

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	08/10/2020 16:44
Date Of Accident	08/10/2020 13:45
Exact Location Of Accident	JUNC OF EVERITT RD & JOO CHIAT PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1321D
Insured/Policyholder	
Name Of Registered Owner	SHARIFAH HANA BINTE ISA BINSMIT
NRIC No	SXXXX500E
Email Address	HANABINSMIT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96312725
Alternative Phone No	OTHERS-96312725

Vehicle Particulars

Manufacturer	HONDA
Model	ODDYSEY
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V05498/VPC2/R01
Cover Note Number	

Driver

Name of Driver	SHARIFAH HANA BINTE ISA BINSMIT
NRIC No	SXXXX500E
Date Of Birth	27/10/1974
Occupation	INDOOR
Date Of Driving Pass	05/03/2005
Driving Experience	15 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96312725
Fax Number	
Contact Number	OTHERS-96312725
Email Address	HANABINSMIT@GMAIL.COM

Address	BLK 639 BEDOK RESERVOIR ROAD #03-55
Postcode	410639
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : SHARIFAH MONA BINTE SYED MUSTAFA ALSAGOFF GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201008/2088

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ2323K
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	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGZ2323K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGZ2323K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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. 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: 8/10/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

AS PER ATTACHED

P/s refer to the police report. T/2020/008/2058

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

Date & Time: 01/10/2020

(if driver is not the policyholder)

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

10/8/2020

Everitt Rd - Google Maps

Google Maps Everitt Rd



Image capture: Oct 2019 © 2020 Google

Singapore

Google

Street View



JUNC OF EVERITT RD & JOO CHIAT PLACE

A - SCD1321A

B - SGZ2323K

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20201008/2088

2 of 3

Report No. T/20201008/2088

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

Driver			
Name	SHARIFAH HANA BINTE ISA BINSMIT		ID No. S7435500E
Related Vehicle	SLD1321D (Car)		Contact No. 96312725
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 NIL

Brief Details.

On the 8/10/2020, at about 1345hrs, I was travelling along Everitt Road towards Joo Chiat Place (T-junction). I stopped my vehicle and checked left and right for the coast to be clear. Once it was clear, I slowly turned out to the right. That was when suddenly, a vehicle came out of nowhere along Joo Chiat Place and I collided into the right portion of the said vehicle. I got out to check on the parties within the other vehicle. They both complained of pains and as such, TP and ambulance were both called down to the scene. Both parties within the other vehicle were subsequently conveyed via ambulance to hospital. I was not injured from the accident. I did not manage to obtain the particulars of the other party.

TP provided me with the incident number G/20201008/0108. There is a front facing camera within my vehicle.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



