

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	23/03/2020 16:26
Date Of Accident	21/03/2020 04:55
Exact Location Of Accident	YISHUN AVE 1 OUTSIDE SINOPEC YISHUN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD8650G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AL-NAJIB BIN SALLEH
NRIC No	SXXXX377C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87520870
Alternative Phone No	OFFICE-87520870

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D19MPC0001742
Cover Note Number	

Driver

Name of Driver	NORSAINI BIN ABU
NRIC No	SXXXX857H
Date Of Birth	09/07/1981
Occupation	INDOOR
Date Of Driving Pass	14/07/2014
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87520870
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 2 EUNOS CRES #05-2551
Postcode	400002
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	0

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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200321/7005

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	SHB8333G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 SFN791E
Vehicle Make/Model/Colour
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 NORSAINI BIN ABU
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJD8650G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LYZAWATEE BINTE ADNAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJD8650G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Accident Sketch Plan


SKETCH PLAN


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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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.

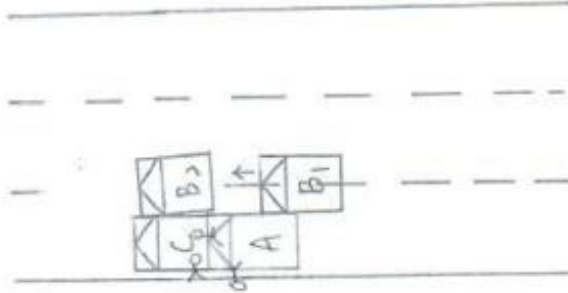



Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN

	<p>Vehicle</p> <p>A - SJD 8650G</p> <p>B - SHB8333G</p> <p>C - SFN 791E</p> <p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Vehicle </div> <div style="text-align: center;">  Motorcycle </div> </div>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary along Yishun Avenue 1 outside the Sinopec Yishun. Out of sudden, vehicle B came from behind hit onto my vehicle and the vehicle in front of me. The impact was so big and caused my vehicle to thrust forward and hit onto vehicle C. I wish to state that when the accident happened, I was standing in between my vehicle and vehicle C. My passenger was standing beside my vehicle also. We both sustained injuries due to the accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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 REPORT



**SINGAPORE
POLICE FORCE**



T/20200321/7005

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

1 of 3

Report No, T/20200321/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2020 11:56		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NORSAINI BIN ABU			Address: APT BLK 2 EUNOS CRESCENT #05-2551 SINGAPORE 400002		
ID Type / ID No.: NRIC NO / S8119857H			Contact No.: Home/Office:		Mobile: 85438521
Nationality: SINGAPORE CITIZEN			Email: abunorsaini@gmail.com		
Sex: Male	Age: 38	Date of Birth: 09/07/1981	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/03/2020 04:55	Type of Location:
Location: YISHUN AVENUE 1 (OUTSIDE SINOPEC YISHUN)				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFN791E	Car					0
SHB8333G	Car					0
SJD8650G	Car					0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200321/7005

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

2 of 3

Report No. T/20200321/7005

CONTINUATION OF REPORT

Passenger			
Name	LYZAWATEE BINTE ADNAN		ID No. S8520259F
Related Vehicle	SJD8650G (Car)		Contact No. 87520870
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	03	Degree of Injury	Slight
Driver			
Name	NORSAINI BIN ABU		ID No. S8119857H
Related Vehicle	SJD8650G (Car)		Contact No. 85438521
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	03	Degree of Injury	Slight

Brief Details.

On the stated date and time, my vehicle (SJD8650G) was stationary along Yishun Ave 1 outside Sinopec Yishun. Out of sudden, vehicle (SHB8333G) came from behind and hit onto my vehicle (SJD8650G) and the vehicle (SFN791E) in front of me. The impact was so big and caused my vehicle to thrust forward and hit onto vehicle (SFN791E). I wish to state that when the accident happened, I was standing in between my vehicle (SJD8650G) and vehicle (SFN791E). My passenger was standing beside my vehicle (SJD8650G) also. Both of us sustained injuries due to the accident.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200321/7005

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

3 of 3

Report No. T/20200321/7005

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 / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

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:
21/03/2020 11:56

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

