

## 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	07/03/2019 18:23
Date Of Accident	06/03/2019 21:45
Exact Location Of Accident	PIE (CHANGI) BEFORE EUNOS LINK EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK3625B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROHAIZAT BIN MORDIPI
NRIC No	S7416843D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98223542
Alternative Phone No	OFFICE-98223542

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104124884
Cover Note Number	

### Driver

Name of Driver	ROHAIZAT BIN MORDIPI
NRIC No	S7416843D
Date Of Birth	05/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	26/11/1997
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	+65-98223542
Fax Number	
Contact Number	OFFICE-98223542
Email Address	NOEMAIL

Address	BLK 493E TAMPINES STREET 43 #02-326
Postcode	524493
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 (including own vehicle) 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)	4
Passenger 1	NAME: : KAMALIA BINTE KAMURI GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190307/2106.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV4856M
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH WEE KOK

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 SHC6074L  
Vehicle Make/Model/Colour KIA  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver YAO SOW YOUNG JAMES  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name KAMALIA BINTE KAMURI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJK3625B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name ROHAIZAT BIN MORDIPI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJK3625B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## 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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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.

#### 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 (a) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulatory, 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.

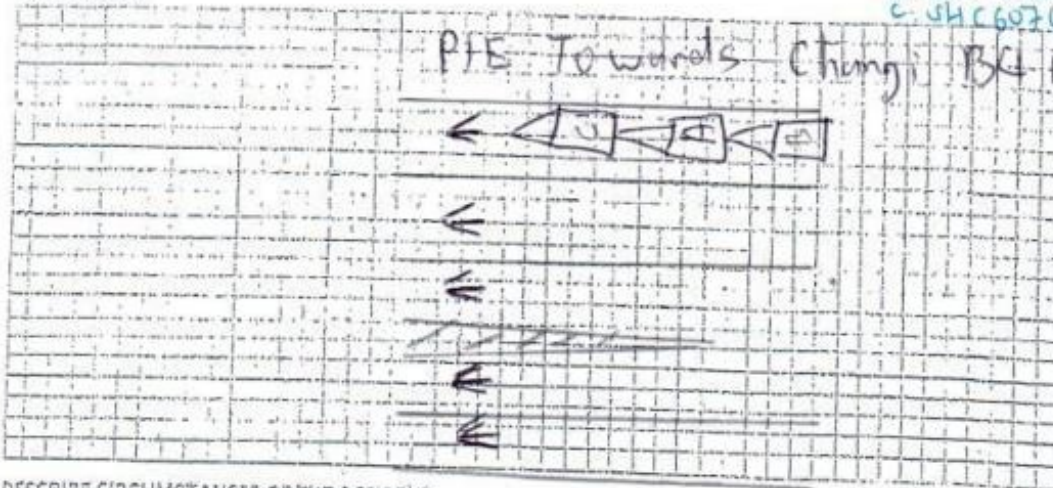
  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

## SKETCH PLAN



A: JIC 3675B  
B: SLV 4856m  
C: JHC 6074L


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20190307/2106

## 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/PIN No.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190307/2106

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

1 of 4

Report No. T/20190307/2106

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2019 16:51		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ROHAIZAT BIN MORDIPI			Address: APT BLK 493E TAMPINES STREET 43 #02-326 SINGAPORE 524493		
ID Type / ID No.: NRIC NO / S7416843D			Contact No.: Home/Office: Mobile: 98223542		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 05/06/1974	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2019 21:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY TWDS CHANGI BEF EXIT EUNOS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6074L	Car					0
SJK3625B	Car	HONDA	FIT 1.3G A	Red	Seriously Damaged	3
SLV4856M	Car					0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date

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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190307/2106

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

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Report No. T/20190307/2106

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK3625B	NTUC Income Insurance Co-Operative Limited	5104124884	16/10/2018	15/10/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH WEE KOK	ID No.	S9410525J
Related Vehicle	NIL	Contact No.	98782341
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
Driver			
Name	ROHAIZAT BIN MORDIPI	ID No.	S7416843D
Related Vehicle	NIL	Contact No.	98223542
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	YAO SOWYOUNG JAMES	ID No.	S2194962J
Related Vehicle	NIL	Contact No.	NIL
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

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## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190307/2106

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

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Report No. T/20190307/2106

### CONTINUATION OF REPORT

#### Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION,

I WAS DRIVING MY CAR ALONG THE STRAIGHT ROAD OF THE EXPRESSWAY ON THE LANE 1.  
ALL THE VEHICLES WAS TRAVELLING IN A STRAIGHT ROW.A TAXI WAS INFRONT OF ME AND  
JAMMED BRAKED SUDDENLY DUE TO THE VEHICLES INFRONT. .  
I WAS THE SECOND CAR BEHIND AND I MANAGED TO STOP IN TIME.

BUT UNFORTUNATELY,THE CAR BEHIND ME COULDNT STOP AND COLLIDED AT THE BACK  
LEFT PORTION OF MY CAR.

DUE TO THE HEAVY IMPACT,MY CAR MOVED FORWARD AND HIT THE TAXI INFRONT.

