

## 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	05/08/2019 15:52
Date Of Accident	02/08/2019 15:25
Exact Location Of Accident	ALONG BUKIT PANJANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM6135T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	N.FAREEZ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93824426
Alternative Phone No	OFFICE-93824426

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100477884-01
Cover Note Number	

### Driver

Name of Driver	NORFAREEZ BIN NORHANGINI
NRIC No	S9204520Z
Date Of Birth	12/02/1992
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93824426
Fax Number	
Contact Number	OTHERS-93824426
Email Address	N.FAREEZ@HOTMAIL.COM

Address	BLK 223 PENDING ROAD #02-109
Postcode	670223
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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: : PASSENGER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	<b>ROAD:</b> 1 SEGAR ROAD , <b>POSTCODE:</b> 677738 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SGW7431P
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH LIAN QUEE
NRIC/Passport Number	S1273797A
Contact Number	97325112
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	NORFAREEZ BIN NORHANGINI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJM6135T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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

Bukit Panjang Rd.



A. SJM6135T

B. SFU7431P

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report. T/20190803/2114

### 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/PIN No.:

# POLICE REPORT




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Panjang N.P.C.  
1 Sagar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8029999

1 of 3

Report No: 1201008032114



1201008032114

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/06/2019 15:43		Video Report No.	Station Diary No. 55
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**Informant's Particulars**

Name of Informant: NORHAN FAREEZ BIN NORHAWJINE		Address: APT BLK 223 PENDING ROAD #02-106 SINGAPORE 675223	
ID Type / ID No. NRIC NO / S92045252		Contact No. Home/Office:	Mobile: 93624428
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 12/03/1992	Type of Informant: Driver
Race: Malay	Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED	Driving License Information: Class: 2B, 2A, 2, 3, 4		Date of Expiry:

**General Information of the Accident**

Type of Accident: Injury Others	Drink Drive No	Date/Time of Accident: 03/06/2019 15:25	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUKIT PANJANG ROAD CHOA CHU KANG ROAD at the traffic junction			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	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
QWV421P	Car	NISSAN		Beige	Slightly Damaged	0
3JMB1351	Car	TOYOTA		Black	Slightly Damaged	1


**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
3JMB1351	NTUC Income Insurance Co-Operative Limited	810047788401	12/01/2018	11/01/2020

# POLICE REPORT


**POLICE**  
**BUKIT PANJANG NPC**  
**No. 1 Segar Road #01-05 Singapore 67**  
**1800-8929999**


**SINGAPORE  
POLICE FORCE**  
  
 Police Station Of Origin:  
 Bukit Panjang N.P.C  
 1 Segar Road #01-05 SINGAPORE 677738  
 Tel No: 1800-8929999

  
 TQ2T19060307114  
 2 of 2  
 Report No: TQ2T19060307114

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Toh Lian Quee	ID No	S1273797A
Related Vehicle	SGW7431P (Car)	Contact No	97325112
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
<b>Driver</b>			
Name	NORHAN FARIEZ BIN NORHANGINI	ID No	592045202
Related Vehicle	SJM6135T (Car)	Contact No	93824426
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details:**  
 On 02/08/2019 at about 1525 hrs, at the traffic junction of Bukit Panjang Road and Choa Chu Kang Road, I had just stop my vehicle, SJM6135T, at the traffic junction. While waiting for the traffic light to turn green, I heard a loud bang from the rear of my vehicle. I then check with my passenger before I alight from my vehicle. I then discovered that one vehicle, SGW7431P, had collided onto the rear of my vehicle. I proceeded to exchange particulars with the other driver. At the point of time, no one had complaints of any pain or injuries.

After taking photo of the accident scene, I left the accident scene. Damage to my vehicle is the end panel crack and rear bumper misalign. The other vehicle did not appear to have any visible damage.

On 03/08/2019 I proceeded to seek medical consultation after feeling pain on the back of my neck and shoulder blade. I was then given five days of medical certificate. There is no onboard CCTV in my vehicle and I am not sure if there is any CCTV install at the traffic junction.



## POLICE REPORT

**POLICE**  
BUKIT PANJANG N.P.C.  
No. 1 Segar Road #01-05 Singapore 677738  
1800-8929999

**SINGAPORE POLICE FORCE**

Police Station Of Origin:  
Bukit Panjang N.P.C.  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No: T201608050114

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 65474680 stating the report number as reference.

Signature Of Officer Recording The Report: 2 / Sr Staff Sgt CHOO NGAI PANG	Signature Of Informant: [Signature]
Signature Of Interpreter: Not applicable	Date/Time: 03/08/16 15:43
Officer in Charge Of Case: TP / AET / Sr Staff Sgt ONG YONG HOON Contact No: 60476436	Classification Of Case:
Authentication Stamp: None	



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048380  
 Tel (65) 6224 0030 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UEN: S65500206 / GST Reg. No: M400017731

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA41910540 Vehicle Registration No: SJM 61357  
 Name (as shown in NRIC) : NEEDARIZ BIN NORHANNANI NRIC/FIN/Passport No : S92045202  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 93824426  
 Email Address : \_\_\_\_\_  
 Date of Accident : 05/08/2019 Time of Accident : 15:35  
 Place of Accident : ALONG BUKIT PONTIAN ROAD  
 Insurance Company : ANUL

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER 20 5100477894-01  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name: [Signature]  
 NRIC/FIN No.: [Signature]  
 Date: