

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 20:11
Date Of Accident	20/07/2019 11:40
Exact Location Of Accident	JUNC UPP THOMSON RD & WINDSOR PARK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2247X
Insured/Policyholder	
Name Of Registered Owner	NORLESTARI BINTE MOHAMED
NRIC No	S7939739C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96887365
Alternative Phone No	OFFICE-96887365

Vehicle Particulars

Manufacturer	PORSCHE
Model	MACAN 2.0 A/T ABS D/AIRBAG AWD
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1905571900
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARHAN BIN ADENAN
NRIC No	S8740609A
Date Of Birth	10/12/1987
Occupation	INDOOR
Date Of Driving Pass	26/04/2011
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92361561
Fax Number	
Contact Number	OFFICE-92361561
Email Address	NOEMAIL

Address	19 FERNVALE LANE #14-22
Postcode	797499
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 - 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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : NORLESTARI BINTE MOHAMED GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20190720/7015.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCH8002P
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)

2

Passenger 1

NAME: :

GENDER: :

Accident Sketch Plan

SKETCH PLAN

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. The 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 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

Vehicle A: SMH2447X

Vehicle B: SCH8002P

Windsor Park Rd

[ESSO]

Upper Thomson Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, vehicle 'A', SMH2447X, was travelling straight along the stated venue. Suddenly, vehicle 'B', SCH8002P, came out of the minor road and cut into my lane abruptly, thus causing collision on my vehicle's front left portion.

My passenger: Norlestari Binte Mohamed
879397396

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**



F/20190720/7015

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Report No. F/20190720/7015

Date/Time Report Made 20/07/2019 13:20		Vide Report No.		Station Diary No.	
Name Of Informant MUHAMMAD FARHAN BIN ADENAN		Address 19 FERNVALE LANE #14-22 SINGAPORE 797499			
ID Type / ID No. NRIC NO / S8740609A		Contact No. Home/Office: Mobile: 92361561			
Nationality SINGAPORE CITIZEN		Email Address farhan.adenan@gmail.com			
Occupation Self-employed		Sex Male	Age 31	Date of Birth 10/12/1987	Race Malay
Institution/School Name		Language English			
Date/Time Of Incident 20/07/2019 11:35 - 20/07/2019 11:40		Location Of Incident 19 FERNVALE LANE #14-22 SINGAPORE 797499			

Brief details.

I was driving along upper thomson road and noticed a dark bmw car suddenly swerve in from a small road. As I was on the extreme lane, I assumed he would turn in to either the first lane or second lane. He did not signal his intentions to cut 3 lanes at one go. When I saw that he he cut into the lane, I immediately applied emergency brakes. But hit the rear area of S0485992H). His contact number is 96655321. I have a video of the incident as well here: <https://drive.google.com/file/d/1OoKPw9-yHNtaP-EBjEtBRllfLSsTOCXz/view?usp=sharing>

Subjects Involved

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

20/07/2019 13:20

Classification Of Case:

Authentication Stamp

Scanned by CamScanner

Police Report



**SINGAPORE
POLICE FORCE**



F/20190720/7015

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190720/7015

Victim			
Person Name	MUHAMMAD FARHAN BIN ADENAN		
ID Type	NRIC NO	ID No	S8740609A
Gender	Male	Age	31
Race	Malay	Language	English
Occupation	Self-employed	Address Type	
Address	19 FERNVALE LANE #14-22 SINGAPORE 797499	Mobile No	92361561
Is Informant A Victim?	Yes		
Person Name			
Norlestari Mohamed			
ID Type	NRIC NO	ID No	S7939739C
Gender	Female	Age	39
Race	Malay	Language	English
Occupation	Cabin attendant/steward	Address	19 Fernvale Lane #14-22 The Toplary SINGAPORE 797499
Mobile No	96887365	Relation To Informant	wife
Person Name			
MUHAMMAD FARHAN BIN ADENAN (Informant)			

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: 20/07/2019 13:20
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Scanned by CamScanner

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



