

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	09/03/2020 12:25
Date Of Accident	08/03/2020 06:00
Exact Location Of Accident	CIQ IMMIGRATION CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8712C
Insured/Policyholder	
Name Of Registered Owner	NINIEDIANA BINTE ZULKIFLIE
NRIC No	SXXXX894J
Email Address	ERFINMZ88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94577599
Alternative Phone No	HOME-87485605

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	5110663534
Cover Note Number	

Driver

Name of Driver	MOHAMMED ERFIZAL BIN MARZUKI
NRIC No	SXXXX900J
Date Of Birth	27/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	16/01/2020
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87485605
Fax Number	
Contact Number	
Email Address	ERFINMZ88@GMAIL.COM

Address	BLK 472 CHOA CHU KANG AVE 3 #15-157
Postcode	680472
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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: : NINIEDIANA BINTE ZULKIFLIE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , 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: J/20200309/2015

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT WORKING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR6753H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	

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

Accident Sketch Plan

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.:

Accident Sketch Plan

SKETCH PLAN

DOWN SLOPE

CIQ IMMIGRATION CHECKPOINT

A - 5LF8712C
B - 5JR6753H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report:

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.:

GIAIIMC SketchPlanForm_V3

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Individual Statement



**SINGAPORE
POLICE FORCE**



J/20200309/2015

1 of 2

POLICE REPORT (NP299)

Report No. J/20200309/2015

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Date/Time Report Made 09/03/2020 05:26	Vide Report No.	Station Diary No. 16		
Name Of Informant MOHAMMED ERFIZAL BIN MARZUKI	Address APT BLK 472 CHOA CHU KANG AVENUE 3 #15-157 SINGAPORE 680472			
ID Type / ID No. NRIC NO / S8840900J	Contact No. Home/Office	Mobile 87485605		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation IT DIRECTOR	Sex Male	Age 31	Date of Birth 27/10/1988	Race Indonesian
Institution/School Name	Language			
Date/Time Of Incident 08/03/2020 06:00	Location Of Incident CIQ Immigration Checkpoint MALAYSIA			

Brief details.

On 08/03/2020 at about 0600hrs, I was driving SLF8712C and queuing up at the Malaysia Checkpoint. I was on the centre lane when I intending to merge to a lane. Unfortunately, a vehicle SJR6753H abruptly cut into my lane and I could not stop in time and collided onto the rear portion of the said vehicle. No one was injured at the point of time. I do not have any in-car camera in my vehicle.

I am lodging this report for insurance claim.

Signature Of Officer Recording The Report:

J / Sr Staff Sgt WANG ZHENXIONG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong West N.P.C /
Sgt 2 CHIA SHUN ZHENG
Contact No.:

Authentication Stamp

Signature Of Informant:

Date/Time:
09/03/2020 05:26

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Police Report



**SINGAPORE
POLICE FORCE**



J/20200309/2015

1 of 2

POLICE REPORT (NP299)

Report No. J/20200309/2015

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689285
Tel No: 1800-7659999

Date/Time Report Made 09/03/2020 05:26	Video Report No.	Station Diary No. 18
Name Of Informant MOHAMMED ERFIZAL BIN MARZUKI	Address APT BLK 472 CHOA CHU KANG AVENUE 3 #15-157 SINGAPORE 680472	
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Nationality SINGAPORE CITIZEN	Email Address	
Occupation IT DIRECTOR	Sex Male	Age 31
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J / Sr Staff Sgn WANG ZHENXIONG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong West N.P.C /
Sgt 2 CHIA SHUN ZHENG
Contact No.:

Authentication Stamp

Signature Of Informant:

Date/Time:
09/03/2020 05:26

Classification Of Case:

Police Report



SINGAPORE
POLICE FORCE



J20200309/2015

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J20200309/2015

Signature Of Officer Recording The Report:

J / Sr Staff Sgt WANG ZHENXIONG

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

J / Jurong West N.P.C /

Sgt 2 CHIA SHUN ZHENG

Contact No.:

Authentication Stamp

Signature Of Informant:

Date/Time:

09/03/2020 05:26

Classification Of Case: