

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	26/10/2020 11:07
Date Of Accident	26/10/2020 05:45
Exact Location Of Accident	TAMPINES AVENUE 04 & TAMPINES AVE 05
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9170Y
Insured/Policyholder	
Name Of Registered Owner	NEELOFAR KHAN
NRIC No	SXXXX788C
Email Address	NEELOFAR_HAWABEE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-86604243
Alternative Phone No	OTHERS-86604243

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CHEVROLET / ORLANDO 1.4AT TURBO
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108011468-01
Cover Note Number	

Driver

Name of Driver	NEELOFAR KHAN
NRIC No	SXXXX788C
Date Of Birth	08/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2009
Driving Experience	11 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86604243
Fax Number	
Contact Number	OTHERS-86604243
Email Address	NEELOFAR_HAWABEE@HOTMAIL.COM

Address	BLK 147 #01-230 TAMPINES AVENUE 5
Postcode	521147
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	RAINING
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20201026/2011;

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	FBN8844G
Vehicle Make/Model/Colour	HONDA / ADV750
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	SHC5593L
Vehicle Make/Model/Colour	RENAULT / LATITUDE 2.0L DCI AUTO D/AB 4DR
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 INJURED PERSON 1

Name	NEELOFAR KHAN
Approximate Age	31
Injuries Sustain	
Injured person in which vehicle?	SLM9170Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 147 #01-230 TAMPINES AVENUE 5
Postcode	521147

Accident Sketch Plan

SKETCH PLAN

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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:



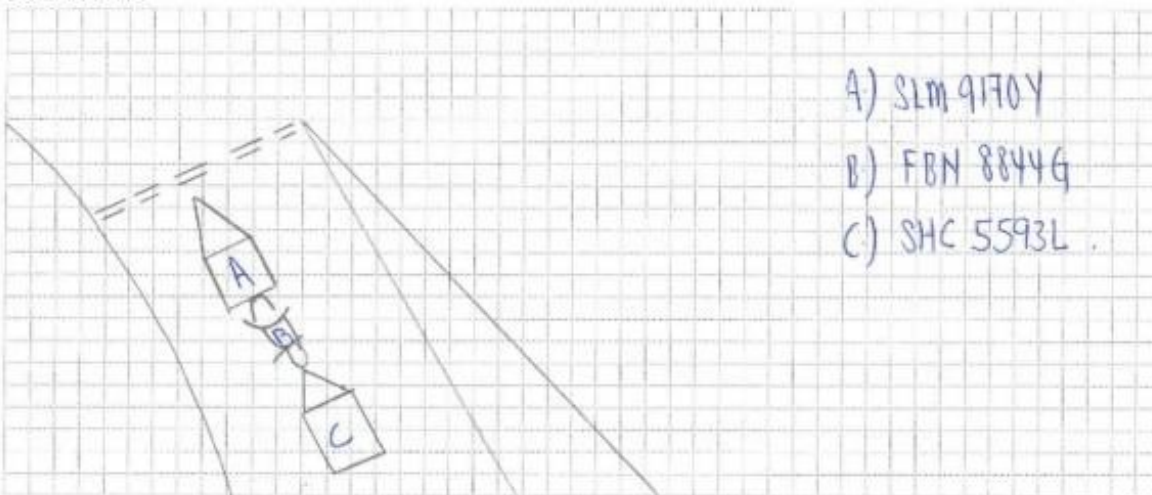
Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature
Name: 26 OCT 2020
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer the attached Police Report : T/20201026/2011

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:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 26 OCT 2020

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201026/2011

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5671999

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Report No. T/20201026/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2020 09:23		Vide Report No.: G/20201026/0075		Station Diary No.: 17
Informant's Particulars				
Name of Informant: NEELOFAR KHAN		Address: APT BLK 147 TAMPINES AVENUE 5 #01-230 SINGAPORE 521147		
ID Type / ID No.: NRIC NO / S8925788C		Contact No.: Home/Office: Mobile: 86604243		
Nationality: SINGAPORE CITIZEN		Email: neelofar_hawabee@hotmail.com		
Sex: Female	Age: 31	Date of Birth: 08/07/1989	Type of Informant: Driver	
Race: Pakistani		Language: English	Institution / School Name:	
Occupation: FREELANCE SECRETARY		Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/10/2020 05:45	Type of Location: X-Junction
Location: TAMPINES AVENUE 5				
Weather: Raining	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN8844G	Motorcycle			White		0
SHC5593L	Car	RENAULT		Red		0
SLM9170Y	Car	CHEVROLET	ORLANDO 1.4AT TURBO	White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201026/2011

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20201026/2011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM9170Y	NTUC Income Insurance Co-Operative Limited	5108011468-01	17/04/2020	16/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZAHID	ID No.	NIL
Related Vehicle	FBN8844G (Motorcycle)	Contact No.	81981841
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	NEELOFAR KHAN	ID No.	S8925788C
Related Vehicle	SLM9170Y (Car)	Contact No.	88604243
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/10/2020 at about 0545hrs, I was driving SLM9170Y. I was at the cross junction of Tampines Avenue 4 and Tampines Avenue 5 (going towards Tampines Avenue 5). I was at the zebra crossing, and there was a cyclist that was crossing.

I then let him pass, and I then proceeded to inch out, wanting to turn into Tampines Avenue 5. Suddenly I felt an impact from behind, and I went down to make a check.

I discovered that there was a motorcyclist behind me, and the motorcycle (FBN8844G) had fallen over. Also, there was a taxi (SHC5593L) behind him. I believe that the taxi had hit the motorcycle, and the motorcycle moved forward and hit the rear of my vehicle.

I wish to state that I called for the police for assistance as I saw that the motorcyclist was injured. Soon after, Traffic Police and ambulance came to the accident site.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201026/2011

Police Station Of Origin:
Tampines N.P.C
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Tel No: 1800-5871999

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Report No. T/20201026/2011

CONTINUATION OF REPORT

I wish to state that the motorcyclist was conveyed to the hospital.

I was advised by the Traffic Police officer to lodge a traffic accident report about the matter, reference G/20201026/0075. My traffic police investigation officer in charge is IO Abdillah (tel: 65476246). My SD card was handed over to the officer.

I was not injured in the accident. There is a dent in the rear of my vehicle, and my boot was opened from the impact.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20201026/2011

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20201026/2011

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 /
SI NURUL HUDA BINTE HASHIM

Signature Of Informant:

Res

Signature Of Interpreter:

Not applicable

Date/Time:

26/10/2020 09:23

Officer In Charge Of Case:

TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

