

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	10/05/2019 10:52
Date Of Accident	10/05/2019 07:45
Exact Location Of Accident	KPE TWDS AIRPORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ979G
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Insured/Policyholder

Name Of Registered Owner	MOHAMAD AMIR ZAKI BIN JUMAAT
NRIC No	S8208825C
Email Address	IAN_MATTISONCONE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90210378
Alternative Phone No	OFFICE-90210378

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA TSI TREND 90 D7F
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1322913
Cover Note Number	

Driver

Name of Driver	MOHAMAD AMIR ZAKI BIN JUMAAT
NRIC No	S8208825C
Date Of Birth	01/04/1982
Occupation	INDOOR
Date Of Driving Pass	26/12/2007
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90210378
Fax Number	
Contact Number	OFFICE-90210378
Email Address	IAN_MATTISONCONE@HOTMAIL.COM

Address	BLK 287B COMPASSVALE CRESCENNT #05-167
Postcode	542287
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	COLLISION - HEAD TO REAR
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	2
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: : NURASHIDAH BINTI OTHMAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer to sketch plan

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU9424Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH LIJIA KARIN
NRIC/Passport Number	S8405921H
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NURASHIDAH BINTI OTHMAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGZ979G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

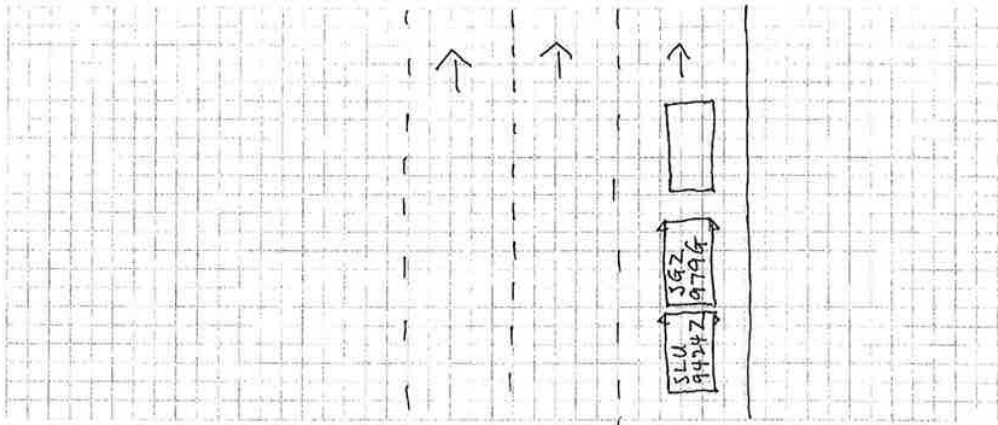


81030002
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

10/5/19

KPE

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling in KPE tunnel towards airport road. My wife was beside me during this time. I was driving when suddenly the car in front of me brake and I also apply my brake and come to a stop but unfortunately the rear car SLU 94242 hit my car from behind. There was a cracked at the centre part of my top rear bumper and also visible scratches on the front part of the rear bumper. My wife suffered injuries due to the accident.

DECLARATION

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

Policyholder's Signature

Date & Time: 10/05/19 1106

Driver's Signature

(If driver is not the policyholder)

Date & Time;



Name:

NRIC/FIN No.:

Lifeline Medical Group Sengkang Pte Ltd

Block 118 Rivervale Drive #02-18 S(540118), GST Reg No.20-0310387-H
Tel: 68812392 Fax: 68812393

TAX INVOICE

TO: NURASHIDAH BINTI OTHMAN
BLK 287B #05-167 COMPASSVALE CRES (542587)

NRIC : S8310705G
Visit Date : 10/05/2019
Invoice No : 1162874
Invoice Date : 10/05/2019

PATIENT NAME: NURASHIDAH BINTI OTHMAN

		Singapore Dollar
Medical Services		30.00
General consultation		30.00
Pharmacy	Quantity	13.00
MAXOLON 10MG [For Nausea/Dizziness]	10.00	4.00
TEBONIN FORTE 120MG	5.00	9.00
Invoice Total		43.00
Discount		0.01
7% GST		3.01
Amount Due		46.00
Payment By CASH		46.00
Balance Due		0.00
<u>Comments:</u>		

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190510/7009

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

1 of 3

Report No. T/20190510/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2019 11:28		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMAD AMIR ZAKI BIN JUMA'AT			Address: APT BLK 287B COMPASSVALE CRESCENT #05-167 SINGAPORE 542287		
ID Type / ID No.: NRIC NO / S8208825C			Contact No.: Home/Office: Mobile: 90210378		
Nationality: SINGAPORE CITIZEN			Email: lan_mattisoncone@hotmail.com		
Sex: Male	Age: 37	Date of Birth: 01/04/1982	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Singapore Armed Forces personnel			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry: 26/12/2007

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/05/2019 07:45	Type of Location: Straight Road
Location: AIRPORT ROAD				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 70 Km/h
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
SGZ979G	Car	VOLKSWAGO N	JETTA+1.4+ TSI+AT+162 2G5	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGZ979G	AXA INSURANCE SINGAPORE PTE LTD	P1322913	10/12/2018	09/12/2019

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190510/7009

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

2 of 3
Report No. T/20190510/7009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Nurashidah binti othman	ID No.	S8310705G
Related Vehicle	SGZ979G (Car)	Contact No.	98795856
Hospital/Clinic	LIFELINE MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/05/2019	Date Discharge	10/05/2019
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Driver			
Name	MOHAMAD AMIR ZAKI BIN JUMA'AT	ID No.	S8208825C
Related Vehicle	SGZ979G (Car)	Contact No.	90210378
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: 26/12/2007
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was travelling in KPE tunnel towards airport road. My wife was beside me during this time. I was driving when suddenly the car in front of me brake and i also apply my brake and come to a stop but unfortunately the rear car SLU9424Z hit my car from behind. There was a cracked at the centre part of my top rear bumper and also visible scratches on the front part of the rear bumper. I called 999 and they advise me to exchange particulars and took picture of the accident and report to insurance company within 24hrs. My wife suffered injuries due to the accident.

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190510/7009

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

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Report No. T/20190510/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 10/05/2019 11:28
Classification Of Case:

Authentication Stamp
NP168