

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	11/06/2019 16:57
Date Of Accident	10/06/2019 21:45
Exact Location Of Accident	YISHUN STREET 11 & AVE 5 T JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL2666J
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SYUKRI ABDULLAH @ LEE WEI WANG
NRIC No	S8716034C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94775502
Alternative Phone No	OFFICE-94775502

Vehicle Particulars

Manufacturer	KIA
Model	CERATO 1.6
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 CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA406033/1
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SYUKRI ABDULLAH @ LEE WEI WANG
NRIC No	S8716034C
Date Of Birth	10/06/1987
Occupation	INDOOR
Date Of Driving Pass	03/07/2009
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94775502
Fax Number	
Contact Number	OFFICE-94775502
Email Address	NOEMAIL

Address	APT BLK 333C YISHUN STREET 31 #03-161
Postcode	763333
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 - U-TURN
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)	5
Passenger 1	NAME: : SON GENDER: : MALE
Passenger 2	NAME: : SON GENDER: : MALE
Passenger 3	NAME: : NURUL KHAIRIYAH BINTE MUHAMMAD SYUKRY ABDULLAH GENDER: : FEMALE
Passenger 4	NAME: : NUR ISNIZA BINTE SUKADI 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 ATTACHED

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	SG1030U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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	MUHAMMAD SYUKRI ABDULLAH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJL2666J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 333C YISHUN STREET 31 #03-161
Postcode	763333

DETAILS OF INJURED PERSON 2

Name	NURUL KHAIRIYAH BINTE MUHAMMAD SYUKRI ABDULLAH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJL2666J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	NUR ISNIZA BINTE SUKADI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJL2666J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

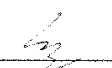
SKETCH PLAN


IMPORTANT NOTICE

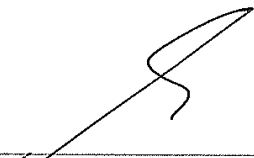
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

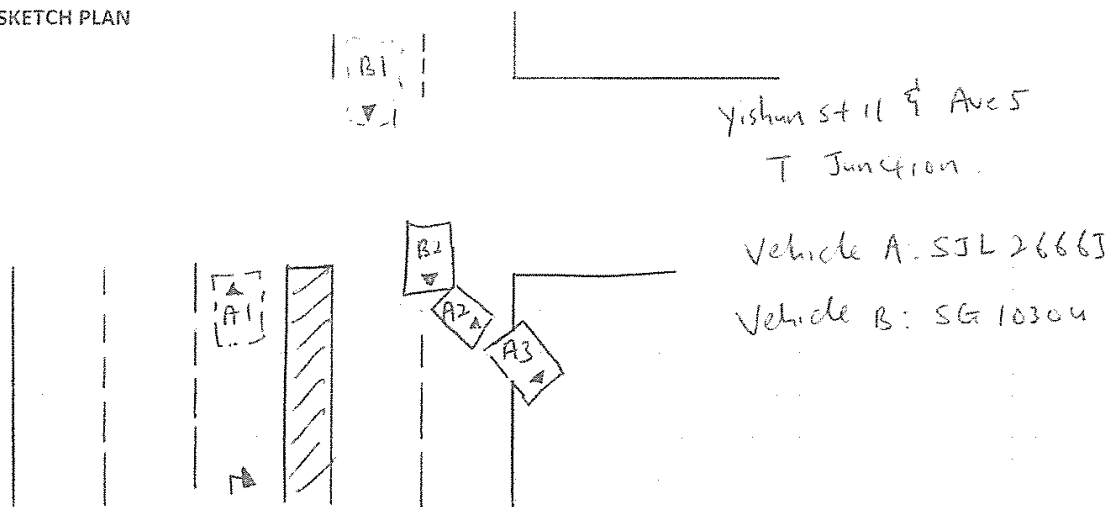
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20190611/7047

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.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190611/7047

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

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Report No. T/20190611/7047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2019 14:22		Vide Report No.: L/20190610/0155		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD SYUKRI ABDULLAH			Address: APT BLK 333C YISHUN STREET 31 #03-161 SINGAPORE 763333		
ID Type / ID No.: NRIC NO / S8716034C			Contact No.: Home/Office: Mobile: 94775502		
Nationality: SINGAPORE CITIZEN			Email: muhammadsyukriabdullah23@gmail.com		
Sex: Male	Age: 32	Date of Birth: 10/06/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/06/2019 21:45	Type of Location: T-Junction
Location: YISHUN STREET 11				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG1030U	Bus/Coach/Minibus					0
SJL2666J	Car	KIA	CERATO 1.6 MT ABS AIRBAG 2WD 4DR	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL2666J	AXA INSURANCE SINGAPORE PTE LTD	GA406033	12/10/2018	11/10/2019

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20190611/7047

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

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Report No. T/20190611/7047

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD SYUKRI ABDULLAH	ID No.	S8716034C
Related Vehicle	SJL2666J (Car)	Contact No.	94775502
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/06/2019	Date Discharge	11/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	NURUL KHAIRIYAH BINTE MUHAMMAD SYUKRI ABDULLAH	ID No.	T1813245H
Related Vehicle	SJL2666J (Car)	Contact No.	94775502
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/06/2019	Date Discharge	11/06/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	NUR ISNIZA BINTE SUKADI	ID No.	S8718246J
Related Vehicle	SJL2666J (Car)	Contact No.	93270627
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/06/2019	Date Discharge	11/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On the stated date & time, I Vehicle A(SJL 2666 J) checked my blindspot and signalled my intention to turn right. After ensuring everything is Clear and safe to go, I proceed to make my Uturn.

Suddenly Vehicle B (SG 1030 U) hit onto my vehicle rear portion. The impact is so huge it caused my vehicle to propel up the curb on the left. I am filing this for insurance claims purposes.



SINGAPORE
POLICE FORCE



T/20190611/7047

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

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Report No. T/20190611/7047

CONTINUATION OF REPORT

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20190611/7047

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

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Report No. T/20190611/7047

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Signature Of Interpreter:
Not applicable

Date/Time:
11/06/2019 14:22

Officer In Charge Of Case:
TP / TPIB /
RAZIZ BIN TAHAR
Contact No.: 65476200

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

