

## 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	26/08/2019 14:18
Date Of Accident	25/08/2019 12:30
Exact Location Of Accident	23 GEYLANG SERAI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM817Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NOOR SULYANDY BIN SUHAIDI
NRIC No	S9312640H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87480799
Alternative Phone No	OFFICE-87480799

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107466898
Cover Note Number	-

### Driver

Name of Driver	NOOR SULYANDY BIN SUHAIDI
NRIC No	S9312640H
Date Of Birth	04/04/1993
Occupation	INDOOR
Date Of Driving Pass	02/11/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87480799
Fax Number	
Contact Number	OFFICE-87480799
EEmail Address	NOEMAIL

Address	BLK 645 AMK AVE 6 #02-4963
Postcode	560645
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	4
Passenger 1	NAME: : NOOR EZAN BINTE KAMOO GENDER: : FEMALE
Passenger 2	NAME: : FRIZIL AL-FARHAD GENDER: : FEMALE
Passenger 3	NAME: : DIMPLE D/O ABDUL RAHMAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 4 SEMBAWANG CRESCENT , <b>POSTCODE:</b> 757633 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5549999 - <b>FAX NO:</b> 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20190825/2098

#### 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	SLG6680T
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)

#### DETAILS OF INJURED PERSON 1

Name NOOR SULYANDY BIN SUHAIDI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJM817Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name NOOR EZAN BINTE KAMOO  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJM817Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name FRIZIL AL-FARHAD  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJM817Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 4

Name DIMPLE D/O ABDUL RAHMAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJM817Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

### SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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I understand, acknowledge, agree and consent that:

- 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

Handwritten notes on graph paper:

- Diagram of a triangle with vertices labeled A, B, and C.
- Text: "A. 55m E 17.2"
- Text: "B. 56m 6607"

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

[illegible]

## 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**

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999



T/20190825/2098

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Report No. T/20190825/2098

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Passenger		Use of Pedestrian Crossing: NA	
Name	Dimple D/O Abdul Rahman	ID No.	S9002263F
Related Vehicle	SJM817Z (Car)	Contact No.	87793077
Hospital/Clinic	MY FAMILY CLINIC (WOODLANDS)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NOOR SULTYANDY BIN SUHAIDI	ID No.	S9312640H
Related Vehicle	SJM817Z (Car)	Contact No.	87480799
Hospital/Clinic	MY FAMILY CLINIC (WOODLANDS)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	Frizil Al-farhad	ID No.	S1374227H
Related Vehicle	SJM817Z (Car)	Contact No.	81874434
Hospital/Clinic	MY FAMILY CLINIC (WOODLANDS)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

POLICE REPORT

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POLICE FORCE**  
Police Station Of Origin:  
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4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999



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Report No: T/20190825/2098

CONTINUATION OF REPORT

<b>Passenger</b>			
Name	Noor Ezan Binte Kamoo		
Related Vehicle	SJM817Z (Car)	ID No.	S1545076B
Hospital/Clinic	MY FAMILY CLINIC (WOODLANDS)	Contact No.	81318006
Date Treatment	25/08/2019	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
No. of Days granted Medical Leave	03	Date Discharge	NIL
		Degree of Injury	Slight

**Brief Details.**

On the 25/08/2019 at about 1230hrs, I was driving my vehicle bearing the plate number SJM817Z Honda Fit black in colour along 23 Geylang serai when a vehicle bearing the plate number SLG6680T Honda Civic black in colour, suddenly swerved to the left into my lane. He was from the centre lane and I was in the left lane.

The said vehicle hit me on the front right of my bumper with his left side rear bumper. My vehicle suffers cracks and scratches on my right side bumper. His vehicle only suffers scratches on its left rear bumper. No traffic police or ambulance was at scene.

There were 3 passengers in my vehicle and all 4 of us suffers slight injuries. I suffer pain on my right wrist and received 2 days of medical leave. Noor Ezan Binte Kamoo suffers slight pain on her lower back and received 3 days of medical leave. Frizil Al-Farhad suffers slight pain on her left eye as she hit on my head rest as the car hit me from the right, she also recently went for an eye surgery as such it is painful to her and she received 3 days of medical leave. Dimple D/O Abdul Rahman suffers pain on her left shoulder, as such was given 3 days of medical leave.

I am making this report for insurance purpose.

POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999



T/20190825/2098

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Report No. T/20190825/2098

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

STATEMENT

Centre-  
ess.  
representation or  
of policy liability  
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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:

L /  
SC2 MOHAMMAD NUR ILHAM BIN AHMAD  
SHAHARUDDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
25/08/2019 19:24

Classification Of Case:



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190825/2098

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Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20190825/2098

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/08/2019 19:24	Vide Report No.:	Station Diary No.: 62
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**Informant's Particulars**

Name of Informant: NOOR SULYANDY BIN SUHAIDI		Address: APT BLK 645 ANG MO KIO AVENUE 6 #02-4963 SINGAPORE 560645	
ID Type / ID No.: NRIC NO / S9312640H		Contact No.: Home/Office: Mobile: 87480799	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 04/04/1993	Type of Informant: Driver
Race: Javanese		Language:	Institution / School Name:
Occupation: SMRT Technician		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: 25/08/2019 12:30	Type of Location: Straight Road
Location: Along Road 1 GEYLANG SERAI				
23 Geylang serai		Road Surface: Dry	Road Speed Limit:	
Weather: Cloudy		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Traffic Flow: One Way		Anyone conveyed by ambulance: No		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM817Z	Car	HONDA	FIT 1.3G A	Black	Slightly Damaged	3
SLG6680T	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM817Z	NTUC Income Insurance Co-Operative Limited	5107466898	15/02/2019	14/02/2020

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





