

## 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	13/07/2020 16:56
Date Of Accident	12/07/2020 08:30
Exact Location Of Accident	BEDOK NORTH RD TRAFFIC JUNC
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB7743P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOHAN BIN ABDUL JALIL
NRIC No	SXXXX290I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81576035
Alternative Phone No	OFFICE-81576035

### 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	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	5106653360-01
Cover Note Number	

### Driver

Name of Driver	JOHAN BIN ABDUL JALIL
NRIC No	SXXXX290I
Date Of Birth	02/05/1953
Occupation	INDOOR
Date Of Driving Pass	19/07/2018
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81576035
Fax Number	
Contact Number	OFFICE-81576035
Email Address	NOEMAIL

Address	BLK 34 CHAI CHEE AVE #14-250
Postcode	461034
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHAI CHEE NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 35 CHAI CHEE AVENUE #01-256/258 , <b>POSTCODE:</b> 461035 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-445 9999 - <b>FAX NO:</b> 6244 4375
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT AND POLICE REPORT G/20200712/2063

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP1994Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAPIAH BINTE AHMAD RUBAI
NRIC/Passport Number	SXXXX364G
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan


### SKETCH PLAN

#### IMPORTANT NOTICE

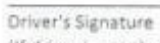
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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:

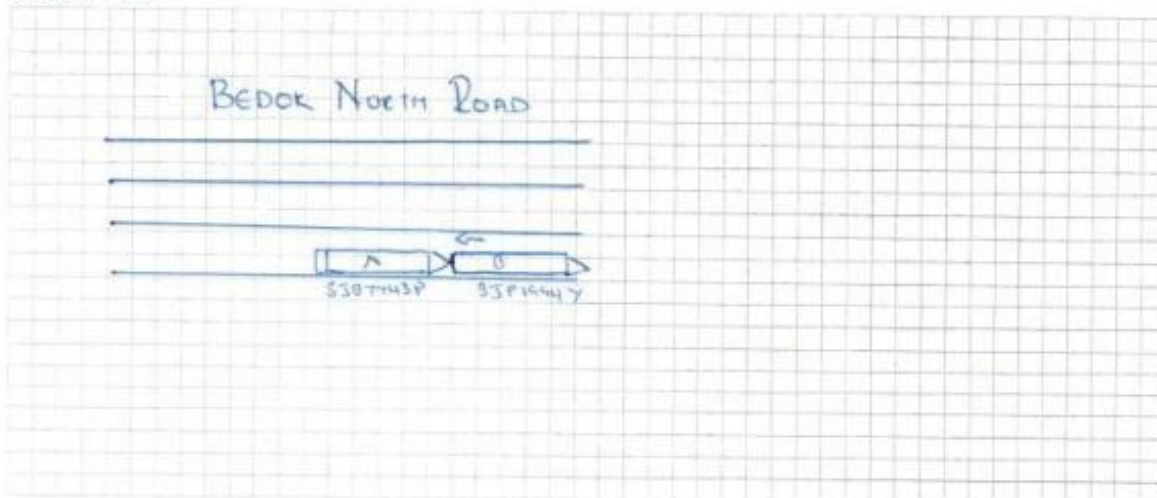
13/7/20

  
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12/7/2020 AT 0820 HOURS, I STOPPED BEHIND  
A HONDA CITY [SSB1994Y] AT BEDOK NORTH ROAD. AS I  
WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN.  
THE AFOREMENTIONED VEHICLE REVERSED RESULTING IN  
A CRASH. MY FRONT BUMPER WAS DAMAGED DUE TO  
THE ACCIDENT.

## DECLARATION

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

Policyholder's Signature

Date & Time:

13/7/20

© 2000 Blackwell Science Ltd

Driver's Signature

(if driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



G/20200712/2063

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**POLICE REPORT (NP299)**

Report No. G/20200712/2063

Police Station Of Origin  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

Date/Time Report Made 12/07/2020 16:42	Vide Report No.	Station Diary No. 14
Name Of Informant JOHAN BIN ABDUL JALIL	Address APT BLK 34 CHAI CHEE AVENUE #14-250 SINGAPORE 461034	
ID Type / ID No. NRIC NO / S00662901	Contact No. Home/Office	Mobile 81576035
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Senior Security Officer	Sex Male	Age 67
Institution/School Name	Date of Birth 02/05/1953	Race Malay
Date/Time Of Incident 12/07/2020 08:30	Location Of Incident At the traffic light junction, Bedok North Road	

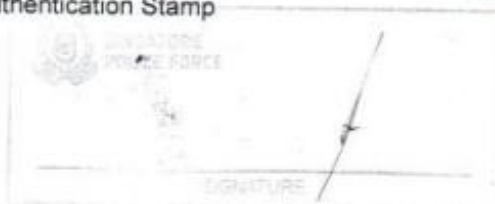
**Brief details.**

On 12/7/2020 at about 0820hrs, my white in color Mitsubishi Lancer with bearing plate number SJB7743P was stationary at the outer right lane of the traffic light junction at Bedok North Road. At that point of time, my vehicle was the second vehicle stationary at the junction and there was a dark grey in color Honda City vehicle with bearing plate number SJP1994Y which is the first vehicle, directly in front of my vehicle was also waiting for the traffic light to turn green to turn right to Bedok North Avenue 1.

While waiting for the traffic light to turn green, the front Honda City vehicle suddenly reverse for no

Signature Of Officer Recording The Report: G / Sr Staff Sgt GOH QI FAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/07/2020 16:42
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 3 CHONG WENG KIAT, TERENCE Contact No.: 62447200	Classification Of Case:

Authentication Stamp



POLICE REPORT



SINGAPORE  
POLICE FORCE



G/20200712/2063

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200712/2063

apparent reason and collided onto my front bumper of my vehicle. Both myself and the Honda City vehicle, female driver then stepped out from our respective vehicle to check on the damages. My front bumper was dent and scratched.

The said female driver then came apologizing to me on the accident caused. She admitted that she had caused the accident as she had entered the wrong lane and would like to reverse her vehicle to go to the mid lane to continue heading straight. No one was injured due to the collision. The said female driver is one, Rapiyah Binte Ahmad Rubai, S0160364G, 3 Pasir Ris Rise #02-05 S518081. The female driver also told me to claim from her insurance on the accident caused.

I had an in-car camera inside my vehicle. I am lodging this report for insurance claim.

Signature Of Officer Recording The Report:

G / Sr Staff Sgt GOH QI FAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/07/2020 16:42

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
Sgt 3 CHONG WENG KIAT, TERENCE  
Contact No.: 62447200

Classification Of Case:

Authentication Stamp



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo



Accident Photo

