

## 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	05/07/2019 09:27
Date Of Accident	04/07/2019 09:10
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ2324U
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#### Insured/Policyholder

Name Of Registered Owner	HENDRA DJUNAIDY BIN AMAT SAHAR
NRIC No	S8216639D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82014792
Alternative Phone No	OTHERS-82014792

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5109216485
Cover Note Number	

#### Driver

Name of Driver	SITI RAHILAH BINTE MOHAMED RUMLAN
NRIC No	S8426511Z
Date Of Birth	21/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2004
Driving Experience	14 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82014792
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 615A EDGEFIELD PLAINS #06-327
Postcode	821615
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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: : NORDIANA BINTE MA'AROF GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190704/7011

#### 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	SLN7340G
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	SITI RAHILAH BINTE MOHAMED RURLAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJQ2324U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name	NORDIANA BINTE MA'AROF
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	SJQ2324U
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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#### 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/IN No.

# Accident Sketch Plan

## SKETCH PLAN

AS PER ATTACHED

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 7/20190704/7011

## 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/IN No.

Accident Sketch Plan

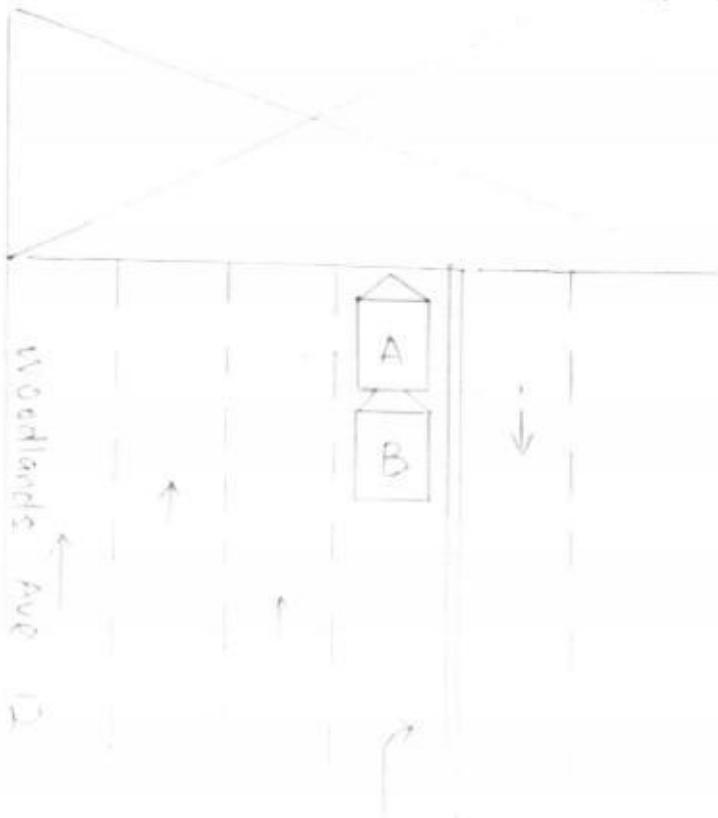


Accident site  
→  
Woodlands Ave 12

A - PJR 2334 U

B - SLN 7340 G

*Accident*  
25/11/17

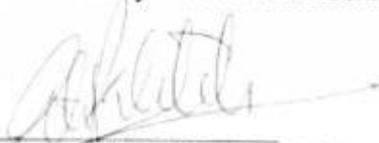


4.7.2019

Individual Statement

**Accident Statement**

On 4th of July 2019, at around 0910Hrs, my vehicle (SJQ2324U) was stationary at the junction of Woodlands Ave 12 and Woodlands Ave 5. While waiting for the traffic lights to turn "Green", suddenly a vehicle (SLN7340G) hit onto the rear of my vehicle. I want to state that my vehicle was stationary when the accident happened. I'm making a third party claim.



Name: Siti Rahilah Binte Mohamed Rumlan  
NRIC: S8426511Z

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190704/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408885  
Tel No: 65470000

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Report No. T/20190704/7011

CONTINUATION OF REPORT

Passenger			
Name	NORDIANA INTE MA'AROF <i>(PASSENGER)</i>	ID No.	S8300130E
Related Vehicle	SJQ2324U (Car)	Contact No.	92200959
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/07/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	SITI RAHILAH BINTE MOHAMED RUMLAN	ID No.	S8426511Z
Related Vehicle	SJQ2324U (Car)	Contact No.	82014792
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL <i>SLIGHT</i>

Brief Details.

On 04/7/2019 at around 0910hrs, my vehicle was stationary at the traffic lights junction of Woodlands Ave 12 and Woodlands Ave 5. While waiting for the traffic lights to turn "green", suddenly a vehicle (SLN7340G) hit onto the rear of my vehicle. I want to state that my vehicle was stationary when the accident happened.