

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	06/10/2020 14:32
Date Of Accident	05/10/2020 15:15
Exact Location Of Accident	BLK 569 ANG MO KIO AVE 10 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP3063K
Insured/Policyholder	
Name Of Registered Owner	ADVANCE CR PTE.LTD
Co Reg No	2XXXXX997M
Email Address	SALES@EXPRESSCAR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	HONDA
Model	FREED
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 HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSNA00001932000
Cover Note Number	

Driver

Name of Driver	MARINA BINTE MOHD ALI
NRIC No	SXXXX366D
Date Of Birth	05/02/1987
Occupation	OUTDOOR
Date Of Driving Pass	31/05/2018
Driving Experience	2 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97719827
Fax Number	(LOCAL) +65-98206121
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 469 ANG MO KIO AVE 10 #06-956
Postcode	560469
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	3
Passenger 1	NAME: : MOHAMAD AZIM B ZAINAL ABIDIN GENDER: : MALE
Passenger 2	NAME: : QAISARA NABILA MOHAMAD AZIM GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201006/2039

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	GBE6913B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver	THIA MEE ING
NRIC/Passport Number	SXXXX185J
Contact Number	96985199
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MARINA BINTE MOHD ALI
Approximate Age	
Injuries Sustain	HEAD & LEG
Injured person in which vehicle?	SMP3063K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MOHAMAD AZIM B ZAINAL ABIDIN
Approximate Age	
Injuries Sustain	HEAD
Injured person in which vehicle?	SMP3063K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	QAISARA NABILA MOHAMAD AZIM
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SMP3063K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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: 5/10/2020
4:15pm

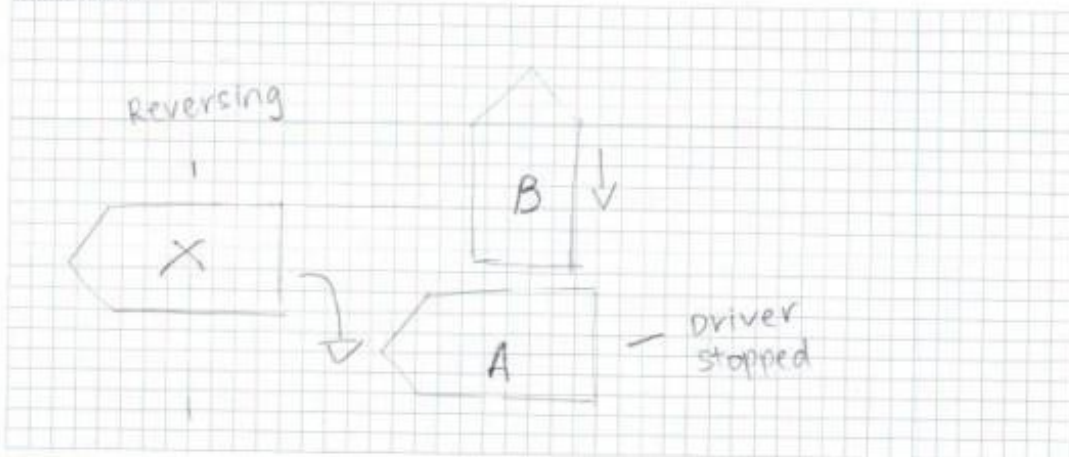
Driver's Signature
(If driver is not the policyholder)
Date & Time: 5/10/2020
4:15pm

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

Accident Sketch Plan

SKETCH PLAN

BLK 569 AMK AVE 10 OPEN CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car X was reversing to park while I was at stationery.
 Car B ^{reversed} reversed and hit my side.

DECLARATION

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

Policyholder's Signature *[Signature]*
 Date & Time: 5/10/20 4:15pm

GIAMC Sketch Plan Form

Driver's Signature *[Signature]*
 (If driver is not the policyholder)
 Date & Time: 5 Oct 2020 4:15pm

Reporting Centre Personnel's Signature *[Signature]* 06/10/20
 Name:
 NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20201006/2039

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20201006/2039

CONTINUATION OF REPORT

Brief Details.

