

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	26/03/2019 13:40
Date Of Accident	25/03/2019 19:55
Exact Location Of Accident	PIE(CHANGI) B4 KPE ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF8969R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARHAN BIN MOHAMED
NRIC No	S8942095D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83390869
Alternative Phone No	OTHERS-83390869

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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?	YES
If No, Please state action to be taken	
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	5096123595-01
Cover Note Number	-

Driver

Name of Driver	SITI AMINAH BINTE MOHD JAMALUDDIN
NRIC No	S9205941C
Date Of Birth	23/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	04/07/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98334442
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 419 YISHUN AVE 11 #03-377
Postcode	760419
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
Foreign Vehicle Registration Number	WDU8006 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
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

PLEASE REFER TO 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	WDU8006
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 SKP4803J
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)

Accident Sketch Plan

SKETCH PLAN

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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

KPE Entrance

A = SKF 8969 R
B = WDU 8006
C = SKP 4803J

PTE (Changi) b4 KPE entrance

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to 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.:

GUARANTEE SIGNATURE FORM 5/8

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190325/2235

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

1 of 4

Report No. T/20190325/2235

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2019 21:56		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SITI AMINAH BINTE MOHD JAMALUDDIN			Address: APT BLK 419 YISHUN AVENUE 11 #03-377 SINGAPORE 760419		
ID Type / ID No.: NRIC NO / S9205941C			Contact No.: Home/Office: Mobile: 98334442		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 27	Date of Birth: 23/01/1992	Type of Informant: Driver		
Race: Eurasian			Language: English		Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/03/2019 19:55	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE(CHANGI) 14KM BEFORE KPE ENTRANCE				
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
SKF8969R	Car					0
SKP4803J	Car					0
WDU8006	Car					0

POLICE REPORT



**SINGAPORE
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T/20190325/2235

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

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Report No. T/20190325/2235

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SITI AMINAH BINTE MOHD JAMALUDDIN	ID No.	S9205941C
Related Vehicle	SKF8969R (Car)	Contact No.	98334442
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LYE YEN HUAT	ID No.	S1676365I
Related Vehicle	SKP4803J (Car)	Contact No.	93869481
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	LUI CHOON MING	ID No.	G6531177T
Related Vehicle	WDU8006 (Car)	Contact No.	88665022
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 ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING STRAIGHT ALONG PIE IN MY VEHICLE SKF6989F, ON THE 2ND LANE FROM THE RIGHT. TRAFFIC WAS SMOOTH UNTIL I SAW WDU8006 INFRONT OF MY VEHICLE. WDU8006 DID NOT HAVE ANY BRAKE LIGHTS OR HAZARD LIGHTS ON, SO I DID NOT KNOW HE WAS NOT MOVING FROM FAR. AS I NEARED WDU8006, I SAW THAT WDU8006 WAS NOT MOVING SO I IMMEDIATELY JAMMED BRAKE BUT DID NOT BRAKE IN TIME, COLLIDING ONTO THE REAR OF WDU8006.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190325/2235

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Report No. T/20190325/2235

CONTINUATION OF REPORT

I CAME OUT OF MY VEHICLE AND SAW THAT THERE WAS ANOTHER DAMAGED VEHICLE , SKP4803J, INFRONT OF WDU8006. NOBODY WAS INJURED IN THE ACCIDENT, I EXCHANGED PARTICULARS WITH BOTH PARTIES. I TOOK PHOTOS OF SCENE. I SAW THE MALAYSIAN FRONT PART AND REAR PART WAS DAMAGED WHILE MY FRONT CAR WAR DAMAGED. THE FIRST CAR, SKP4803J DAMAGE WAS SCRATCHES AND DENT.

THERE WERE 2 UNKNOWN CHINESE MEN AGED 20 - 30, CLAIMING TO BE INSURANCE AGENTS AT ACCIDENT SCENE AND I STAYED AT SCENE UNTIL THE WDU8006 WAS TOWED. ONE OF THE INSURANCE AGENTS CALLED THE TOWING FOR HIM. ONE OF UNKNOWN INSURANCE GUY ASKED ME WHAT INSURANCE I USED FOR UNKNOWN REASON. HOWEVER, I DID REPLIED TO HIM.THE MALAYSIAN VEHICLE INSURANCE IS 06/01/2020 - 66538699.

I WISH TO STATE THAT I HAVE A FRONT IN-CAR CAMERA BUT I DO NOT KNOW IF THE INCIDENT WAS RECORDED. THIS IS THE FIRST TIME SUCH INCIDENT HAPPENED. ALL THREE PARTIES AGREED TO DO AN INSURANCE CLAIM AFTER LODGING A POLICE REPORT.

POLICE REPORT



SINGAPORE
POLICE FORCE

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T/20190325/2235

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Report No. T/20190325/2235

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 /
ZENG ZI CONG

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:
25/03/2019 21:56

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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