

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	02/09/2019 17:30
Date Of Accident	31/08/2019 12:30
Exact Location Of Accident	NUSA JAYA ROUNDABOUT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB2548H
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Insured/Policyholder

Name Of Registered Owner	MOHAMAD NOR BIN MOHAMAD
NRIC No	S1754105F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96621423
Alternative Phone No	OFFICE-96621423

Vehicle Particulars

Manufacturer	PROTON
Model	SAGA 1.3L MT M-LINE AIRBAG 2WD 4DR
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	5082146946-03
Cover Note Number	

Driver

Name of Driver	MOHAMAD NOR BIN MOHAMAD
NRIC No	S1754105F
Date Of Birth	17/10/1966
Occupation	INDOOR
Date Of Driving Pass	12/01/2006
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96621423
Fax Number	
Contact Number	OFFICE-96621423
EEmail Address	NOEMAIL

Address	BLK 33 BALAM ROAD #20-07
Postcode	370033
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 - ROUNDABOUT
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: : NUR SYAMIERA BINTE MUHAMMED GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20190901/2022.

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	SKV1107Z
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	CHARLES JOHN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	NUR SYAMIERA BINTE MUHAMMED
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKB2548H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

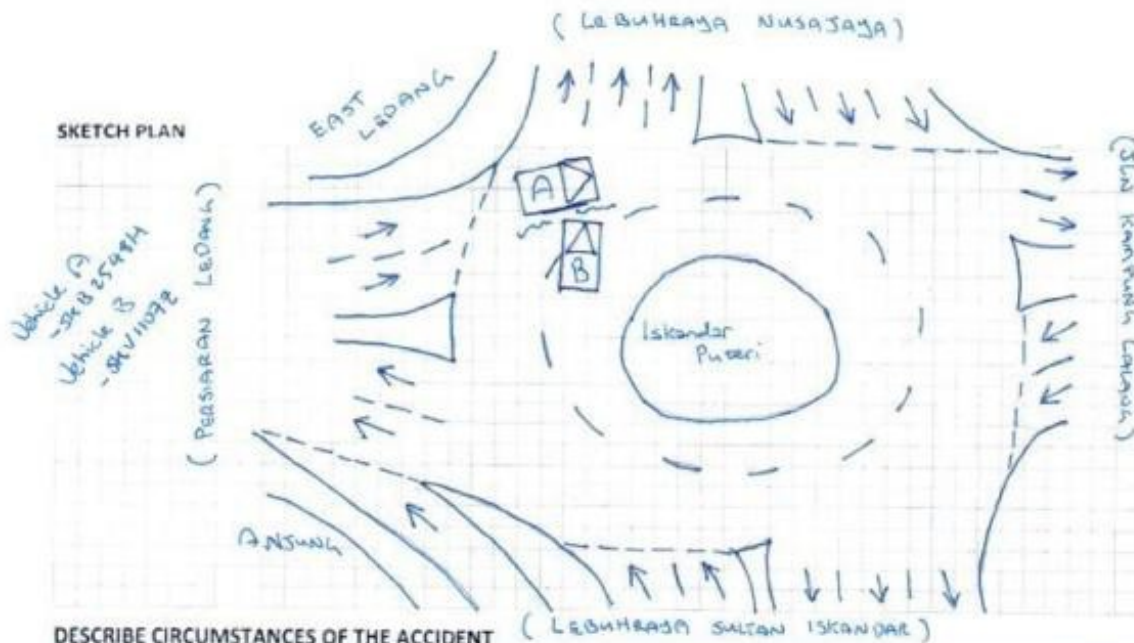


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31st Aug 2019, 12.30 Hrs. While I was driving along the round about of Iskandar Puteri, I was on the outer lane of the round about, where suddenly I felt a impact from the right side of my vehicle, which cause my vehicle to swerve to the side.

Immediately I stopped my vehicle and alighted from my vehicle which then I realized a white Audi with licence plate number (SKV 1107Z) had hit me onto my vehicle, due to he made a abrupt lane change suddenly, as he wanted to turn out to Lebuhraya - Nusajaya toward East Ledang (Tuas).

My vehicle suffered dent and scratches on the right side of my vehicle. And most importantly is one of the passenger in my vehicle who is 8 months pregnant suffered shocked during the accident and had to be sent to the GP on 1st Sept 2019 and following being sent to NUH Labour Ward on 2nd Sept 2019. Which the actual date for expected delivery is 23rd Sept 2019.

On above statement are adding on details for the cause of accident.

Vehicle A - SKB 2548H

Vehicle B - SKV 1107Z

Police Report made: Gaylang NPC.

REPORT NUMBER:

G/20190901/2022.

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)

Reporting Centre Personnel's Signature
Name:

Police Report



SINGAPORE
POLICE FORCE



G/20190901/2022

1 of 2

POLICE REPORT (NP299)

Report No. G/20190901/2022

Police Station Of Origin
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Date/Time Report Made 01/09/2019 11:45	Vide Report No.	Station Diary No. 54
Name Of Informant MOHAMAD NOR BIN MOHAMAD	Address APT BLK 33 BALAM ROAD #20-07 SINGAPORE 370033	
ID Type / ID No. NRIC NO / S1754105F	Contact No. Home/Office	Mobile 96621423
Nationality SINGAPORE CITIZEN	Email Address	
Occupation TECHNICIAN	Sex Male	Age 52
Institution/School Name	Date of Birth 17/10/1966	Race Malay
Date/Time Of Incident 31/08/2019 12:30	Location Of Incident JORHOR BAHRU, NUSA JAYA, JLN KAMPUNG LALANG MALAYSIA	

Brief details.

While operating my vehicle SKB2548H on 31/8/2019 in Malaysia, Johor Bahru, Nusa Jaya at the Roundabout of Jalan Kampung Lalang and Persiaran Ledang, at about 1230hrs a vehicle SKB1107Z hit onto the rear right portion of my vehicle. I then stopped my vehicle and got out to check and discovered that there were some dents and scratches to the rear right door/portion of the vehicle. I then exchanged particulars with the other driver.

I wish to state that I was in the vehicle with 4 other passengers, one whom is 8 months pregnant.

Signature Of Officer Recording The Report: G / Sgt 1 SHAUN CHUA YONG QUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/09/2019 11:45
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp CHIA KA YING Contact No.: 62440000	Classification Of Case:

Authentication Stamp



Police Report



SINGAPORE
POLICE FORCE



G/20190901/2022

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190901/2022

I am lodging this report for record purposes.

Signature Of Officer Recording The Report:

G / Sgt 1 SHAUN CHUA YONG QUAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp CHIA KA YING
Contact No.: 62440000

Signature Of Informant:

Date/Time:
01/09/2019 11:45

Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

