

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	19/11/2019 18:22
Date Of Accident	18/11/2019 07:50
Exact Location Of Accident	SULTAN ISKANDAR COMPLEX (JB-BOUND)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH624C
Insured/Policyholder	
Name Of Registered Owner	NORAZREN B RAHMAD
NRIC No	S7108052H
Email Address	MDKBNR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98581708
Alternative Phone No	OTHERS-92373590

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF CABRIOLET
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	5095768910-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD DANISH KHAIREN BIN NORAZREN
NRIC No	S9437782Z
Date Of Birth	08/10/1994
Occupation	INDOOR
Date Of Driving Pass	30/01/2013
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92373590
Fax Number	
Contact Number	OTHERS-98581708
Email Address	MDKBNR@GMAIL.COM

Address	138 VERDE VIEW
Postcode	688726
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 - HEAD TO REAR
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: : FRIEND GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191119/2052

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	SJD6582H
Vehicle Make/Model/Colour	HONDA AIRWAVE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN HOONG KWAI
NRIC/Passport Number	S2572787H
Contact Number	96648213
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

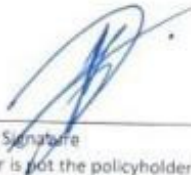
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/4/2019 1655h.

19/4/2019

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

Accident Sketch Plan

SKETCH PLAN

AS per ATTACH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
1/2019/119/2052

DECLARATION

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

Policyholder's Signature
Date & Time:

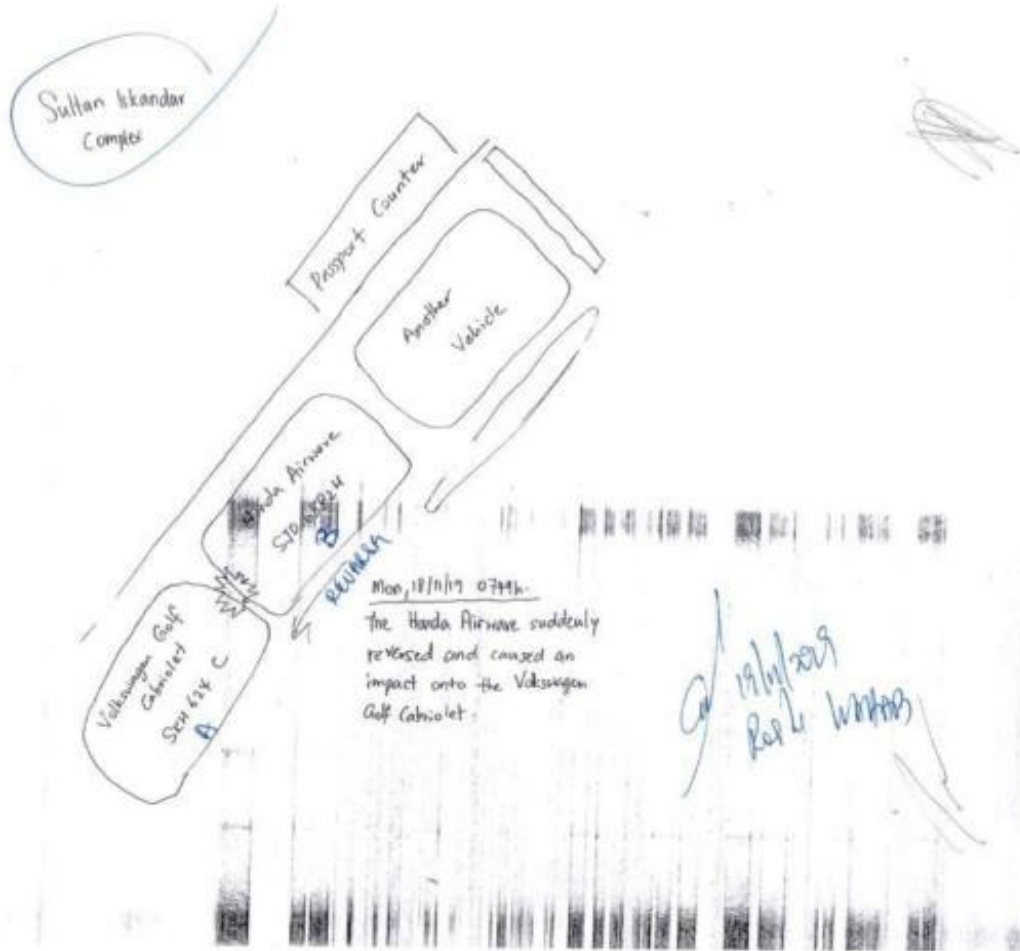
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

00000000000000000000

ATTACHMENT

the accident occurred at 1000 my name is [redacted] my car's number 230682H, has damaged the front bumper, carport and the optical parking system sensor of my vehicle.



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191119/2052

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 3

Report No. T/20191119/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2019 12:42		Vide Report No.:	Station Diary No.: 75
Informant's Particulars			
Name of Informant: MUHAMMAD DANISH KHAIREN BIN NORAZREN		Address: 138 VERDE VIEW SINGAPORE 688726	
ID Type / ID No.: NRIC NO / S9437782Z		Contact No.: Home/Office:	Mobile: 98581708
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 08/10/1994	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/11/2019 07:50	Type of Location: Straight Road
Location: Along Road 1 Woodlands Crossing Woodlands checkpoint JB side(Sultan Iskandar Complex)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD6582H	Car					0
SKH624C	Car				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



POLICE FORCE



T/20191119/2052

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3

Report No. T/20191119/2052

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:
E /
Sgt 3 JOEL EE CHYE TECK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/11/2019 12:42

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20191119/2052

2 of 3

Report No. T/20191119/2052

CONTINUATION OF REPORT

Driver			
Name	Cham Hoong Kwai	ID No.	S2572787H
Related Vehicle	SJD6582H (Car)	Contact No.	96648213
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	MUHAMMAD DANISH KHAIREN BIN NORAZREN	ID No.	S9437782Z
Related Vehicle	SKH624C (Car)	Contact No.	98581708
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 18/11/2019 at 0749hrs, I was inside my vehicle (White Volkswagen Golf Cabriolet, SKH624C) along Johor Bahru Checkpoint(Sultan Iskandar Complex) while being stationary waiting at the passport counter. The vehicle in front of me (Grey Honda) suddenly reversed and hit onto my vehicle. I got out of my vehicle to check the damage and take a photo of the damaged and exchange particulars with the other driver.

The accident caused by the grey Honda Airwave(SJD6582H), has damaged the front bumper, carplate and the optical parking system sensor of my vehicle

