

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 03/12/2020 15:37 (SGT)
Date of Accident 02/12/2020 09:00 (SGT)
Exact Location of Accident Old Jurong Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS7493K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NURUL JANNAH BINTE MD LATIFF
NRIC No SXXXX944B
Email Address nrljnhh@gmail.com
Mobile Phone No (Phone) +65-88581443
Alternative Phone No +65-88581443

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
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 Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5116670104
Cover Note Number -

DRIVER

Name of Driver NURUL JANNAH BINTE MD LATIFF
NRIC No SXXXX944B
Date Of Birth 27/04/1992
Occupation Indoor

Date Of Driving Pass	07/09/2017
Driving experience	3 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88581443
Alt. Phone Number	+65-88581443
Email Address	nrljnhh@gmail.com
Address	BLK 357 YUNG AN ROAD
Address complement	#07-53
Postcode	610357
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

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?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201202/2044.

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	GBC4256M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	NURUL JANNAH BINTE MD LATIFF
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMS7493K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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:



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



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

SKETCH PLAN

Handwritten sketch plan on graph paper:

- Top left: "AD" and "Jwong Rd" written vertically.
- Center: A vertical line with two boxes labeled "A" and "B" stacked vertically.
- Top right: Two circled labels: "A) sms 7493K" and "B) GBC 4256M".

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20201202/2044

The remaining lines of the section are crossed out with a large diagonal line.

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.:

©GARMAC Sketch Plan Form_V3





















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20201202/2044

1 of 3

Report No. T/20201202/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
02/12/2020 12:24

Vide Report No.:

Station Diary No.:
53

Informant's Particulars

Name of Informant:
NURUL JANNAH BINTE MD LATIFF

Address:
APT BLK 357 YUNG AN ROAD #07-53 SINGAPORE 610357

ID Type / ID No.:

Contact No.:

NRIC NO / S9215944B

Home/Office:

Mobile: 88581443

Nationality:

Email:

SINGAPORE CITIZEN

Sex:

Age:

Date of Birth:

Type of Informant:
Driver

Race:

Female

28

27/04/1992

Malay

Language:
English

Institution / School Name:

Occupation:
SUPERVISOR

Driving Licence Information:
Class: 3A

Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	02/12/2020 09:00	Straight Road
Location:				
OLD JURONG ROAD				
Weather:	Road Surface:		Road Speed Limit:	
Drizzling	Wet			
Traffic Flow:	Traffic Control:		Traffic Volume:	
Two Way			Heavy	
Type of Collision:			Anyone conveyed by	
Between Moving Vehicles - Head To Rear			ambulance:	
			No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC4256M	Lorry				Slightly Damaged	0
SMS7493K	Car	HONDA	FIT HYBRID 1.5 AUTO	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS7493K	NTUC Income Insurance Co-Operative Limited	5116670104	12/03/2020	11/03/2021

Scanned with CamScanner



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20201202/2044

2 of 3

Report No. T/20201202/2044

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAMASAMY SOLAISUGANTHIRARAJ	ID No.	G3264375U
Related Vehicle	GBC4256M (Lorry)	Contact No.	84340443
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 05/05/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NURUL JANNAH BINTE MD LATIFF	ID No.	S9215944B
Related Vehicle	SMS7493K (Car)	Contact No.	88581443
Hospital/Clinic	FAMILY DOCTORS AT 365	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	02/12/2020	Date Discharge	02/12/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 02/12/2020 at 0857hrs, I was stationary in my car, V1)SMS7493K on the right lane along Old Jurong Road, heading towards PIE, because of the red light. Just when I stopped my car, I heard a very loud and long horn. When I looked in the rearview mirror, I saw V2)GBC4256M coming very fast towards me, and it was not stopping. The front of V2 then hit the back of my car. I got out of my car and took a few pictures of the accident. Me and the driver of V2 then exchanged particulars before we went our separate ways.

Scanned with CamScanner

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20201202/2044

3 of 3

Report No. T/20201202/2044

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:

J /

Sgt 1 MUHAMMAD AQIL BIN MOHAMMAD
TASRIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

SN 126

Authentication Stamp

No 155

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

02/12/2020 12:24

Classification Of Case:

Scanned with CamScanner