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 witholding 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	20/12/2019 16:09	
Date Of Accident	17/12/2019 14:00	
Exact Location Of Accident	WOODLANDS CAUSEWAY AFTER WOODLANDS CHECKPOINT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vahiala Pagistration Number	SKB4033K	

	5217125 51 5111 12111522	
Vehicle Registration Number	SKB1032K	
Insured/Policyholder		
Name Of Registered Owner	ALINDA BINTE AHMED	
NRIC No	SXXXX533A	

Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-92205

Mobile Phone No (LOCAL) +65-92205616
Alternative Phone No OFFICE-92205616

Vehicle Particulars

Manufacturer

BMW

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?

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

1201

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5099392627-01 (CLASSIC)

Cover Note Number

Driver

Model

Name of Driver SUHAILA BINTE MOHAMED AZMI

 NRIC No
 SXXXX259F

 Date Of Birth
 12/08/1977

 Occupation
 INDOOR

 Date Of Driving Pass
 22/02/2001

Driving Experience 18 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92955455

Fax Number Contact Number

EMail Address NOEMAIL

BLK 773 PASIR RIS STREET 71 #07-374 Address

S510773 Postcode

Was driver an employee of the Insured's Company NO

SIBLING If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions AFTER RAIN

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: MOHAMAD ZULHILMI BIN AB GHANI

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO NOTICE OF REPORT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGU2846U

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

ABDUL RAZMIN BIN ABDUL RAZAK

NRIC/Passport Number

SXXXX547Z

Contact Number

87557531

Address

488A TAMPINES AVE 9 #12-174

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

Accident Sketch Plan

SKETCH PLAN

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- 7. By the ladgment 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:

iver's Signature

Date & Time

(If driver is not the policyholder)

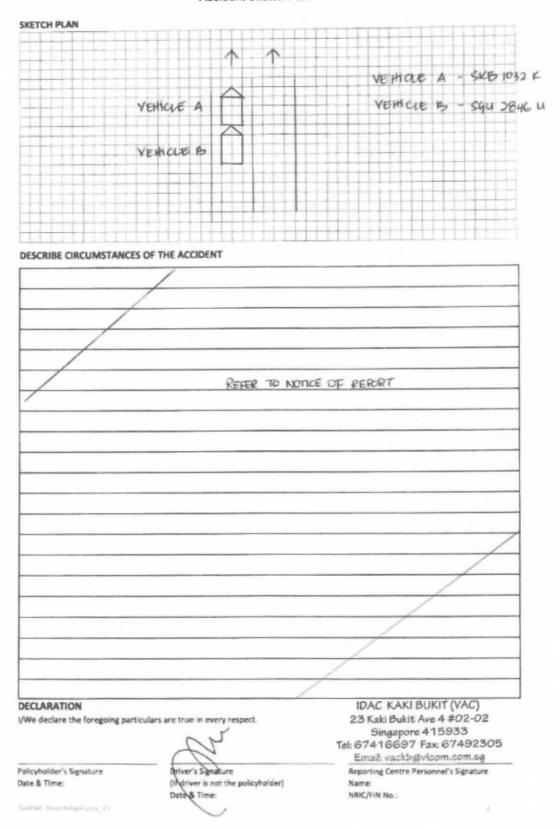
IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305

Email: vackb@vicom.com.sq Reporting Centre Personnel's Signature

Name: NRIC/FIN No.

GANDAC, SCHOOLSPERSON U.S.

Accident Sketch Plan



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ANNEX E

NOTICE OF REPORTING

This is to confirm that <u>SUHAILA BINTE MOHAMED AZMI</u>, NRIC: <u>S7722259F</u>, <u>HP</u>: <u>92955455</u>, has reported to the Police a non injury traffic accident which occurred along <u>Woodlands Causeway</u>, <u>right after</u> <u>Woodlands Checkpoint</u>, on <u>17/12/2019</u> at <u>1400hrs</u> involving the following vehicles:

- 1) SKB1032K (complainant's involved vehicle)
- 2) SGU2846U (Blue, Suzuki Swift)

On the above-mentioned date and time, complainant was driving along the above-mentioned location, complainant just passed the Checkpoint area (CIQ) and Woodlands Checkpoint and was heading into Johor Bharu via Woodlands Causeway. Complainant was on the left most lane of the road during that period. Complainant also had one passenger with her during that period, "Mohamad Zulhilmi Bin Ab Ghani" (M'sia IC: 920511065765) HP: 96853926.

Complainant informed that the traffic was a stand-still and she was awaiting to move forward, she was safely stopped behind the vehicle in front of her. Complainant was then suddenly knocked by the other vehicle (SGU2846U) from the rear without warning. The impact was quite strong but complainant's vehicle did not collide with the vehicle in front.

Complainant and her passenger were not injured after the collision, complainant then spoke to the other driver who informed that he and his passenger were not injured as well.

Complainant wanted to settle the accident privately with the other driver and took down his particulars and contact number, complainant and the other driver thus went their separate ways. No police or ambulance attended to complainant, there was not government property damage.

Damages on V1 (Complainant's vehicle) are as follows: Middle of the rear bumper, license plate dented inwards. Right side of rear bumper dislodged. Left side of rear bumper dented inwards.

COMPRENTIAL

Pasir Ris NPC No. 1 Pasir Ris Drive 4 #01-01 Singapore 519457 Tel: 1800-5852999

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Damages on V2 are as follows:

Complainant unsure, however recalls some dents on the front bumper. Damages on the right headlight does not seem to be damaged due to the accident but from a previous incident.

Particulars of the other driver: S8836547Z Abdul Razmin Bin Abdul Razak B/488A Tampines Ave 9 #12-174 HP: 87557531

2 If this accident was reported to the Police within 24 hours of its occurrence then he/she has complied with Sec 84 (2) of the Road Traffic Act, Cap 276

Rank / Name of Issuing Officer: SGT T180007 Daniel Leck

Date: 19/12/2019

Time: 1930hrs

S/D Ref No: 87

Police Post / Unit: Pasir Ris NPC

Original to be issued to complainent Duplieste to be submitted to Traffle Police Pasir Ris NPC

No. 1 Pasir Ris Drive 4 #01-01 Singapore 519457 Tel: 1800-5852999

Signature of complainant:

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