

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	01/11/2019 15:05
Date Of Accident	09/10/2019 14:30
Exact Location Of Accident	TPE TWDS KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR659L
Insured/Policyholder	
Name Of Registered Owner	MOHAMED SAID BIN SALIM
NRIC No	S8028792E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92782244
Alternative Phone No	OTHERS-90660670

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	REPORTING ONLY
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	5109041620
Cover Note Number	

Driver

Name of Driver	RAIHANA BINTE SALIM
NRIC No	S8705950B
Date Of Birth	09/03/1987
Occupation	INDOOR
Date Of Driving Pass	12/01/2010
Driving Experience	9 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90660670
Fax Number	
Contact Number	
Email Address	HAFEEZYANA03@GMAIL.COM

Address	BLK 233B SUMANG LANE #02-313
Postcode	822233
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	NO 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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : HAFEEZ GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191024/2195

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Accident Sketch Plan

SKETCH PLAN

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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.:

SKETCH PLAN

NO SKETCH AVAILABLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 9/20191024/2195

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

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

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191024/2195

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20191024/2195

CONTINUATION OF REPORT

Driver				
Name	RAIHANA BINTE SALIM		ID No.	S8705950B
Related Vehicle	NIL		Contact No.	90660670
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

Brief Details.

On 09/10/2019 at about 1430hrs, I was driving vehicle (SJR 659L) along TPE and heading towards KPE tunnel.

The traffic was moderate and it was not raining. I wish to state that I was not involved in any accident or knocked into any government property. I was also not involved in any dispute with any drivers on the road.

That is all I can recall while I was driving the vehicle on that day. I am lodging this report as my brother received a letter from Traffic Police informing me to lodge a traffic accident report as I am the driver.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



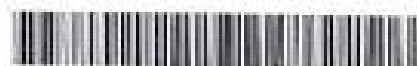
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20191024/2185

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20191024/2185

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2019 23:04	Vide Report No.:	Station Diary No.: 156
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Informant's Particulars			
Name of Informant: RAIHANA BINTE SALIM		Address: APT BLK 233B SUMANG LANE #02-313 SINGAPORE 822233	
ID Type / ID No.: NRIC NO / S8705950B		Contact No.: Home/Office: Mobile: 90660870	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 32	Date of Birth: 09/03/1987	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Unemployed		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/10/2019 14:30	Type of Location: Expressway	
Location: Along Road 1 TAMPINES EXPRESSWAY Along TPE towards KPE				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No. SJR659L	Type Car	Make	Model	Color	Condition	No of Passenger 0

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191024/2195

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20191024/2195

CONTINUATION OF REPORT

Driver				
Name	RAIHANA BINTE SALIM		ID No.	S87056508
Related Vehicle	NIL		Contact No.	90860670
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

Brief Details.

On 09/10/2019 at about 1430hrs, I was driving vehicle (SJR 658L) along TPE and heading towards KPE tunnel.

The traffic was moderate and it was not raining. I wish to state that I was not involved in any accident or knocked into any government property. I was also not involved in any dispute with any drivers on the road.

That is all I can recall while I was driving the vehicle on that day. I am lodging this report as my brother received a letter from Traffic Police informing me to lodge a traffic accident report as I am the driver.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191024/2195

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20191024/2195

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Staff Sgt CHEE SI WEI, FELIX

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/10/2019 23:04

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No: 85476151

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force