

22731

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE



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 : MSME 19158656 Vehicle Registration No : SKK6520M
 Name(as shown in NRIC): Mohamad Zurynie Bin Mohamad Zainoi
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 NRIC/Passport No : S1811880G
 Address : 856E Tampines st 82, #02-208, S(525856)
 Contact (Tel) : - (H/P) : 9459 5949
 (Email) : -
 Date of Accident : 30.11.2019 Time of Accident : 1pm
 Place of Accident : PIE towards Changi at Thomson Flyover
 Insurance Company : Lonpac Insurance BHD

(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:

1. Change of Location of Accident - PIE towards Changi at Thomson Flyover

2. Police report - Yes

Signature of Vehicle Owner / Driver

Date: 02.12.2019

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	02/12/2019 13:54
Date Of Accident	30/11/2019 13:00
Exact Location Of Accident	PIE TWDS CHANGI AT THOMSON FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK6520M
Insured/Policyholder	
Name Of Registered Owner	HARYATI BTE SINGIT
NRIC No	S7338484B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90123047
Alternative Phone No	Office-90123047

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC

Exact Purpose for which vehicle was being used at time of accident

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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VP05022270
Cover Note Number	

Driver

Name of Driver	MOHAMAD ZURYNIE BIN MOHAMAD ZAINOI
NRIC No	S1811880G
Date Of Birth	24/07/1967
Occupation	INDOOR
Date Of Driving Pass	13/01/1992
Driving Experience	27 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94595949



**SINGAPORE
POLICE FORCE**



E/20191202/7016

1 of 2

POLICE REPORT (NP299)

Report No. E/20191202/7016

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 02/12/2019 15:43	Vide Report No.	Station Diary No.
Name Of Informant MOHAMAD ZURYNIE BIN MOHAMAD ZAINOI	Address APT BLK 856E TAMPINES STREET 82 #02-208 SINGAPORE 525856	
ID Type / ID No. NRIC NO / S1811880G	Contact No. Home/Office:	Mobile: 94595949
Nationality SINGAPORE CITIZEN	Email Address mohamadzurynie@gmail.com	
Occupation SENIOR TECHNICAL OFFICER	Sex Male	Age 52
Institution/School Name	Date of Birth 24/07/1967	Race Malay
Date/Time Of Incident 30/11/2019 13:00	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

On the above mentioned date and time, I was driving my vehicle, SKK6520M, along PIE(CHANGI). My wife and 2 children were on board my vehicle.

Due to traffic conditions, the taxi in front of mine, SHD6481P, came to a stop and as such I followed suit.

Suddenly, there was a massive impact from my rear causing my vehicle to propel forward and hit onto the taxi. I alighted to realise that SMM3536D had collided into my vehicle's rear.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2019 15:43
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



E/20191202/7016

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20191202/7016

My family and I all felt discomfort on that evening. I proceeded to see my family doctor at Unihealth Clinic (Bedok) on 01/12/2019 and was given 3 days MC. My wife and children went to the same clinic on 02/12/2019 and was given 3 days MC each.

Particulars of my passengers as follows:

Wife - Suriani Binte Sungit S7017667Z

Son - Muhamad Irsyad Bin Mohamed Zurnie S9933273E

Daughter - Iffa Nurmarini Bte Mohd Zurnie
T0519712G

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

02/12/2019 15:43

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT



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Vehicle Registration Number	SKK6520M
Insured/Policyholder	
Name Of Registered Owner	HARYATI BTE SINGIT
NRIC No	S7338484B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90123047
Alternative Phone No	OFFICE-90123047

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VP05022270
Cover Note Number	

Driver

Name of Driver	MOHAMAD ZURYNIE BIN MOHAMAD ZAINOI
NRIC No	S1811880G
Date Of Birth	24/07/1967
Occupation	INDOOR
Date Of Driving Pass	13/01/1992
Driving Experience	27 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94595949
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 856E TAMPINES ST 82 #02-208
Postcode	525856
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	CHAIN 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	3
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)	4
Passenger 1	NAME: : SURIANI BTE SUNGIT GENDER: : FEMALE
Passenger 2	NAME: : MUHD IRSYAD BIN MD ZURYNIE GENDER: : MALE
Passenger 3	NAME: : IFFA NURMARINI BINTE MD ZURYNIE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON THE STATED DATE AND TIME, AT THE STATED VENUE, MY VEHICLE A (SKK6520M) WAS TRAVELLING STRAIGHT ON MY RIGHTFUL LANE. VEHICLE C (SHD6481P) IN FRONT OF MY VEHICLE STOPPED. SO, I SLOWED DOWN AND STOPPED TOO. VEHICLE B (SMM3536D) COULD NOT MAKE IT ON TIME TO STOP, COLLIDED ONTO THE REAR PORTION OF MY STATIONARY VEHICLE CAUSING MY VEHICLE TO PROPEL FORWARD TOWARDS VEHICLE C.

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	SMM3536D
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD6481P
Vehicle Make/Model/Colour
Details Of Properties VEHICLE C
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

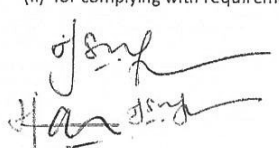
SKETCH PLAN

IMPORTANT NOTICE


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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.

X 

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.:

