

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 Submission	16/11/2020 15:26 (SGT)
Date of Accident	13/11/2020 22:10 (SGT)
Exact Location of Accident	Seletar West Link, Singapore
Additional Location Information	SELETAR WEST LINK/TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6688L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NOVITA DEWI BINTI SYARIFUDDIN
NRIC No	SXXXX113B
Email Address	enquiry.0224@gmail.com
Mobile Phone No	(Phone) +65-81862343
Alternative Phone No	+65-81862343

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NV200 DX 1.6 A
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070083228
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD RAZLAN BIN RAZALI
NRIC No	SXXXX446J
Date Of Birth	27/11/1970
Occupation	Outdoor

Date Of Driving Pass	04/10/2008
Driving experience	12 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93836246
Alt. Phone Number	-
Email Address	enquiry.0224@gmail.com
Address	BLK 874 TAMPINES ST 84 #06-17
Address complement	-
Postcode	520874
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NOVITA DEWI BINTI SYARIFUDDIN
Gender	Female

PASSENGER 2

Name	ZALIHA BT AHMAD
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police Division Hq
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T20201114/7002

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	SGW346Z
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMMAD RAZLAN BIN RAZALI
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NOVITA DEWI BINTI SYARIFUDDIN
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	ZALIHA BT AHMAD
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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.

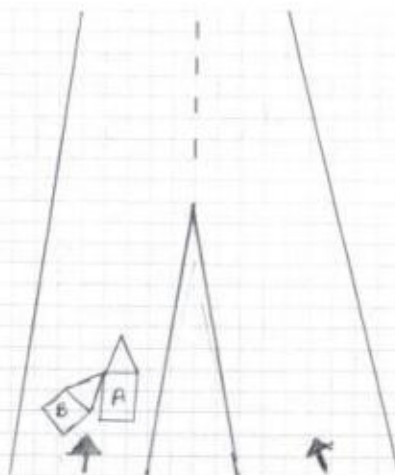
Policyholder's Signature
Date & Time:

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

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

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A: GBC6688L
B: SGW346Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT
T/20201114/7002

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

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

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





















**SINGAPORE
POLICE FORCE**



T/20201114/7002

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

1 of 4
Report No: T/20201114/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2020 03:09	Vide Report No.: G/20201113/0202	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHAMMAD RAZLAN BIN RAZALI	Address: 874 TAMPINES STREET 84 #06-17 SINGAPORE 520874	
ID Type / ID No. NRIC NO : S7042446J	Contact No. Home/Office	Mobile: 93836246
Nationality: SINGAPORE CITIZEN	Email: razh70@gmail.com	
Sex: Male	Age: 49	Date of Birth: 28/11/1970
Race: Malay	Type of Informant: Driver	Institution / School Name:
Occupation: CARGO COORDINATOR	Language: English	Driving Licence Information: Class: 2B,2A,3
		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/11/2020 22:10	Type of Location: Straight Road
Location: SELETAR WEST LINK				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 70 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
GBC6688L	Van	NISSAN	NV200		Seriously Damaged	2
SGW346Z	Car				Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20201114/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No: T/20201114/7002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMMAD RAZLAN BIN RAZALI	ID No.	S7042446J
Related Vehicle	GBC6688L (Van)	Contact No.	93836246
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	14/11/2020	Date	14/11/2020
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	ZALIHA BT AHMAD	ID No.	S0808987F
Related Vehicle	GBC6688L (Van)	Contact No.	93836246
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
Passenger			
Name	NOVITA DEWI BT SYARIFUDDIN	ID No.	S8073113B
Related Vehicle	GBC6688L (Van)	Contact No.	93836246
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	14/11/2020	Date	14/11/2020
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING VAN PLATE NO: GBC6688L WAS TRAVELLING STRAIGHT IN MY LANE. SUDDENLY, I FELT A STRONG IMPACT FROM THE LEFT PORTION OF MY VEHICLE. THE VEHICLE B, BEARING CAR PLATE SGW346Z SPINNED, BANG ONTO THE FRONT PORTION OF MY VEHICLE, HITTED ONTO THE LAMP POST AND THEN FINALLY STOPPED ON THE OTHER LANE.

SHORTLY AFTER, THE AMBULANCE AND THE TRAFFIC POLICE ARRIVED TO THE ACCIDENT SCENE.



**SINGAPORE
POLICE FORCE**



T/20201114/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No: T/20201114/7002

CONTINUATION OF REPORT

AFTER THE ACCIDENT, MY MUM CONVEYED TO THE HOSPITAL, WHILE ME AND MY WIFE
SUFFERED INJURIES ON OUR NECK AND BACK. SO WE WENT TO MOUNT ALVERNIA HOSPITAL
TO CONSULT A DOCTOR AND RECEIVED 3 DAYS OF MC.



**SINGAPORE
POLICE FORCE**



T/20201114/7002

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

Report No: T/20201114/7002

CONTINUATION OF REPORTSketch 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 / TP/B /
PHUA TIAK YEE
Contact No.: 65472077

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:
14/11/2020 03:09

Classification Of Case:



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.: M400017735

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 : MNA120101315 Vehicle Registration No: GBC6688L
Name (as shown in NRIC) : MOHAMMAD RAZLAN BIN RAZALI NRIC/FIN/Passport No : S7042446J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 874 TAMPINES ST 84 #06-17 Singapore (520874)
Contact (Tel) : _____ Mobile No. : 93836246
Email Address : _____
Date of Accident : 13/11/2020 Time of Accident : 22:10
Place of Accident : SELETAR WEST LINK/TPE
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.

(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:

Email address: enquiry.0224@gmail.com

Policyholder / Driver's Signature
Date:

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



**SINGAPORE
POLICE FORCE**



T/20201114/7002

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Report No. T/20201114/7002

CONTINUATION OF REPORT

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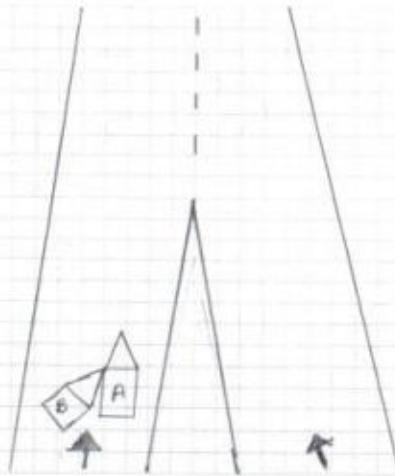
Report No. T/20201114/7002

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A: GBC6688L
B: SGW346Z



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REFER TO POLICE REPORT

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

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

NRIC/FIN No.:



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T/20201114/7002

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