On 05/10/2020 at about 1517hours, I was inside my vehicle(SMP3063P) together with my husband at the front passenger seat and my daughter at the rear passenger seat. My vehicle was stationary in front of a designated car park lot. At that point of time, a reversing vehicle was in front of me hence I am waiting for the vehicle to done reversing so I can move off. While waiting, suddenly a vehicle(GBE6913B) which was parked head in reversed out of its carpark lot and collided on to my vehicle. Due collision impact, all 3 of our head bump onto something however we do not know which area of the vehicle we hit onto.

Both of us came down our vehicle,exchange particulars and left the scene. Subsequently I went to parked my vehicle in a lot.

My family and make a check on ourselves and discovered that we suffered some injuries. I felt on my head & leg, as for my husband he felt pain on his head and my daughter felt pain on her back. All of us went to see doctor and was received 3 days MC each.

I wish to state that my vehicle suffered damages at the right rear area.

I also wish to state that I have the recording of the accident happen.

I am lodging this report for my insurance and medical claims.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



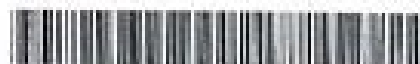
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20201009/2039

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 4

Report No: T/20201009/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2020 11:50	Video Report No.:	Station Diary No.: 41
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Informant's Particulars

Name of Informant: MARINA BINTE MOHD ALI	Address: APT BLK 469 ANG MO KIO AVENUE 10 #06-958 SINGAPORE 580469
ID Type / ID No.: NRIC NO / S8790366D	Contact No.: Home/Office: Mobile: 97719827
Nationality: SINGAPORE CITIZEN	Email:
Sex: Female Age: 33 Date of Birth: 05/02/1987	Type of Informant: Driver
Race: Indian	Language: Institution / School Name:
Occupation: UNEMPLOYED	Driving Licence Information: Class: 3A Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 05/10/2020 15:20	Type of Location: Car Park
Location: ANG MO KIO AVENUE 10			
Weather:	Road Surface:	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6913B	Van					1
SMP3063P	Car					2

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20201006/2038

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
669929
Tel No: 1800-4519999

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Report No. T/20201006/2038

CONTINUATION OF REPORT

Name	THIA MEE ING	ID No.	S0190185J
Related Vehicle	GBE6013B (Van)	Contact No.	96985199
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
Passenger			
Name	MOHAMAD AZIM B ZAINAL ABIDIN	ID No.	S8207358B
Related Vehicle	SMP3063P (Car)	Contact No.	96417767
Hospital/Clinic	KI MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/10/2020	Date Discharge	05/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	MARINA BINTE MOHD ALI	ID No.	S8790386D
Related Vehicle	SMP3063P (Car)	Contact No.	97719827
Hospital/Clinic	KI MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	05/10/2020	Date Discharge	05/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	QAISARA NABILA MOHAMAD AZIM	ID No.	T0814754F
Related Vehicle	SMP3063P (Car)	Contact No.	NIL
Hospital/Clinic	KI MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/10/2020	Date Discharge	05/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Police Report



**SINGAPORE
POLICE FORCE**



T/20201005/2039

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569629
Tel No: 1800-4519999

3 of 4

Report No. T/20201005/2039

CONTINUATION OF REPORT

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Both of us came down our vehicle,exchange particulars and left the scene. Subsequently I went to parked my vehicle in a lot.

My family and make a check on ourselves and discovered that we suffered some injuries. I felt on my head & leg, as for my husband he felt pain on his head and my daughter felt pain on her back. All of us went to see doctor and was received 3 days MC each.

I wish to state that my vehicle suffered damages at the right rear area.

I also wish to state that I have the recording of the accident happen.

I am lodging this report for my insurance and medical claims.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201008/2039

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

4 of 4

Report No. T/20201008/2039

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:

F/

Sgt 3 ELAINE ONG EE LING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/10/2020 11:50

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 85478151

Classification Of Case:

Authentication Stamp

NP165

