

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	09/07/2019 10:42
Date Of Accident	08/07/2019 09:30
Exact Location Of Accident	GAMBAS AVE TOWARDS WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS563X
Insured/Policyholder	
Name Of Registered Owner	SHAHRL BIN KHAMIS
NRIC No	S7431516Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98427522
Alternative Phone No	OFFICE-98427522

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099838655-01
Cover Note Number	

Driver

Name of Driver	SUWARNI BINTE SUPAAT
NRIC No	S7529366F
Date Of Birth	01/10/1975
Occupation	INDOOR
Date Of Driving Pass	26/07/2004
Driving Experience	14 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94788945
Fax Number	
Contact Number	
EEmail Address	SSUPAAT@SAS.EDU.SG

Address	BLK 299 YISHUN ST 20 #12-31
Postcode	760299
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)	3
Passenger 1	NAME: : RIZQHIN ADNAN BIN SHAHRUL GENDER: : MALE
Passenger 2	NAME: : ANDI PUTRA BIN SHAHRUL GENDER: : MALE

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 - SINGAPORE CITY
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

PLEASE SEE POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO PROVIDED BY DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF7396A
Vehicle Make/Model/Colour	SUBARU FORRESTER
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	JIANG XIAODONG (MICHAEL)
NRIC/Passport Number	S7176724H
Contact Number	96549388
Address	NA
Postcode	NA
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SUWARNI BINTE SUPAAT
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SFS563X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 299 YISHUN ST 20 #12-31
Postcode	

DETAILS OF INJURED PERSON 2

Name	•RIZQHIN ADNAN BIN SHAHRUL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SFS563X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	•ANDI PUTRA BIN SHAHRUL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SFS563X
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 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:

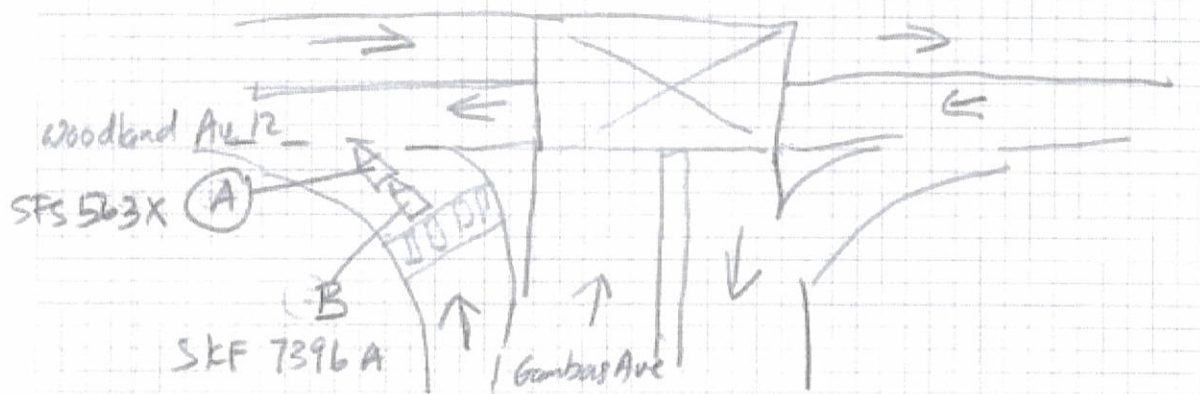
Driver's Signature
(if driver is not the policyholder)
Date & Time

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

Individual Statement

SKETCH PLAN

TP report: T/20190708/7016



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Insurance Co. _____	
Vehicle No. _____	Date of Accident _____
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim	

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.:



SINGAPORE POLICE FORCE



T/20190708/7016

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

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Report No. T/20190708/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2019 18:45		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SUWARNI BINTE SUPAAT			Address: 299 YISHUN STREET 20 #12-31 SINGAPORE 760299		
ID Type / ID No.: NRIC NO / S7529366F			Contact No.: Home/Office: Mobile: 94788945		
Nationality: SINGAPORE CITIZEN			Email: SSUPAAT@SAS.EDU.SG		
Sex: Female	Age: 43	Date of Birth: 01/10/1975	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: secretary			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/07/2019 09:30	Type of Location: sliproad
Location: sliproad of Gambas Avenue into Woodlands Avenue 12				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
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
SFS 563 X	SUV	HYUNDAI	TUCSON	Grey	Slightly Damaged	2
SKF 7396 A	Car	SUBARU	FORESTER	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFS 563 X	NTUC Income Insurance Co-Operative Limited	5099838655-01	28/03/2019	27/03/2020
SKF 7396 A	AIG ASIA PACIFIC INSURANCE PTE. LTD.			



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUWARNI BINTE SUPAAT	ID No.	S7529366F
Related Vehicle	SFS 563 X (SUV)	Contact No.	94788945
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/07/2019	Date Discharge	08/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	ANDI PUTRA BIN SHAHRUL	ID No.	T0911384Z
Related Vehicle	SFS 563 X (SUV)	Contact No.	94788945
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/07/2019	Date Discharge	08/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	RIZQHIN ADNAN BIN SHAHRUL	ID No.	T0738712H
Related Vehicle	SFS 563 X (SUV)	Contact No.	94788945
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/07/2019	Date Discharge	08/07/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 8 of July 2019, at about 9.15am, I was driving vehicle number SFS 563 X along Gambas Avenue towards Woodlands Avenue 12. At around 9.30am, I went into the sliproad towards Woodlands Ave 12, after the pedestrian crossing, vehicle no. SKF 7396 A, subaru forrester, hit the rear of my vehicle. The damage to my vehicle, rear boot and also my rear bumper was dented.
In my vehicle, the driver was myself and passengers were my 2 sons. My incar camera (front and rear) captured the footage and I have it saved in my handphone. We went to seek medical attention at KKH for my sons at around 12.30pm and later to KTPH at 2.40pm for myself after all of us experience dizziness and neck pain.
Mc of 3 days were given to me and one of my sons.



**SINGAPORE
POLICE FORCE**



T/20190708/7016

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

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Report No. T/20190708/7016

CONTINUATION OF REPORT

> [Back to OneMotoring](#)



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 09 Jul 2019 / 15:35:57

Receipt Date/Time : 09 Jul 2019 / 15:35:57

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190709-001859

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SKF7396A				
As at 08 Jul 2019/09:30:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SKF7396A			
	Enquiry Fee	7.00	0.49	7.49
	20190709153436783881			
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
Paid By				
	xxxxxxxxxxxx9710	Credit Card:		
		Visa/MasterCard		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.