

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	07/05/2019 10:56
Date Of Accident	06/05/2019 17:45
Exact Location Of Accident	PIE TWDS CHANGI B4 TOH GUAN EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1898R
Insured/Policyholder	
Name Of Registered Owner	NEEDS CARS
Co Reg No	53360290D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5101250618
Cover Note Number	

Driver

Name of Driver	NURJANNAH BINTE JUMAHAT
NRIC No	S8843677F
Date Of Birth	30/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	28/05/2008
Driving Experience	10 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92275945
Fax Number	
Contact Number	
Email Address	NURJANNAH.JUMAHAT@GMAIL.COM

Address	BLK 354 CHOA CHU KANG CENTRAL #02-327
Postcode	680354
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190507/2016

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	SKE8171E
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

SJK9393E

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 INJURED PERSON 1

Name

NURJANNAH BINTE JUMAHAT

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SJU1898R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

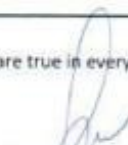
pls refer to the police report: 7/20190507/2016

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

 2/5/19

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

 07/05/19

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190507/2016

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190507/2016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NURJANNAH BINTE JUMAHAT	ID No.	S8843677F
Related Vehicle	SJU1898R (Car)	Contact No.	92275945
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/05/2019	Date Discharge	07/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 6 May 2019 at about 1740hrs, I was driving my vehicle SJU1898R along PIE towards Changi and before the exit of Toh Guan Rd on the first lane. Subsequently, the vehicle in front of me SJK9393E had jam brake and I followed by braking accordingly. I managed to stop in time and did not collide on to the vehicle in front of me.

I felt an impact thereafter from the rear, and I realized that a vehicle SKE8171E had collided on to the rear of my vehicle thus my vehicle had surged forward due to the impact from SKE8171E and collided on to the vehicle in front of me (SJK9393E). I alighted from my vehicle and did a check and discovered the driver of SKE8171E was injured.

My vehicle does not have in-car camera. I felt pain on the left side of my body and went to NTFGH for medical consultation. I was given a MC of 3 days.

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



Police Report



**SINGAPORE
POLICE FORCE**



T/20190507/2016

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609932
Tel No: 1800-8999999

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Report No: T/20190507/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2019 04:00		Vide Report No.: D/20190508/0111		Station Diary No.: 11
Informant's Particulars				
Name of Informant: NURJANNAH BINTE JUMAHAT		Address: APT BLK 354 CHOA CHU KANG CENTRAL #02-327 SINGAPORE 680354		
ID Type / ID No.: NRIC NO / S8843677F		Contact No.: Home/Office: Mobile: 92275945		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 30	Date of Birth: 30/10/1989	Type of Informant: Driver	
Race: Malay		Language:		Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17 45 08/05/2019 05:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PAN ISLAND EXPRESSWAY TOWARDS CHANGI BEFORE TOH GUAN EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SJK9393E	Car					0
SJU1888R	Car				Seriously Damaged	0
SKE8171E	Car					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190507/2016

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 809962
Tel No: 1800-8999999

2 of 3

Report No: T/20190507/2016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NURJANNAH BINTE JUMAHAT	ID No.	S8843677F
Related Vehicle	SJU1898R (Car)	Contact No.	92275945
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/05/2019	Date Discharge	07/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

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My vehicle does not have in-car camera. I felt pain on the left side of my body and went to NTFGH for medical consultation. I was given a MC of 3 days.

Police Report



SINGAPORE
POLICE FORCE



T/20190507/2016

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No: T/20190507/2016

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:
D /

Sgt 3 FOO SHI HONG, DARIUS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

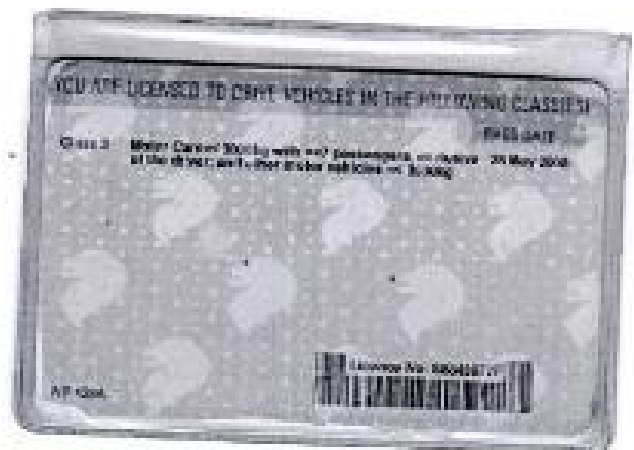
Date/Time:
07/05/2019 04:00

Officer In Charge Of Case:
TP / GIT /
SI ONG CHEE HIEN
Contact No : 65476437

Classification Of Case:

Authentication Stamp
NP188

Identification Card



Driving License

