

## 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 14:59
Date Of Accident	13/11/2020 22:10
Exact Location Of Accident	SELETAR WEST LINK/TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6688L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NOVITA DEWI BINTI SYARIFUDDIN
NRIC No	SXXXX113B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81862343
Alternative Phone No	OFFICE-93836246

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
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	28/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	04/10/2008
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93836246
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 874 TAMPINES ST 84 #06-17
Postcode	520874
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)	3
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
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
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 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 MOHAMMAD RAZLAN BIN RAZALI  
Approximate Age  
Injuries Sustain SERIOUS  
Injured person in which vehicle? GBC6688L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name NOVITA DEWI BINTI SYARIFUDDIN  
Approximate Age  
Injuries Sustain SERIOUS  
Injured person in which vehicle? GBC6688L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name ZALIHA BT AHMAD  
Approximate Age  
Injuries Sustain SERIOUS  
Injured person in which vehicle? GBC6688L  
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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5. Any false reporting may be referred to the Police for investigation.
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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:

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

SELETA R WEST LINK / TAE

A hand-drawn diagram on a grid background. It features a large triangle with a dashed vertical line from the top vertex to the base. Inside the triangle, there are two smaller shapes: a rectangle labeled 'A' and a parallelogram labeled 'B' that is tilted and partially overlaps with rectangle 'A'. Below the base of the triangle, there are two upward-pointing arrows. To the right of the triangle, there is handwritten text: 'A: GBC6688L' and 'B: SGW346Z'.

A: GBC 6688L

B: SGW346Z

REFER TO POLICE REPORT  
T/20201114/7002

REFER TO POLICE REPORT

T/20201114/7002

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

Date &amp; Time:

(If driver is not the policyholder)

Date &amp; Time:

Name: \_\_\_\_\_

NRIC/FIN No.:

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20201114/7002

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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	
<b>Driver</b>			
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
<b>Passenger</b>			
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
<b>Passenger</b>			
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.



Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20201114/7002

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

3 of 4

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.

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Police Report



**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.:
<b>Informant's Particulars</b>				
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	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: CARGO COORDINATOR		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	Conditio	No of
GBC6688L	Van	NISSAN	NV200		Seriously Damaged	2
SGW346Z	Car				Seriously Damaged	2

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201114/7002

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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2 of 4

Report No. T/20201114/7002

## CONTINUATION OF REPORT

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**Police Report**



**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

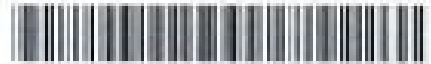
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**SINGAPORE  
POLICE FORCE**



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 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 / TRIB /  
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: