

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 | 02/08/2019 14:02 |
| Date Of Accident | 01/08/2019 16:00 |
| Exact Location Of Accident | ALONG SIMEI ST 3 BEFORE T-JUNC OF SIMEI RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|------------------------------------------------------------------------------|------------------------------|
| Vehicle Registration Number | SKM9520H |
| Insured/Policyholder | |
| Name Of Registered Owner | NORHARYATI BINTE HASSAN |
| NRIC No | S7315251H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90027422 |
| Alternative Phone No | OTHERS-90027422 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | ODYSSEY 2.4 EXV-S CVT LED SR |
| 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 | 5103149636 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------|
| Name of Driver | NAWAR AZMI BIN ABDUL MAJID |
| NRIC No | S7147909I |
| Date Of Birth | 30/12/1971 |
| Occupation | INDOOR |
| Date Of Driving Pass | 01/02/1997 |
| Driving Experience | 22 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90027422 |
| Fax Number | |
| Contact Number | OTHERS-90027422 |
| EMail Address | NOEMAIL |

| | |
|-----------------------------------------------------|------------------|
| Address | 17 NORMA TERRACE |
| Postcode | 456558 |
| 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 | CHAIN COLLISION |
| 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 | 3 |
| Was any body injured in the Accident? | NO |
| 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) | 1 |

Details of Police Action

| | |
|-------------------------------------------|----------------------------------------------------------------|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CHANGI N.P.C |
| Police Station Address | ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

AS PER POLICE REPORT No.T/20190801/2139;

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 | SHC1373G |
| Vehicle Make/Model/Colour | HYUNDAI / SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|----------------------|
| Vehicle Registration Number | GZ3294D |
| Vehicle Make/Model/Colour | TOYOTA / HILUX D CAB |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Accident Sketch Plan Pg. 1

SKETCH PLAN

VEHICLE NO.: _____
INSURER : _____
DATE & TIME: _____


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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.

x 
Policyholder's Signature
Date & Time: _____

x 
Driver's Signature
(If driver is not the policyholder)
Date & Time: _____

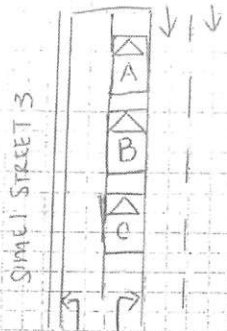
IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Reporting Centre
Singapore 415593
Name: _____
Tel: 67416697
NRIC/FIN No.: _____
Fax: 67492305
Email: vackbb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN



SIMEI RD



VEHICLE A = SKM 9520H
VEHICLE B = SHC 1373G
VEHICLE C = G23294D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I, VEHICLE A (SKM 9520H)

WAS STATIONERY AT THE STATED LOCATION AS IT WAS A RED LIGHT.

MOMENTS LATER, VEHICLE B (SHC 1373G) HIT ONTO MY VEHICLE

REAR. I STEPPED OUT AND REALISED I WAS INVOLVED IN A CHAIN

COLLISION OF 3 VEHICLES. THE LAST VEHICLE WAS VEHICLE C (G23294D).

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

x *[Signature]*
Policyholder's Signature
Date & Time:

x *[Signature]*
Driver's Signature
(If driver is not the policyholder)
Date & Time:

ADAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Tel: 67416697
Name: *[Signature]*
NRIC/FIN No.: *[Signature]*
Email: vackb@singnet.com.sg

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190801/2139

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20190801/2139

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--------------------------------------------------|------------|-------------------------------------|-----------------------------------------------|--------------------------|----------------------------|
| Date/Time Report Made: 01/08/2019 17:34 | | Vide Report No.: G/20190801/0171 | | Station Diary No.: 34 | |
| Informant's Particulars | | | | | |
| Name of Informant: NAHAR AZMI BIN ABDUL MAJID | | | Address: 17 NORMA TERRACE SINGAPORE 456558 | | |
| ID Type / ID No.: NRIC NO / S7147909I | | | Contact No.: Home/Office: Mobile: 96929756 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 47 | Date of Birth: 30/12/1971 | Type of Informant: Driver | | |
| Race: Malay | | | Language: English | | Institution / School Name: |
| Occupation: Teacher | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

| | | | | |
|----------------------------------------------------------------------------|----------------------------------|---------------------------------------------|-----------------------------------------------|-----------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 01/08/2019 16:00 | Type of Location: T-Junction |
| Location: Junction of Road 1 and Road 2 SIMEI STREET 3 SIMEI ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------------|-------|---------|--------|---------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| GZ3294D | Police Car | | | | Slightly Damaged | 1 |
| SHC1373G | Taxi | | | | Slightly Damaged | 3 |
| SKM9520H | Car | HONDA | Odyssey | Purple | Slightly Damaged | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190801/2139

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20190801/2139

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------------|------------------|-----------------------------------------------------------------------------|
| Driver | | | |
| Name | NAHAR AZMI BIN ABDUL MAJID | | ID No. S7147909I |
| Related Vehicle | NIL | | Contact No. 96929756 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Taxi Driver | | | |
| Name | TAY BOON KHIN | | ID No. S0061499H |
| Related Vehicle | NIL | | Contact No. NIL |
| 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 |

Brief Details.

On 01/08/2019 at about 1600hrs, I was driving along Simei Street 3. The traffic light was red as such I came to a complete stop at the junction with my right signal indicator turned on. I then saw a taxi from the rear and the vehicle stopped as well. There was no contact between our vehicles. Out of a sudden, I heard a banging sound and subsequently, the taxi behind me collided into my vehicle. I then went out of my vehicle to make a check and discovered that it was a three vehicle collision with a Police vehicle being the last car. I did not hear any screeching or braking sound prior to the accident.

The taxi was sandwiched in the middle and my vehicle was in front. All three vehicles were on the right lane of the two lane road towards the junction of Simei Road. I did not suffer any physical injuries however there were Traffic Police and Ambulance at scene to attend to the passengers of the other vehicles. I saw that the taxi's passengers was injured at the mouth area.

My vehicle suffered some damages on it's rear bumper and it was dented inwards. I have exchanged particulars with the taxi driver and was given a case card by the Police.

After the accident, I then drove my vehicle to Changi NPC to lodge a traffic accident report.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20190801/2139

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20190801/2139

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: G / Staff Sgt MUHAMMAD ZULHILMI BIN SHADIKIN |
| Signature Of Interpreter: Not applicable |
| Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170 |

| |
|--------------------------------|
| Signature Of Informant: |
| Date/Time: 01/08/2019 17:34 |
| Classification Of Case: |

Authentication Stamp
NP168