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

aforesaid.	3
	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
D	ETAILS 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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD

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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	

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

EMail Address IDA.RAZAK@GMAIL.COM

77 FLORA DRIVE Address

#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

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)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

ambulance?

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 **ENG AH GUAN** Name of Driver

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?

nis injured conveyed to nospital by 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?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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)
 - (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.
- 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 Signatur

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN	LEBUHRAYA	1203
	#1044 point of	
	->	->
SME 63324		
PHP 8055		2-48 VSVan 1
JS4 1388 C	AB	
(- <	Couth bound
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	1
		0 000
		March 1
		00/100
	1/10	40
	1 44	0.0
	120	ANX
	De.	1.44
	76, 51	
016	,	
41.		
On 21 April 2019	1 at 445pm, I would	riving my vehicle SME63324 from Kuola
		waya flus with my husband, Abdul San
Bin Archad, 5176(55	31. At the point marker	84.5, the vehicle in faut of me JSU13.
jam-braked ou	t of a sudden I mono	ged to brake in time however the vehicle
benind me, PHP	8055 could not brake	in time and banged my vehicle from
the back cousts	g my vehicle to more	firmered and bonged the venicle in
2 4 0	I suffered for from the	est and body poin due to the accident
tront of me		and the second of
The same of the sa	suffered from chest of	and neck poin. The cor's bumper and
My husband also bunnet are damag	ed., Front and year lig	into as well as the vacliator, and aircon
My numbered also bennet are damag DECLARATION day	ed., Front and year light	
My numbered also bennet are damag DECLARATION day	ed., Front and year lig	into as well as the vacliator, and aircon
My numbered also bennet are damag DECLARATION day	ed., Front and year light	ints as well as the vadiator, and aircon are dented. Other damages are unknown
bunnet are damag DECLARATION day I/We declare the foregoing par	red., Front and rear lig maged. The milguards of ticulars are true to every respect.	ints as well as the vaciator, and aircon are dented. Other damages are unknown - 72/4/ Reporting Centre Personnel's Signature



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai

: Jabatan KDN/KA

Pegawai Penyiasat : R117942

Daerah

: Jabatan KDN/KA

Kontinjen

: BUKIT AMAN

No Repot

TRAFIK BATU PAHAT/005379/19

Tarikh Waktu 21/04/2019

Bahasa Diterima : B. Malaysia

: 1751 PM

Butir-butir Penerima Repot

Nama: HUSSIN BIN SAFAR

No Personel: R117942

Pangkat: SJN

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera: ---

No Paspot: ---

Bahasa Asal : ---

Alamat: ---

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 Warganegara: Singapore Umur: 37 tahun 3 bulan

Keturunan : Melayu

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

https://prs.rmp.gov.my/prs/coffice/viewpol55real2.asp?type=printed&salinan=ya&jenissalinan=S... 21/4/2019

CENTRAL 24HR CLINIC (PASIR RIS)

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

TEL: 6582 2640 FAX: 6582 5045

Date

: 22 Apr 2019

MC No.

: 0000203352

Tec. 6365 2908

This is to certify that:

Name: NORIDAHWATI BTE ABD RAZAK

NRIC : \$8203597D

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

MARSILING

Elix 651 Hougang Aye & #01-851 Singspore 530691 *This certificate is not valid for absence from court or other judicial proceedings unless specifically stated. 1122

(5% 446 Paur Rs Drive 6 #01-122 Singapore 510446 Tel: 9582 2540 PASIR RIS 59: 450 Cloment Ave 3 M01-291 Singapore 120450 Tel: 6773-2925 CLEMENT Tel: 6759 7985 Bit 701A Visbun Ave.5 #01-04 Segapore 761701 YISHUN Tec 6565 7484 JURONO WEST - Dik 492 Jurong West Street 41 #01-54 Singapore 640492. Tel: 6253 2775 PIONEER NORTH. Bis 169 Juning West Street 10 #01-160 Singapore 640959 WOODLANDS Bik 758 Woodlands Ave 6 HIZ-06A Woodlands Mart Singapore 730768 Tel: 6365-4866

BW 303 Woodards Street 31 #01-165 Singapon 730303



















































