

## 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	04/02/2020 15:39
Date Of Accident	03/02/2020 08:00
Exact Location Of Accident	TPE TWRDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY5766R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AHMAD ZAHID BIN JASNI
NRIC No	SXXXX002B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92773554
Alternative Phone No	OTHERS-92773554

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109509289
Cover Note Number	

### Driver

Name of Driver	NUR SAKINAH BINTE ABRAHIM
NRIC No	SXXXX029E
Date Of Birth	24/05/1990
Occupation	INDOOR
Date Of Driving Pass	01/11/2010
Driving Experience	9 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86112337
Fax Number	
Contact Number	
EEmail Address	NUR_SAKINAH_ABRAHIM@SPF.GOV.SG

Address	BLK 266A #12-392 PUNGGOL WAY
Postcode	821266
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	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?	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: : HAFIY ADAM GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20200203/7017;

#### 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	SGG5598P
Vehicle Make/Model/Colour	MERCEDES BENZ / GLA180 (R18 BI)
Details Of Properties	
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 INJURED PERSON 1	
Name	NUR SAKINAH BINTE ABRAHIM
Approximate Age	29
Injuries Sustain	
Injured person in which vehicle?	SJY5766R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 266A #12-392 PUNGGOL WAY
Postcode	821266

## Accident Sketch Plan

### 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.

  
Policyholder's Signature  
Date & Time:

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416897 Fax: 67492305  
Email: [esckb@vicom.com.sg](mailto:esckb@vicom.com.sg)

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

04 FEB 2020

# Accident Sketch Plan

## SKETCH PLAN

Type Towards Channel	A	(A) SJY 7766R (B) SGG 5598P
	B	

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: 7/20200203/7017

*[A large diagonal line is drawn across the remaining lines of this section.]*

## DECLARATION

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

*As*  
 Policyholder's Signature  
 Date & Time:

*NSK*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

IDAC KAKI BUKIT (VAC)  
 23 Kaki Bukit Ave 4 #02-02  
 Singapore 415933  
 Tel: 67416697 Fax: 67492305  
 Email: [accident@idac.com.sg](mailto:accident@idac.com.sg)  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.: 04 FEB 2020

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20200203/7017

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200203/7017

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2020 16:03		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NUR SAKINAH BINTE ABRAHIM			Address: APT BLK 266A PUNGGOL WAY #12-392 SINGAPORE 821266		
ID Type / ID No.: NRIC NO / S9017029E			Contact No.: Home/Office: Mobile: 86112337		
Nationality: SINGAPORE CITIZEN			Email: Nur_Sakinah_ABRAHIM@spf.gov.sg		
Sex: Female	Age: 29	Date of Birth: 24/05/1990	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/02/2020 08:00	Type of Location: Straight Road
Location:  TPE between 6 and 5km mark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		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
SGG5598P	Car	MERCEDES BENZ		Red		0
SJY5766R	Car	KIA		Black	Slightly Damaged	1

## Details of Person Involved

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

## Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20200203/7017

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200203/7017

### CONTINUATION OF REPORT

<b>Driver</b>			
Name	NUR SAKINAH BINTE ABRAHIM	ID No.	S9017029E
Related Vehicle	SJY5786R (Car)	Contact No.	86112337
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	Slight

#### Brief Details.

On 3/02/20 at about 0757hrs, I was travelling along TPE towards Changi when I felt a car (SGG5598P) knocked onto the rear of my car. I horned at the driver however he ignored me. My in car camera also recorded the whole incident.

From the footage, I also observed that after the impact, the said car suffered slight dent on his front license plate. My car suffered slight scratches on the rear bumper.

Due to the impact, I felt slight back pain. My 2 year old son, who was seated at the back seat, on his car seat, did not sustain any injuries.

I wish to state that the driver did not stop nor attempt to stop his car when he had hit my car.

## Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20200203/7017

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200203/7017

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
TAN JEOK LENG  
Contact No.: 65476144

Authentication Stamp  
NP168

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

Date/Time:  
03/02/2020 16:03

Classification Of Case:



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