ALL THE VEHICLES WERE DAMAGED BUT NONE SUSTAINED BODY INJURY.

WE EXCHANGED PARTICULARS AND CONTACT DETAILS AMONG THE DRIVERS AND LEFT THE  
SCENE.

MY CAR IS TOWED TO MY WORKSHOP.

THATS ALL

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## Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20190307/2106

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Report No. T/20190307/2106

### 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 /  
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
07/03/2019 16:51

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature:

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Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



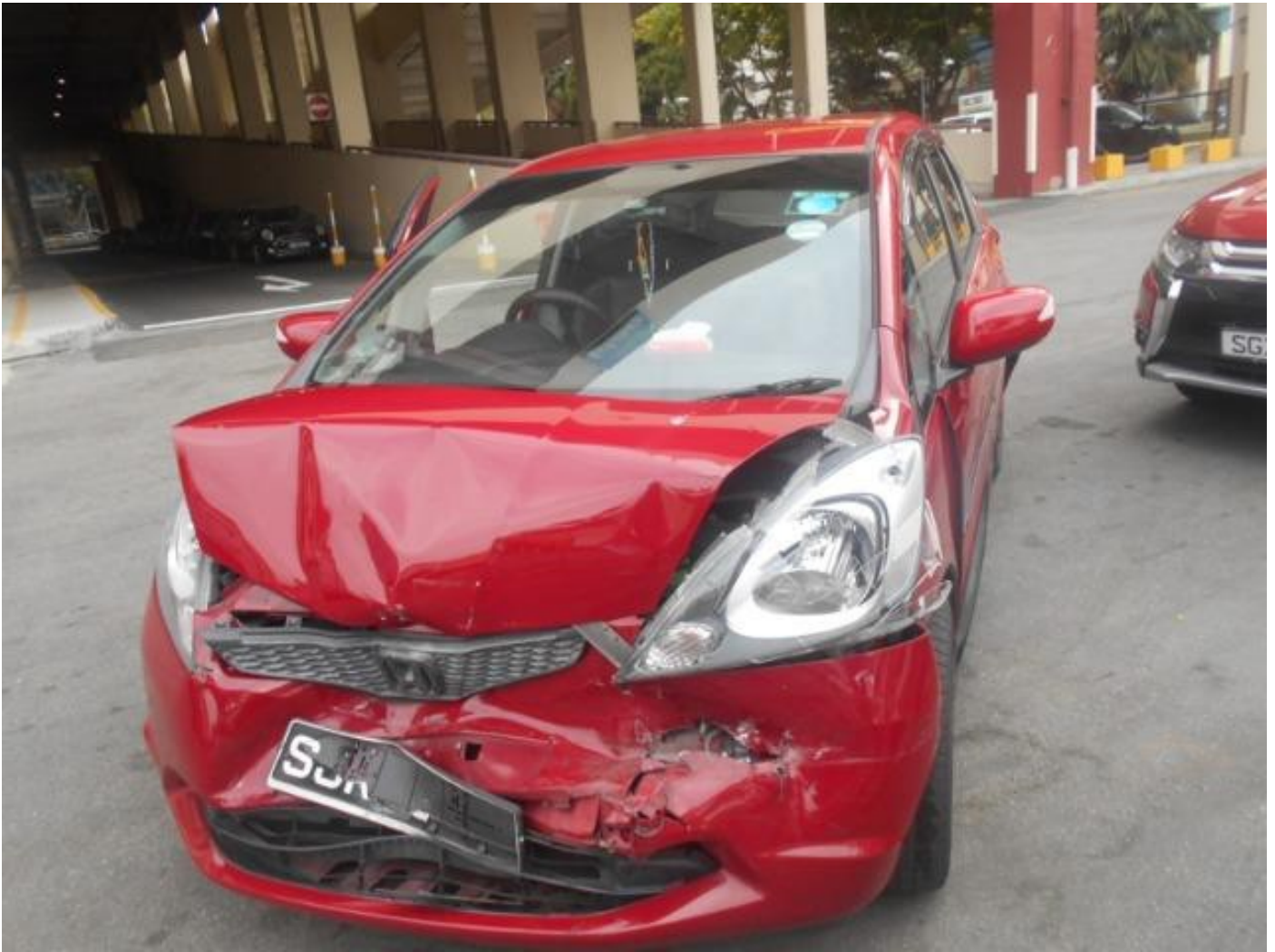
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119031194 Vehicle Registration No: SJK3625B  
Name (as shown in NRIC) : ROHAIZAT BIN MORDIPI NRIC/FIN/Passport No : S7416843D  
(~~Vehicle Driver~~ / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 493E TAMPINES STREET 43 #02-326 Singapore ( 524493 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 98223542  
Email Address : \_\_\_\_\_  
Date of Accident : 06/03/2019 Time of Accident : 21:45  
Place of Accident : PIE (CHANGI) BEFORE EUNOS LINK EXIT  
Insurance Company : NTUC Income Insurance Co-operative Ltd

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attached wrong case of sketch plan and police report

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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