SJS6451Z, collided onto the rear of the car behind me. My car did not hit the car in front of me, SFS1201J. Since no one seems injured at that point of time, the involved parties exchanged particulars and subsequently left the accident scene. My car is equipped with a front and rear facing in car cameras and the cameras recorded the accident. The way the driver of car SFS1201J drove and suddenly jammed brakes to lane change was really dangerous and caused the accident. After I left the accident scene, I did not feel well and went to Khoo Teck Puat Hospital to seek medical treatment. I was subsequently discharged and given 3 days of medical leave. That's all.





Police Station Of Origin: Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 Tel No: 1800-4429999 4 of 4 Report No. T/20190227/2062

CONTINUATION OF REPORT

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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 / Staff Sgt MOHAMMAD FADZLI BIN JAMALUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/02/2019 12:47
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	



S6812518E

17-95-3918

APT BLK 549 BEDOK MORTH AVEINE 1
10-640
3916APORE 468549



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