

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	02/07/2019 17:10
Date Of Accident	30/06/2019 17:30
Exact Location Of Accident	ALONG JALAN STOREY
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY8515D
Insured/Policyholder	
Name Of Registered Owner	PARAMASIVAM S/O THRUNAVAKARASU
NRIC No	S8734881D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92308081
Alternative Phone No	OFFICE-92308081

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS IS250 AUTO STD
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094822880-01
Cover Note Number	

Driver

Name of Driver	AZLINDA BINTE AHMAD
NRIC No	S7636077D
Date Of Birth	18/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	27/02/2009
Driving Experience	10 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96677099
Fax Number	
Contact Number	OFFICE-96677099
Email Address	NOEMAIL

Address	BLK 493E TAMPINES STREET 43 #02-338
Postcode	524493
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	YES
Foreign Vehicle Registration Number	FB6245 (PRIVATE CAR)
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)	4
Passenger 1	NAME: : ADLYNA RYQAH BINTE ROMINOF GENDER: : FEMALE
Passenger 2	NAME: : ADYLAH RYANN BINTE ROMINOF GENDER: : FEMALE
Passenger 3	NAME: : ROSHAN ADAM ROMINOF GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5872999 - FAX NO: 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT G/20190701/2087.

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	FB6245
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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 VBM7105
 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 AZLINDA BINTE AHMAD
 Approximate Age
 Injuries Sustain NECK, BACK & LEG
 Injured person in which vehicle? SJY8515D
 Were seat belts worn? YES
 Was this injured conveyed to hospital by ambulance? NO
 Address
 Postcode

DETAILS OF INJURED PERSON 2

Name ADLYNA RYQAH BINTE ROMINOF
 Approximate Age
 Injuries Sustain NECK & CHEST
 Injured person in which vehicle? SJY8515D
 Were seat belts worn? YES
 Was this injured conveyed to hospital by ambulance? NO
 Address
 Postcode

DETAILS OF INJURED PERSON 3

Name ADYLAH RYANN BINTE ROMINOF
 Approximate Age
 Injuries Sustain NECK & BACK
 Injured person in which vehicle? SJY8515D
 Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name ROSHAN ADAM ROMINOF

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJY8515D

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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature
Date / time:

Driver's signature
(If driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN

A - SJY851SD
B - FB624S
C - VBM710S

Jalan Storey

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



G/20190701/2087

1 of 2

POLICE REPORT (NP299)

Report No. G/20190701/2087

Police Station Of Origin
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Date/Time Report Made 01/07/2019 15:31	Vide Report No.	Station Diary No. 31
Name Of Informant AZLINDA BINTE AHMAD	Address APT BLK 493E TAMPINES STREET 43 #02-338 SINGAPORE 524493	
ID Type / ID No. NRIC NO / S7636077D	Contact No. Home/Office Mobile 96677099	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation ANALYST	Sex Female	Age 42
Institution/School Name	Date of Birth 18/10/1976	Race Javanese
Date/Time Of Incident 30/06/2019 17:30	Location Of Incident Johor Bharu MALAYSIA	

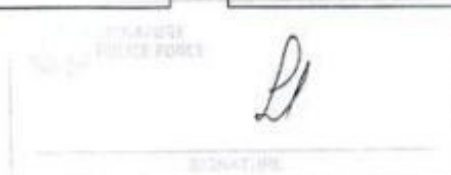
Brief details.

On 30/06/2019 at about 1730hrs, I was driving my vehicle (SJY8515D) at Malaysia, Johor Bharu. I was driving along Jalan Storey and heading back towards Malaysia customs near Woodlands.

I was driving slowly as there was a congestion. Suddenly, there was an impact from the rear. I then got off my vehicle to make a check. I then saw that a vehicle (VBM7105) had collided with the vehicle (FB6245) that collided with my vehicle, thus causing a chain collision. I took photo of the accident and

Signature Of Officer Recording The Report: G / Sr Staff Sgt YANG JUNJIE, SAMUEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/07/2019 15:31
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt CHUA ZHI WEN Contact No.: 62447200	Classification Of Case:

Authentication Stamp



Police Report



SINGAPORE
POLICE FORCE



G/20190701/2087

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190701/2087

exchanged particulars with the other parties. I then drove to their police station to make a police report.

My vehicle suffered damages on my rear bumper where it was almost dislodged. The center bumper had caved in. I have in-car camera, but it is only directed at the front.

After I came back to Singapore, I drove to KKH as my children were feeling uncomfortable. My eldest son Roshan Adam Rominof (T0024238H) received MC of 6 days, from 30/06/2019 to 05/07/2019. My eldest daughter, Adylah Ryann Binte Rominof (T0422733B) received MC of 4 days from 30/06/2019 to 03/07/2019. My youngest daughter, Adlyna Ryqah Binte Rominof (T0606953Z) received MC of 3 days from 30/06/2019 to 02/07/2019.

On 01/07/2019, I felt uncomfortable and so I went to CGH to consult a doctor. I received MC from 01/07/2019 to 04/07/2019. I am suffering from back ache and neck strain. I am lodging this report for insurance claim.

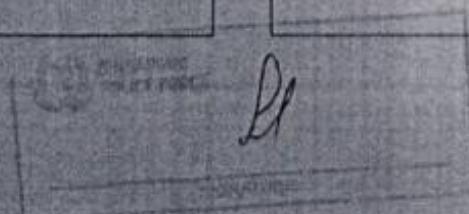
Signature Of Officer Recording The Report:

G / Sr Staff Sgt YANG JUNJIE, SAMUEL

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Sr Staff Sgt CHUA ZHI WEN
Contact No.: 62447200

Authentication Stamp



Signature Of Informant:

Date/Time:
01/07/2019 15:31

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

