

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	16/11/2020 09:40
Date Of Accident	11/11/2020 13:45
Exact Location Of Accident	PASIR RIS ST 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB7481X
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD KHIDIR BIN ALI
NRIC No	SXXXX401A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96683547
Alternative Phone No	OTHERS-96788512

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?	YES
If No, Please state action to be taken	
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	5094371459-03
Cover Note Number	

Driver

Name of Driver	SITI RAUDAH BINTE MOHD AMIN
NRIC No	SXXXX715I
Date Of Birth	26/04/1993
Occupation	INDOOR
Date Of Driving Pass	16/03/2018
Driving Experience	2 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96788512
Fax Number	
Contact Number	
EEmail Address	SITIRAUDAHMOHDAMIN@GMAIL.COM

Address	BLK 143 PASIR RIS STREET 11 #01-115
Postcode	510143
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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: : MUHAMMAD HUZAIFAH BIN MUHAMMAD KHIDIR GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201113/7014

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	SG1060H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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

NameSITI RAUDAH BINTE MOHD AMIN
Approximate Age
Injuries SustainSLIGHT
Injured person in which vehicle?SLB7481X
Were seat belts worn?YES
Was this injured conveyed to hospital by ambulance?YES
Address
Postcode

DETAILS OF INJURED PERSON 2

NameMUHAMMAD HUZAIFAH BIN MUHAMMAD KHIDIR
Approximate Age
Injuries SustainSLIGHT
Injured person in which vehicle?SLB7481X
Were seat belts worn?YES
Was this injured conveyed to hospital by ambulance?YES
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:

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

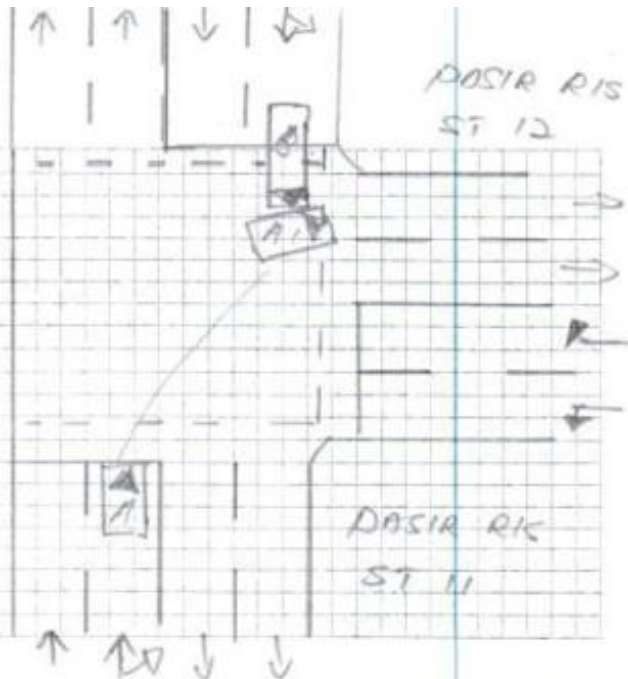
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A - SLB 7481X

B - SG 1060H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report. 7/20201113/7014

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20201113/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201113/7014

CONTINUATION OF REPORT

Passenger			
Name	MUHAMMAD HUZAIFAH BIN MUHAMMAD KHIDIR	ID No.	T2011045C
Related Vehicle	SLB7481X (Car)	Contact No.	96788512
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	11/11/2020	Date	12/11/2020
No. of Days granted Medical Leave	02	Degree of	Slight
Driver			
Name	SITI RAUDAH BINTE MOHD AMIN	ID No.	S9313715I
Related Vehicle	SLB7481X (Car)	Contact No.	96788512
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/11/2020	Date	11/11/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 11th Nov 2020, at about 1.50pm I was involved in an accident. I'm the driver of SLB7481X and my infant at the co-driver seat.

He's in the carseat, lock with the carseat harness and followed by car belt, back-facing the dashboard.

Accident occurred at Pasir Ris St 11, T-Junction. I was on the right lane to make a right turn. I did make a stop as I saw the bus service 359 oncoming. But I assumed the bus is turning left therefore I make a right turn. Only then I realised the bus isn't turning left but by then, it was too late to react.

I remembered clearly, after the collision, the bus driver accelerated forward before reversing the bus.

The bus hit the left side of the front door and the side mirror. Due to the impact, it broke the front door window glass, side mirror and front windscreen.

The window glass shattered all over my infant and myself. I didn't see any cuts on my infant. As for myself, something hit my left arm and I had minor cuts all over my hands. Aside from that, I'm 4 months pregnant currently.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20201113/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No: T/20201113/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2020 12:22		Vide Report No.: G/20201111/0109		Station Diary No.:	
Informant's Particulars					
Name of Informant: SITI RAUDAH BINTE MOHD AMIN		Address: 143 PASIR RIS STREET 11 #01-115 SINGAPORE 510143			
ID Type / ID No.: NRIC NO / S93137151		Contact No.: Home/Office: Mobile: 96788512			
Nationality: SINGAPORE CITIZEN		Email: sitiraudahmohdamin@gmail.com			
Sex: Female	Age: 27	Date of Birth: 26/04/1993	Type of Informant: Driver		
Race: Malay		Language: English	Institution / School Name:		
Occupation: Civil/Structural engineering draughtsman		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/11/2020 13:50	Type of Location: T-Junction
Location: PASIR RIS STREET 11				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLB7481X	Car					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20201113/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408885
Tel No: 65470000

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Report No. T/20201113/7014

CONTINUATION OF REPORT

Passenger			
Name	MUHAMMAD HUZAIFAH BIN MUHAMMAD KHIDIR	ID No.	T20110450
Related Vehicle	SLB7481X (Car)	Contact No.	96788512
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	11/11/2020	Date	12/11/2020
No. of Days granted Medical Leave	02	Degree of	Slight
Driver			
Name	SITI RAUDAH BINTE MOHD AMIN	ID No.	S93137151
Related Vehicle	SLB7481X (Car)	Contact No.	96788512
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/11/2020	Date	11/11/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

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The window glass shattered all over my infant and myself. I didn't see any cuts on my infant. As for myself, something hit my left arm and I had minor cuts all over my hands. Aside from that, I'm 4 months pregnant currently.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408855
Tel No: 65470000



T/2020/113/7014

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Report No. T/2020/113/7014

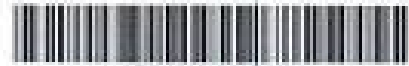
CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20201113/7014

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Report No. T/20201113/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
CHONG GUAN FATT
Contact No.: 65476083

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
13/11/2020 12:22

Classification Of Case:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400037735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120100905 Vehicle Registration No: SLB7481X
Name(as shown in NRIC) : SITI RAUDAH BINTE MOHD AMIN NRIC/FIN/Passport No : S9313715I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 143 PASIR RIS ST 11 #01-115 Singapore(510143)
Contact (Tel) : _____ Mobile No. : 96788512
Email Address : _____
Date of Accident : 11/11/20 Time of Accident : 13:45
Place of Accident : PASIR RIS ST 11
Insurance Company: MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND HANDLING INSURER
SHOULD BE NTUC

Policyholder / Driver's Signature
Date:

Slyn 16/11/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: