

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	22/07/2019 19:19
Date Of Accident	20/07/2019 23:55
Exact Location Of Accident	JUNCTION OF CLEMENTI AVENUE 2/WEST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL6262P
Insured/Policyholder	
Name Of Registered Owner	YUSNI BIN FADAL
NRIC No	S7227374E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90012155
Alternative Phone No	OTHERS-96412671

Vehicle Particulars

Manufacturer	HONDA
Model	FREED-1.5 G (A)
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT110359
Cover Note Number	

Driver

Name of Driver	NUR ILLFA BATRISYA BINTE YUSNI
NRIC No	S9936820I
Date Of Birth	16/11/1999
Occupation	INDOOR
Date Of Driving Pass	09/04/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90012155
Fax Number	
Contact Number	OTHERS-96412671
Email Address	NOEMAIL

Address	BLK 407 PANDAN GARDENS #03-47
Postcode	600407
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	YES
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: : YUSNI BIN FADAL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190721/2073

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EU9508Z
Vehicle Make/Model/Colour	AUDI A6
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 YUSNI BIN FADAL
Approximate Age
Injuries Sustain NECK AND BACK PAIN
Injured person in which vehicle? SJL6262P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NUR ILLFA BATRISYA BINTE YUSNI
Approximate Age
Injuries Sustain NECK AND BACK PAIN
Injured person in which vehicle? SJL6262P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
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/FIN No.:

Accident Sketch Plan

SKETCH PLAN

JUNCTION OF CLARENCE AVE 2 & WEST COAST ROAD

(A) SJL 6262P
(B) EU 95082

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20190721/2043

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



**SINGAPORE
POLICE FORCE**



T/20190721/2073

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20190721/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2019 17:28	Vide Report No.: D/20190720/0162	Station Diary No.: 89
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Informant's Particulars			
Name of Informant: NUR ILLFA BATRISYA BINTE YUSNI		Address: APT BLK 407 PANDAN GARDENS #03-47 SINGAPORE 600407	
ID Type / ID No : NRIC NO / S9936820I		Contact No.: Home/Office: Mobile: 96412671	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 19	Date of Birth: 16/11/1999	Type of Informant: Driver
Race: Boyanese		Language: English	Institution / School Name:
Occupation: UNEMPLOYED		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: 20/07/2019 23:55	Type of Location: X-Junction
Location: Along Road 1 WEST COAST ROAD				
Junction of Clementi Avenue 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EU9508Z	Car	AUDI	A6	Grey	Slightly Damaged	1
SJL6262P	Car	HONDA	FREED	Red	Slightly Damaged	1

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190721/2073

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20190721/2073

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I was driving my father's car bearing the said registration plate number, heading towards Pasir Panjang direction. At the point of time, I was travelling along lane 2 at a speed of 40-50km/hr as I was approaching the traffic junction. At the moment, the traffic volume was light and the floor was dry.

As the lights were still green and in my favor, I continued to drive forward at the same constant speed however I noticed one car bearing the said registration plate number from the opposite direction, making a right turn. The car was seen turning into Clementi Avenue 2 and after seeing my car approaching, the car did not stop.

When I was in the midst of crossing the junction, the said car made a right turn and his front side of the headlights collided into my driver's side door. We then pulled over and exchanged particulars while waiting for traffic police and the ambulance arrival. I was being conveyed to NUH for medical treatment and was given 3 days MC. My father who was my passenger was given 2 days MC as well. There is in-car camera installed in my car and the SD card was handed over to the traffic police.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190721/2073

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20190721/2073

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:

D /
Sgt 2 CLEMENT CHEE WEI JUN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/07/2019 17:28

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No: 65476394

Classification Of Case:

Authentication Stamp
NP168

SN-37

SIGNATURE

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

