

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	22/04/2019 13:06
Date Of Accident	21/04/2019 16:45
Exact Location Of Accident	LEBUHRAYA PLUS / NORTHBOUND /
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME6332Y
Insured/Policyholder	
Name Of Registered Owner	NORIDAHWATI BINTE ABDUL RAZAK
NRIC No	S8203597D
Email Address	IDA.RAZAK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96743338
Alternative Phone No	OTHERS-91777897

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106052283
Cover Note Number	

Driver

Name of Driver	NORIDAHWATI BINTE ABDUL RAZAK
NRIC No	S8203597D
Date Of Birth	01/01/1982
Occupation	INDOOR
Date Of Driving Pass	10/08/2004
Driving Experience	14 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96743338
Fax Number	
Contact Number	OTHERS-91777897
EEmail Address	IDA.RAZAK@GMAIL.COM

Address	77 FLORA DRIVE #03-21
Postcode	506884
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	3
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: : ABDUL SAMAD BIN ARSHAD GENDER: : MALE

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

PLS REFER TO THE MALAYSIA POLICE REPORT : R117942

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	PHP8055
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ENG AH GUAN
NRIC/Passport Number	
Contact Number	93824137
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JSU1388
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	+60167729915
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NORIDAHWATI BINTE ABDUL RAZAK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SME6332Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ABDUL SAMAD BIN ARSHAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SME6332Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

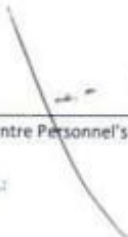
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

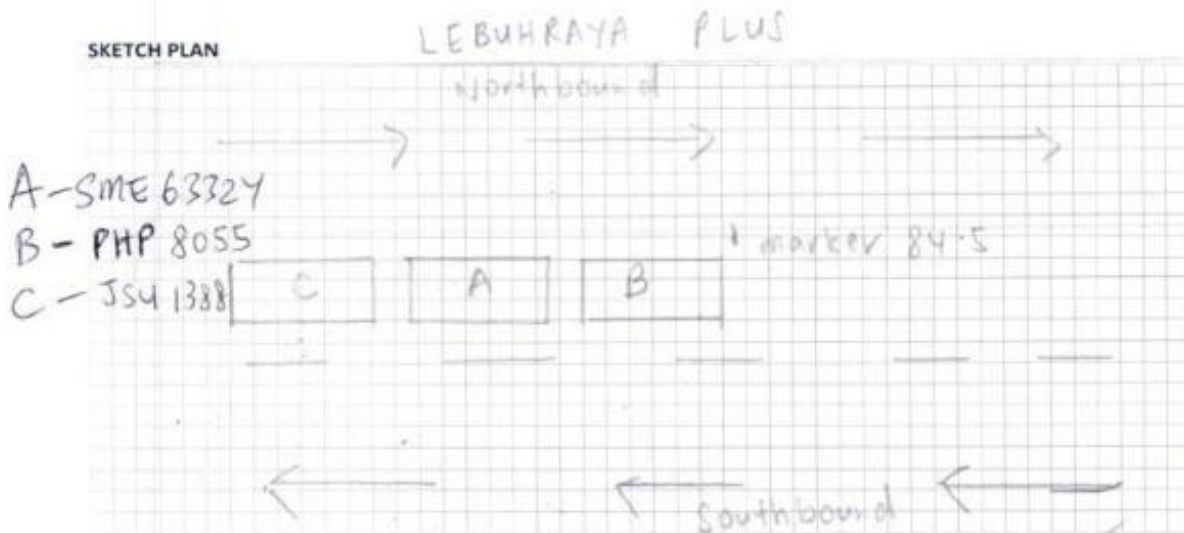

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report

R117942

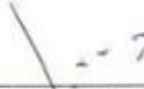
On 21 April 2019 at 4:45pm, I was driving my vehicle SME63324 from Kuala Lumpur back to Singapore through Lebuhraya Plus with my husband, Abdul Samad Bin Anshad, S17465531. At the point marker 84.5, the vehicle in front of me JSU1388 jam-braked out of a sudden. I managed to brake in time however the vehicle behind me, PHP8055 could not brake in time and banged my vehicle from the back causing my vehicle to move forward and banged the vehicle in front of me. I suffered pain from chest and body pain due to the accident. My husband also suffered from chest and neck pain. The car's bumper and bonnet are damaged, front and rear lights as well as the radiator, and aircon are

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.:

- 22/4/2019



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : Jabatan KDN/KA
Daerah : Jabatan KDN/KA
Kontinjen : BUKIT AMAN
No Repot : TRAFIK BATU PAHAT/005379/19
Tarikh : 21/04/2019
Waktu : 1751 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R117942