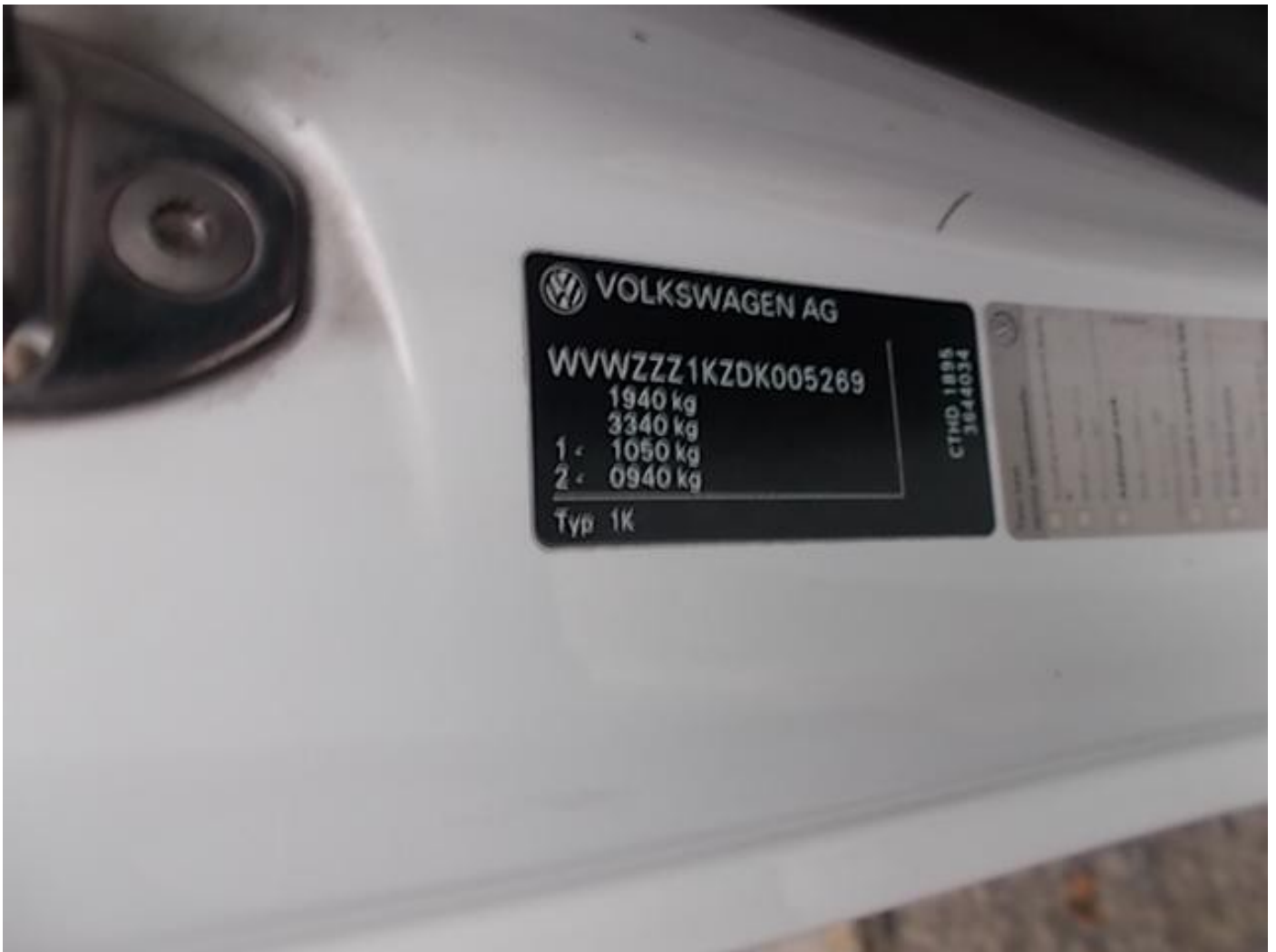
I wish to state that no one was injured.

I am lodging this report for insurances claims.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUA419157070 Vehicle Registration No: SKH 624C
Name (as shown in NRIC) : MUHAMMAD DANISH KHAIRAN BIN NABAZZAH NRIC/FIN/Passport No : S9437782Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 92373590
Email Address : _____
Date of Accident : 18/11/2019 Time of Accident : 07:50
Place of Accident : Sultan Iskandar Complex (JB-Bandung)
Insurance Company : RTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Police Report number 76 T/2019/1119/2052

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rosli Mohd Haris
NRIC/FIN No.:
Date:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
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Name (as shown in NRIC) : MUHAMMAD DANISH KHAIRAN BIN NABAZZAH NRIC/FIN/Passport No : S9437782Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 92373590
Email Address : _____
Date of Accident : 18/11/2019 Time of Accident : 07:50
Place of Accident : Sultan Iskandar Complex (JB-Bandung)
Insurance Company : RTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Police Report number 71/2019/1119/2052

Policyholder / Driver's Signature
Date:

05/12/2019
Reporting Centre Personnel's Signature
Name: Rosli Mohd Haris
NRIC/FIN No.:
Date: