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 witholding 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	02/10/2020 09:50
Date Of Accident	01/10/2020 12:15
Exact Location Of Accident	PIE TWRDS TUAS(NEAR CTE/SLE EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS362B
Insured/Policyholder	
Name Of Registered Owner	NUR-KAMARIAH BINTE ABDUL RAZA
NRIC No	SXXXX465J
Email Address	NUR_KAMAIAH_91@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-88123864
Alternative Phone No	OTHERS-88123864
Vehicle Particulars	
Manufacturer	HONDA
Model	HONDA / SHUTTLE 1.5G CVT SENSING
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	5115538581
Cover Note Number	
Driver	
Name of Driver	NUR-KAMARIAH BINTE ABDUL RAZA
NRIC No	SXXXX465J
Date Of Birth	11/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	14/08/2015
Driving Experience	5 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-88123864
Fax Number	
Contact Number	OTHERS-88123864
EMail Address	NUR_KAMAIAH_91@HOTMAIL.COM

Address	BLK 259 #02-79 YISHUN STREET 22
Postcode	760259
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

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)	2
Passenger 1	NAME: : GRAB PASSSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 31 YISHUN CENTRAL , **POSTCODE:** 768827 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-8529999 - **FAX NO**: 68522299
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20201001/2124;

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	QX821U
Vehicle Make/Model/Colour	HYUNDAI / ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Details Of Properties	
Vehicle Category	GOVERNMENT
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	SKV5772B
Vehicle Make/Model/Colour	MITSUBISHI / LANCER EX 1.6 AT LED TAIL LAMP
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-KAMARIAH BINTE ABDUL RAZAK
Approximate Age	
Injuries Sustain	CHEST & BACK PAIN
Injured person in which vehicle?	SMS362B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 259 #02-79 YISHUN STREET 22
Postcode	760259

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:

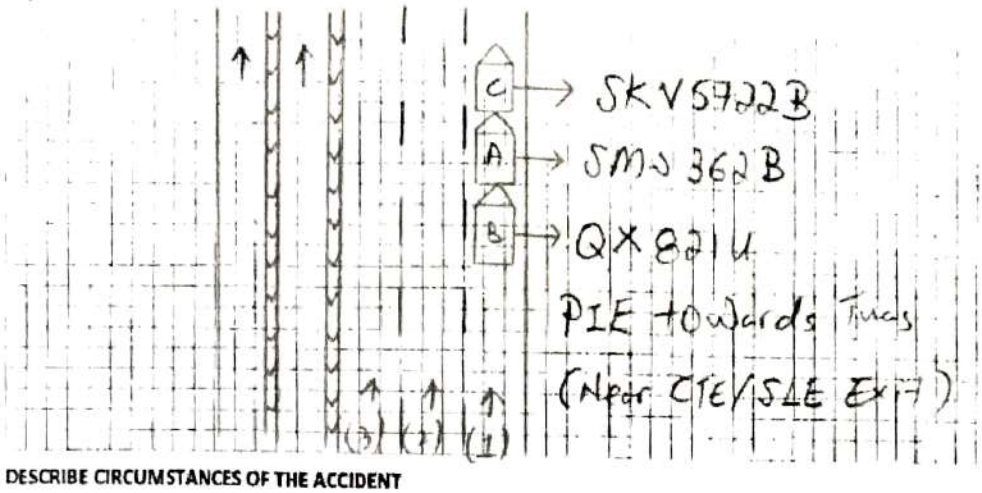
Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
02 OCT 2020

Reporting Centre Personnel's Signature
Name:
NRIC/FIN:
Email:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report NO: T/20201001/2124

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 Representative Signature
Name
NRIC/FIN No.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email:

01 OCT 2020

Accident Sketch Plan

SINGAPORE POLICE FORCE

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central S NGAPORE 76882
Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Vide Report No	Station Diary No
01/10/2020 19:33		138

Informant's Particulars

Name of Informant NUR KAMARIAH BINTE ABDUL RAZAK			Address APT BLK 259 YISHUN ST 22 #02-79 SINGAPORE 760259	
ID Type / ID No NRIC NO / S9128465J			Contact No Home/Office	Mobile 88123864
Nationality SINGAPORE CITIZEN			Email	
Sex Female	Age 29	Date of Birth 11/08/1991	Type of Informant Driver	
Race Malay			Language English	Institution / School Name
Occupation WELFARE OFFICER			Driving Licence Information Class 3A	Date of Expiry:

General Information of the Accident

Type of Accident	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident 01/10/2020 12:15	Type of Location Straight Road
Location PAN-ISLAND EXPRESSWAY				
Weather Drizzling		Road Surface Wet		Road Speed Limit
Traffic Flow:		Traffic Control:		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
QX821U	Car					0
SKV5772B	Car					0
SMS362B	Car	HONDA	SHUTTLE 1.5G CVT SENSING	Black		1

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

Police Station Of Origin
Yishun North N.P.C.
31 Yishun Central SINGAPORE 768827
Tel No 1800-8529999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SMS362B	NTUC Income Insurance Co-Operative Limited	5115538581	06/02/2020	05/02/2021

Details of Person Involved			
Any Pedestrian Involved No			
No of Pedestrians Injured NIL		Use of Pedestrian Crossing NA	
Driver			
Name	QUEK YAN SING BRENDA	ID No	S9033157D
Related Vehicle	QX821U (Car)	Contact No	97878880
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	LOW YOCK KWEE JOHN	ID No	S1536969H
Related Vehicle	SKV5772B (Car)	Contact No	96752803
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	NUR-KAMARIAH BINTE ABDUL RAZAK	ID No	S9128465J
Related Vehicle	SMS362B (Car)	Contact No	88123864
Hospital/Clinic	MEDIVALE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class 3A Date of Expiry NIL
Date Treatment	01/10/2020	Date Discharge	01/10/2020
No of Days granted Medical Leave	03	Degree of Injury	Slight

Accident Sketch Plan

SINGAPORE
POLICE FORCE

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central SINGAPORE 768822
Tel No 1800 8529999

CONTINUATION OF REPORT

Brief Details

On 01.10.2020 at about 1215hrs I was driving my vehicle bearing the registration number SMS362B along PIE towards Tuas on the first lane of the said expressway together with one passenger seated at the rear passenger seat. Just as I was approaching near the CTE (SLE) exit I noticed that the front car bearing the registration number SKV5772B had slowed down and I followed suit. Eventually the front car made a complete stop which I also followed suit and stop my car completely. Suddenly, at this juncture, I felt and heard an impact from the rear which caused my vehicle to move forward hitting the car in front. I then alighted and noticed that a car bearing the registration number QX821U had hit the rear of my vehicle. We then exchanged particulars and left the scene. I then went to seek medical attention as I was having pain on my back and chest. I was given 3 days of medical leave. My passenger was not injured during the accident.

Accident Sketch Plan

SINGAPORE POLICE FORCE

Police Station Of Origin
Yishun North N.P.C.
31 Yishun Central SINGAPORE 768827
Tel No. 1800-8428999

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: L / Staff Sgt MOHAMMED ZUFARHAN BIN BOHARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2020 19 33
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No. 65476151	Classification Of Case:
Authentication Stamp NP168 Singapore Police Force	