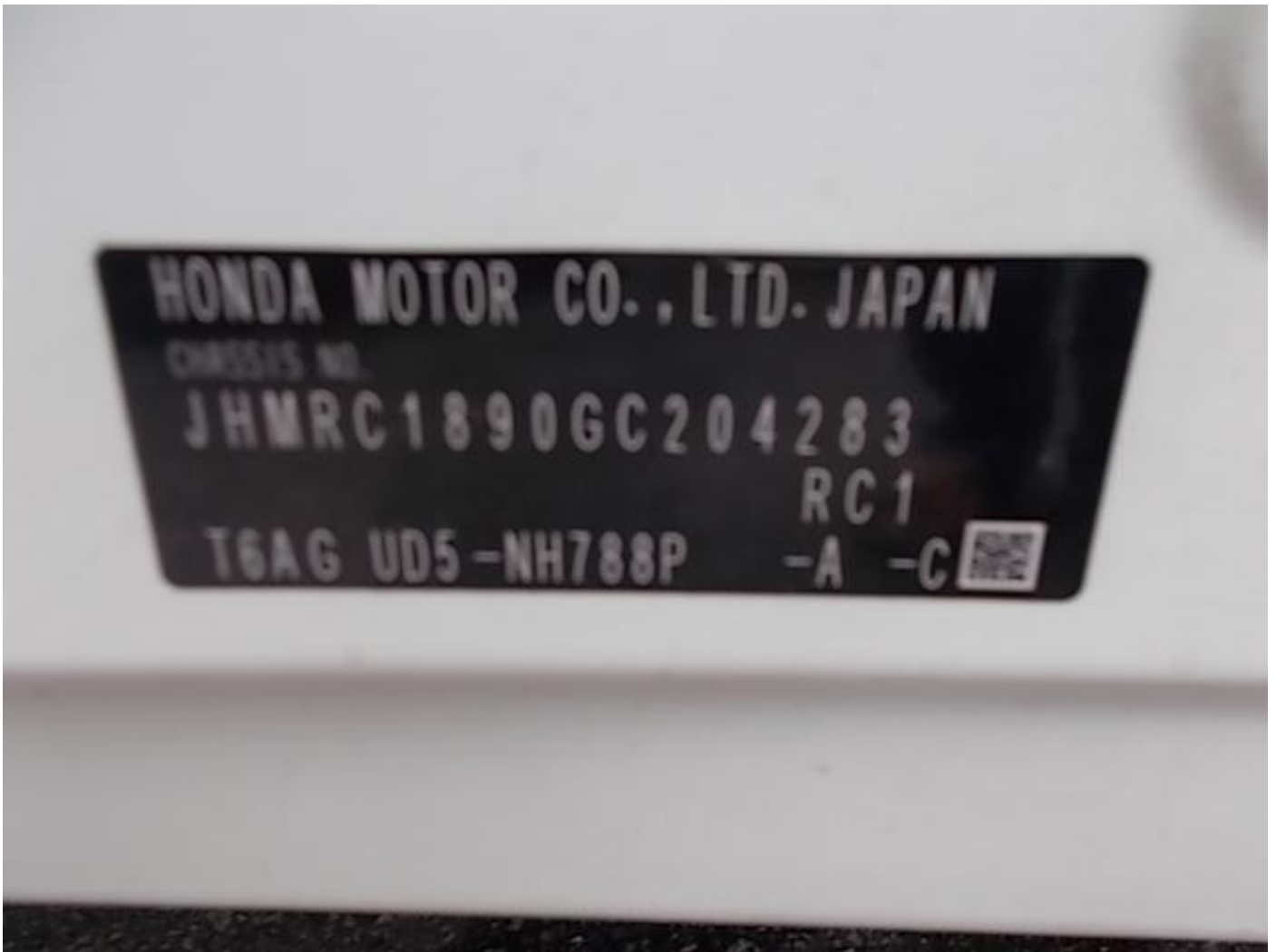
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20201008/2088

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20201008/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2020 15:45	Vide Report No.: G/20201008/0108	Station Diary No.: 24
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: SHARIFAH HANA BINTE ISA BINSMIT			Address: APT BLK 639 BEDOK RESERVOIR ROAD #03-55 SINGAPORE 410839	
ID Type / ID No.: NRIC NO / 57435500E			Contact No.: Home/Office: Mobile: 96312725	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 45	Date of Birth: 27/10/1974	Type of Informant: Driver	
Race: Arab			Language: English	Institution / School Name:
Occupation: TEACHER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/10/2020 13:45	Type of Location: T-Junction
Location: JOO CHIAT PLACE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SGZ2323K	Car				Slightly Damaged	1
SLD1321D	Car				Slightly Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20201008/2088

2 of 3

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20201008/2088

CONTINUATION OF REPORT

Driver			
Name	SHARIFAH HANA BINTE ISA BINSMIT		ID No. S7435500E
Related Vehicle	SLD1321D (Car)		Contact No. 96312725
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 NIL

Brief Details.

On the 8/10/2020, at about 1345hrs, I was travelling along Everitt Road towards Joo Chiat Place (T-junction). I stopped my vehicle and checked left and right for the coast to be clear. Once it was clear, I slowly turned out to the right. That was when suddenly, a vehicle came out of nowhere along Joo Chiat Place and I collided into the right portion of the said vehicle. I got out to check on the parties within the other vehicle. They both complained of pains and as such, TP and ambulance were both called down to the scene. Both parties within the other vehicle were subsequently conveyed via ambulance to hospital. I was not injured from the accident. I did not manage to obtain the particulars of the other party.

TP provided me with the incident number G/20201008/0108. There is a front facing camera within my vehicle.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201008/2088

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No: T/20201008/2088

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:

G /

Staff Sgt SHAWN YUEN CHI WENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/10/2020 15:45

Officer In Charge Of Case:

TP / GIT /

Sgt 3 INTAN WULANDARI BUDDY SANTOSO

Contact No.: 65478256

Classification Of Case:

Authentication Stamp

NP182