

## 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	06/06/2019 16:12
Date Of Accident	04/06/2019 09:30
Exact Location Of Accident	X-JUNCT OF TAMPINES AVE 4/TAMPINES ST 91
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCW4372T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZAHARA BINTE SAMAD
NRIC No	S7907932D
Email Address	HARACLOE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97590004
Alternative Phone No	OTHERS-97590004

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SOLUNA-GLI
Exact Purpose for which vehicle was being used at time of accident	
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5107898238
Cover Note Number	

### Driver

Name of Driver	ZAHARA BINTE SAMAD
NRIC No	S7907932D
Date Of Birth	17/03/1979
Occupation	INDOOR
Date Of Driving Pass	08/02/2011
Driving Experience	8 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97590004
Fax Number	
Contact Number	OTHERS-97590004
EEmail Address	HARACLOE@GMAIL.COM

Address	BLK774 BEDOK RESERVOIR VIEW #14-113
Postcode	470774
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 - CROSS JUNCTION
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: : MUHAMMAD AQID GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER SKETCH PLAN AND POLICE REPORT ATTACH.

#### 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	SHD8541L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	ZAHARA BTE SAMAD
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SCW4372T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.:

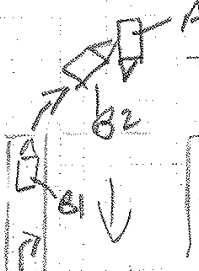
Sketch Plan Pg. 2

SKETCH PLAN

A-SCW 43727  
B-SND 8541L

Tampines  
Ave 4

Tampines St 91



Bedok Reservoir

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No: 7/20190606/2226  
attach

☐ claim OD / TP at Falcon-Air ☒ claim OD / TP Own W/shop ☐ Reporting Only

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.:



7/6/19

### Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20190606/2226

1 of 3

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20190606/2226

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2019 23:25	Vide Report No.:	Station Diary No.: 118
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#### Informant's Particulars

Name of Informant: ZAHARA BINTE SAMAD			Address: APT BLK 774 BEDOK RESERVOIR VIEW #14-113 SINGAPORE 470774	
ID Type / ID No.: NRIC NO / S7907932D			Contact No.: Home/Office: Mobile: 97590004	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 40	Date of Birth: 17/03/1979	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: FOOD DELIVERY			Driving Licence Information: Class: 3 Date of Expiry:	

#### General Information of the Accident

General Information on the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/06/2019 10:00	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 TAMPINES AVENUE 4 BEDOK RESERVOIR ROAD Traffic Light junction of Tampines Ave 4 towards Bedok Reservoir Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCW4372T	Car	TOYOTA	SOLUNA GLI A	Silver	Totally Damaged	1
SHD8541L	Car				Slightly Damaged	0

#### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCW4372T	NTUC Income Insurance Co-Operative Limited	5107898238	05/03/2019	15/03/2020



**SINGAPORE  
POLICE FORCE**



T/20190606/2226

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20190606/2226

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZAHARA BINTE SAMAD	ID No.	S7907932D
Related Vehicle	SCW4372T (Car)	Contact No.	97590004
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/06/2019	Date Discharge	04/06/2019
No. of Days granted Medical Leave	08	Degree of Injury	Slight

**Brief Details.**

On the 4 June 2019 at around 1000hrs, I was driving along Tampines Ave 4 towards Bedok Reservoir Road. At the traffic light junction one taxi bearing plate number SHD8541L collided onto my driver side (Right Side). He was driving from Bedok Reservoir Road turning towards Tampines Ave 1 and he was turning right at a fast speed from the traffic junction. It happen too fast and I unable to avoid his vehicle. I was shocked as the taxi was already very close to my vehicle.

My vehicle (SCW 4372T) damages are on the right side. The driver side totally damaged and dent on the right side and the tyre was damaged. The taxi (SHD 8541L) damages are on the right side of the front bumper.

I suffered from back pain and pain on the right side of my body when I take a deep breath and headache and bruises on the right side of my thigh. No injury on my son however he was shocked. No injury on the taxi driver.

I do not have any In car camera. I do not have the particulars of the taxi driver however there police officer and traffic police attended to me. I do not have the incident number of the accident.

Sketch Plan Pg. 5



SINGAPORE  
POLICE FORCE



T/20190606/2226

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20190606/2226

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: G / Sgt 2 JOANNE OH HUI MIN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216

Authentication Stamp  
NP168

Signature Of Informant: 
Date/Time: 06/06/2019 23:25
Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

