

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	09/10/2019 16:47
Date Of Accident	09/10/2019 09:45
Exact Location Of Accident	JUNCTION OF EAST COAST PARK SERVICE RD - ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA2967L
Insured/Policyholder	
Name Of Registered Owner	AJIR BTE ABDUL SALAM
NRIC No	S2150684B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91139959
Alternative Phone No	OFFICE-91139959
Vehicle Particulars	
Manufacturer	PROTON
Model	EXORA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-001124
Cover Note Number	
Driver	
Name of Driver	RODIYA BINTE MOHARI
NRIC No	S8529380Z
Date Of Birth	04/09/1985
Occupation	INDOOR
Date Of Driving Pass	18/10/2010
Driving Experience	8 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91139959
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 111 BEDOK NORTH ROAD #13-323
Postcode	460111
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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)	2
Passenger 1	NAME: : MOHARI BIN BOHARI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	T/20191009/7006
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SME795J
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)


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.



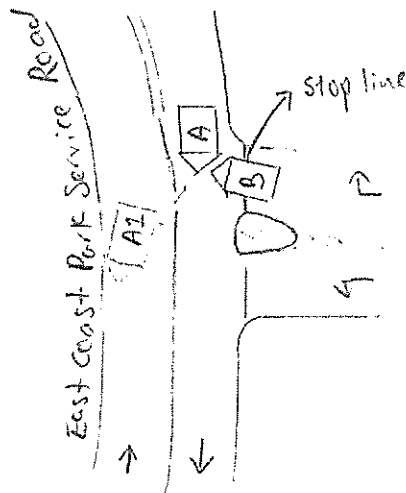
Policyholder's Signature
Date & Time.



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

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

SKETCH PLAN



A=SKA 2967L

B = SME 795J

Junction Of East Coast Park Service RD and Marine Parade Flyover (ECP)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No: T/20191009/7006

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.



**SINGAPORE
POLICE FORCE**



T/20191009/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191009/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2019 12:20		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: RODIYA BINTE MOHARI			Address: APT BLK 111 BEDOK NORTH ROAD #13-323 SINGAPORE 460111		
ID Type / ID No.: NRIC NO / S8529380Z			Contact No.: Home/Office: Mobile: 91139959		
Nationality: SINGAPORE CITIZEN			Email: rodiya.mohari@gmail.com		
Sex: Female	Age: 34	Date of Birth: 04/09/1985	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Financial/Investment adviser			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 09/10/2019 09:45	Type of Location: T-Junction
Location: EAST COAST PARK SERVICE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA2967L	Car	PROTON	Exora	Red	Seriously Damaged	1
SME795J	Car	NISSAN				0

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



**SINGAPORE
POLICE FORCE**



T/20191009/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191009/7006

CONTINUATION OF REPORT

Driver			
Name	RODIYA BINTE MOHARI		ID No. S8529380Z
Related Vehicle	SKA2967L (Car)		Contact No. 91139959
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
Passenger			
Name	MOHARI BIN BOHARI		ID No. S1142957B
Related Vehicle	SKA2967L (Car)		Contact No. 97254555
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
Driver			
Name	TAN LI KIANG		ID No. S7014693B
Related Vehicle	SME795J (Car)		Contact No. 96679955
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 09.10.19 (Wed) at about 09:45 hours at Junction of East Coast Park Service Road and Marine Parade Flyover (ECP), I was travelling straight on my lane along East Coast Park Service Road towards Bedok/Changi.

When I was passing by the above-mentioned Junction, suddenly one vehicle (B) bearing registration number SME 795J failed to stop at the stop line and turned right, thus the next moment her vehicle (B) collided onto the left hand side portion of my vehicle (A) and the impact forced my vehicle (A) to collide onto the road curb and railing opposite the roadside, causing damages to my left hand side portion and front right hand side portion of my vehicle (A). I wished to state that I have one passenger inside my vehicle (A).

Two officers from Aetos arrived at scene and assisted us for a short while.