Butir-butir Penerima Repot

Nama : HUSSIN BIN SAFAR
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Paspot : ---
Alamat : ---

No Personel : R117942

Pangkat : SJN

No K/P (Baru) : ---

No Polis/Tentera : ---

Bahasa Asal : ---

Butir-butir Pengadu

Nama : NORIDAHWATI BINTI ABDUL RAZAK

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : S8203597D

No Sijil Beranak : ---

Jantina : Perempuan

Tarikh Lahir : 01/01/1982

Umur : 37 tahun 3 bulan

Keturunan : Melayu

Warganegara : Singapore

Pekerjaan : SUMBER MANUSIA

Alamat Tempat Tinggal : 77 FLORA DRIVER #03-21 SINGAPORE, 506884

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 6596743338

Emel : ---

Pengadu Menyatakan:-

PADA 21/04/2019 JAM LEBIH KURANG 1645 HRS, SAYA MEMANDU MPV NOMBOR SME6332Y DARI KUALA LUMPUR HENDAK BALIK SINGAPORE MELALUI LEBUHRAYA PLUS BERSAMA SUAMI NAMA : ABDUL SAMAD I/C S7706553I. PADA KETIKA ITU, APABILA SAYA SAMPAI DI KM 84.5 LEBUHRAYA ARAH (S), TIBA TIBA SEBUH M/KAR NO JSU 1388 YANG BERADA DI HADAPAN SAYA BREK DAN BERHENTI SECARA MENGEJUT. SAYA YANG BERADA DI BELAKANG SEMPAT MEMBERHENTIKAN KENDERAAN SAYA. TIBA TIBA SEBUHA M/KAR NO PHP 8055 YANG BERADA DI BELAKANG TERUS MELANGGAR BELAKANG M/KAR SAYA DAN MEMYEBABKAN KENDERAAN SAYA NENGELUSUR KE DEPAN DAN MELANGGAR BELAKANG KENDERAAN DI HADAPAN SAYA. SAYA MENGALAMI SAKIT DI DADA. PENUMPANG ABDUL SAMAD SAKIT DI DADA DAN LEHER. KEROSAKAN M/KAR SAYA BONET/BUMPER DEPAN BELAKANG KEMEK, LAMPU BESAR DEPAN/BELAKANG PECAH, TANGKI AIR ROSAK, TANGKI AIRCON ROSAK. M/GUARD DEPAN KIRI/KANAN KEMEK, LAIN LAIN KEROSAKAN BELUM TAHU LAGI.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R117942 | 21/04/2019 06:26:02 PM

SALINAN DIAKUI SAH

Sketch Plan #4

CENTRAL 24HR CLINIC (PASIR RIS)

BLK 446 PASIR RIS DRIVE 6 #01-122 S'PORE 510446

TEL: 6582 2640 FAX: 6582 5045

Medical Certificate

Date : 22 Apr 2019

MC No. : 0000203352

This is to certify that :

Name : NORIDAHWATI BTE ABD RAZAK

NRIC : S8203597D

is Unfit for Duty for 2 days

from 22/04/2019 to 23/04/2019 inclusive.

LOCUM

For Health News and Updates : <http://news.centralclinic.com.sg>

24-Hour Clinics

HOUGANG	Bk 651 Hougang Ave 8 #01-531 Singapore 530681	Tel: 6387 6865
PASIR RIS	Bk 446 Pasir Ris Drive 6 #01-122 Singapore 510446	Tel: 6582 2640
CLEMENTI	Bk 450 Clementi Ave 3 #01-291 Singapore 120450	Tel: 6773 2825
YISHUN	Bk 701A Yishun Ave 5 #01-04 Singapore 761701	Tel: 6759 7985
JURONG WEST	Bk 432 Jurong West Street 41 #01-54 Singapore 640492	Tel: 6565 7484
PIONEER NORTH	Bk 958 Jurong West Street 92 #01-160 Singapore 640958	Tel: 6251 2775
WOODLANDS	Bk 788 Woodlands Ave 6 #02-064 Woodlands Mart Singapore 730758	Tel: 6305 4895
MARSILING	Bk 303 Woodlands Street 31 #01-185 Singapore 730303	Tel: 6365 2908

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

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



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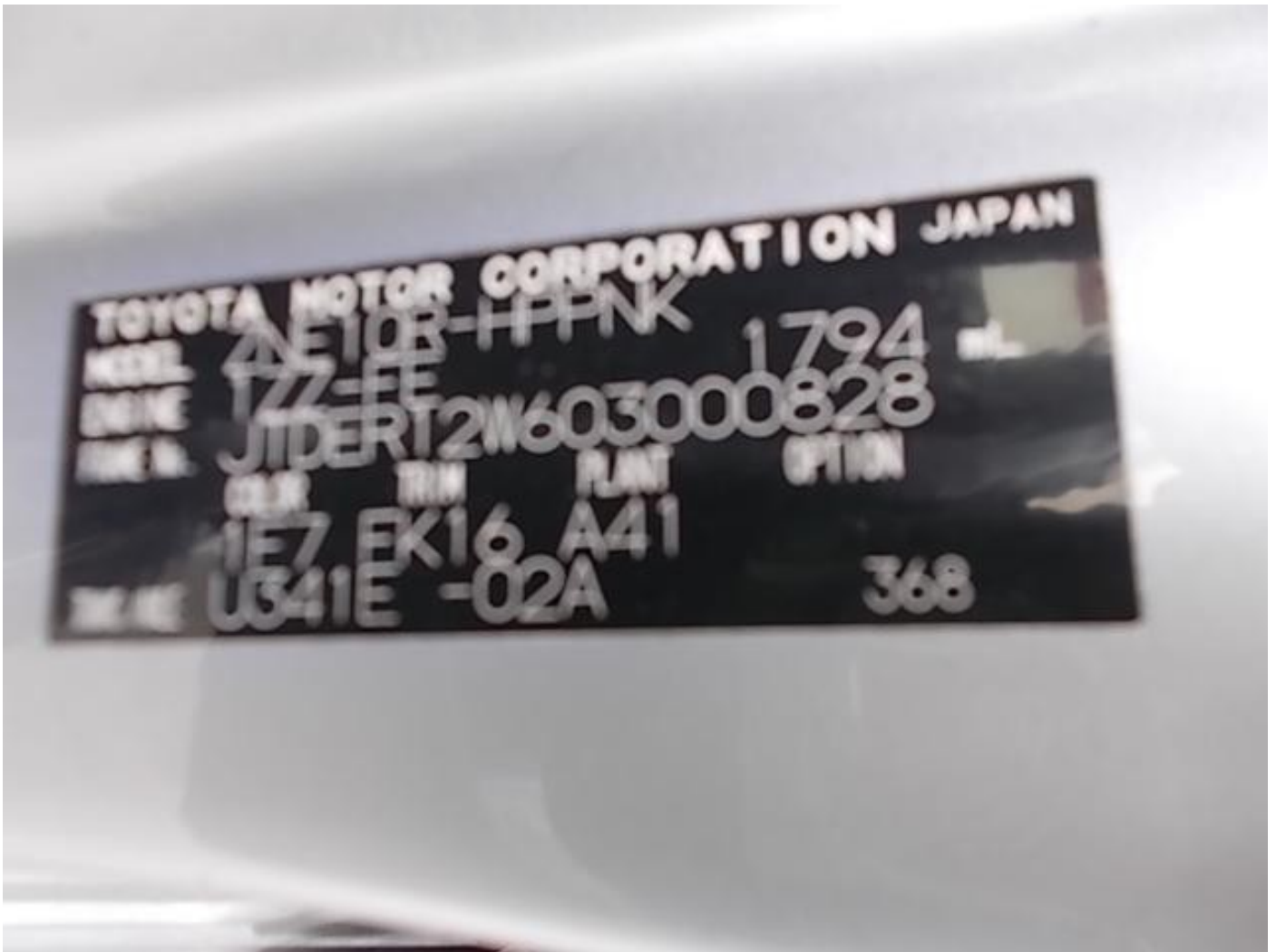
Accident Photo



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: S665500206 / GST Reg. No.: M480017735

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:

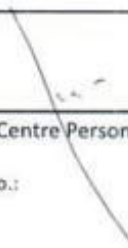
Original Report No : MNA119051655 Vehicle Registration No: SME 6332Y
Name(as shown in NRIC) : NORIDAHWATI BINTE ABDUL RAZAK NRIC/FIN/Passport No : S8203597D
(*Vehicle Driver / Vehicle Owner)(*) Please delete as appropriate
Address : 77 FLORA DRIVE, #03-21 Singapore 506884
Contact (Tel) : - Mobile No.: 96743338
Email Address : IDA.RAZAK@GMAIL.COM
Date of Accident : 21/04/2019 Time of Accident : 16:45
Place of Accident : LE BUHAYA PLUS / NORTHBOUND /
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:

REVERT FROM OD CLAIMS TO TP CLAIMS


Policyholder / Driver's Signature
Date: 24.04.2019


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 24/4/2019