

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	07/01/2020 18:07
Date Of Accident	06/01/2020 17:40
Exact Location Of Accident	JURONG TOWN HALL TWDS BUKIT BATOK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK7410D
Insured/Policyholder	
Name Of Registered Owner	ALIAS BIN KLANG
NRIC No	SXXXXX715H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94888771
Alternative Phone No	OFFICE-94888771

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111767826
Cover Note Number	

Driver

Name of Driver	ZUBAIDAH BINTE HASSAN BASRI
NRIC No	SXXXXX311G
Date Of Birth	17/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2003
Driving Experience	16 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94888771
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 120 BUKIT BATOK CENTRAL #12-353 SINGAPORE
Postcode	650120
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	YES
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: : KAZORAH BINTE ABDUL KADIR GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTCAH SKETCH PLAN & POLICE REPORT

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	SGC6068S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW SZE HSIEN
NRIC/Passport Number	SXXXX490E
Contact Number	90123623
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ZUBAIDAH BINTE HASSAN BASRI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLK7410D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name KAZORAH BINTE ABDUK KADIR

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLK7410D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:

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

Sketch Plan #2

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer 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.



Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20200107/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2020 10:47	Vide Report No.:	Station Diary No.: 50
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Informant's Particulars

Name of Informant: ZUBAIDAH BINTE HASSAN BASRI			Address: APT BLK 120 BUKIT BATOK CENTRAL #12-353 SINGAPORE 650120		
ID Type / ID No.: NRIC NO / S7043311G			Contact No.: Home/Office: Mobile: 94888771		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 49	Date of Birth: 17/11/1970	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Registered nurse			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/01/2020 17:40	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 JURONG TOWN HALL ROAD BUKIT BATOK ROAD Cross junction Jurong Town Hall Road and Bt Batok Rd				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SGC6068S	Car	MAZDA	3	Silver		0
SLK7410D	Car	HONDA	VEZEL	Black	Seriously Damaged	1

Details of Person Involved

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



Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

CONTINUATION OF REPORT

Driver			
Name	LOW SZE HSIEN	ID No.	S8511490E
Related Vehicle	SGC6068S (Car)	Contact No.	90123623
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	ZUBAIDAH BINTE HASSAN BASRI	ID No.	S7043311G
Related Vehicle	SLK7410D (Car)	Contact No.	94888771
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/01/2020	Date Discharge	07/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	KAZORAH BINTE ABDUL KADIR	ID No.	S7107977E
Related Vehicle	SLK7410D (Car)	Contact No.	97375534
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/01/2020	Date Discharge	07/01/2020
No. of Days granted Medical Leave	04	Degree of Injury	Serious

Brief Details.

On 06/01/2020 at about 1740hrs, I was driving my vehicle,

V1) One black Honda Vezel reg no SLK7410D

at along Jurong Town Hall Road towards Bt Batok. I had my colleague seated beside me at the front passenger seat namely,

A1)Kazorah Binte Abdul Kadir
S7107977E
HP: 97375534



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659840
Tel No: 1800-6659999

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CONTINUATION OF REPORT

It was raining heavily and the road was wet at that time. I was driving along the center lane where by at the cross junction of Jurong Town Hall Road and Bt Batok Rd, the traffic light turned amber therefore I slowed down as I approached the junction and then came to a stop. I was the front most vehicle at the junction. Suddenly, I felt an impact coming from the rear of the vehicle. The impact was so hard that my vehicle shifted into the middle of the cross junction. As there was oncoming traffic, I reversed back onto Jurong Town Hall Road.

I alighted from my vehicle briefly and saw another vehicle with damages at its front and which earlier had collided into me,

V2) One silver Mazda 3 reg no SGC6068S

The driver of V2,

A2) Low Sze Hsien, F/Chinese
S8511490E
HP: 90123623

also alighted. As it was raining, both of us agreed to pull over to the bus stop nearby. We made checks on our vehicles took photos as well as exchanged particulars. A2 then apologized for the accident and told me to proceed to make claims via insurance. After which we then drove away separately.

On 7/1/2020 when I woke up, I felt pain on my neck, shoulders and back. My colleague, A1, felt pain on her neck, shoulder and back as well since the accident. That was when we went to see a doctor at Ng Teng Fong General Hospital on 07/1/2020 at about 0700hrs. I was given 3 days of MC ref 47899135 and A1 was given 4 days ref 64083220.

My vehicle sustained serious dents and scratches at its rear. My vehicle was installed with an in-car camera however I am unsure if it was operating.



**SINGAPORE
POLICE FORCE**



T/20200107/2036

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659840
Tel No: 1800-6659999

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Report No. T/20200107/2036

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:

J/

Sr Staff Sgt MOHAMAD FARRHAN BIN
SULHAN

SSS T110185

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

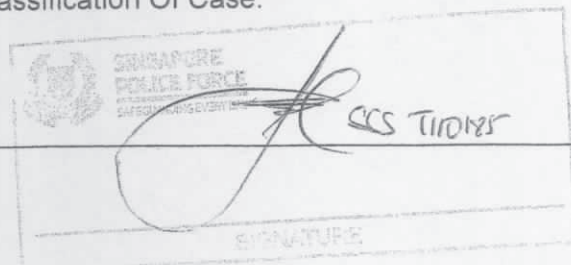
Contact No.: 65476204

Signature Of Informant:

Date/Time:

07/01/2020 10:47

Classification Of Case:



Authentication Stamp

NP168