

# 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 ..... 07/12/2020 14:16 (SGT)  
Date of Accident ..... 03/12/2020 19:15 (SGT)  
Exact Location of Accident ..... Ang Mo Kio Ave 1, Singapore  
Additional Location Information ..... AMK AVE 1 T JUNC WITH AMK AVE 2  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKS2555Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DREAM CAR LEASING PTE LTD  
Company Reg No ..... -  
Email Address ..... DREAMCARRENTALSG@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-81288789  
Alternative Phone No ..... +65-81288789

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... COROLLA ALTIS  
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 ..... Liberty Insurance  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... SD20V11104/VPZ/R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NUR-AKMAR BINTE ALMAHDI  
NRIC No ..... SXXXX192H  
Date Of Birth ..... 17/06/1978  
Occupation ..... Indoor

Date Of Driving Pass .....	28/11/2020
Driving experience .....	1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-93621160
Alt. Phone Number .....	-
Email Address .....	NUR_AKMAR@HOTMAIL.COM
Address .....	BLK 327B SUMANG WALK #03-928
Address complement .....	-
Postcode .....	822327
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Cross Junction
Weather Conditions .....	Clear
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	AZRYN FIDYAWATI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201203/7031

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLS6972M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KUIK SIN HUA
NRIC No .....	SXXXX202G
Contact Number .....	(Phone) +65-97990047
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 .....	NUR-AKMAR BINTE ALMAHDI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SKS2555Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	AZRYN FIDYAWATI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SKS2555Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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:

GIA/IMC SketchPlanForm\_V3



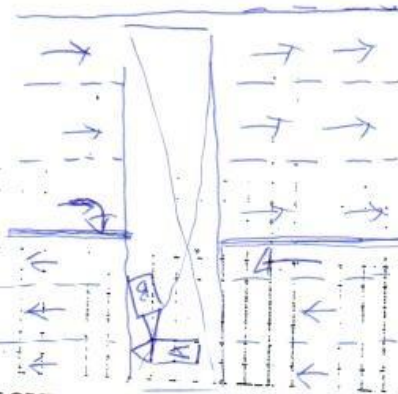
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 4/12/2020  
2.30pm

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



SKETCH PLAN

A: SKS2555Y  
B: QSG72M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report:

Report no: T/20201203/7031

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature

Date & Time: 4/12/2020  
3.30pm

GLADAC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 4/12/2020  
3.30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







































**SINGAPORE  
POLICE FORCE**



T/20201203/7031

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

1 of 3

Report No. T/20201203/7031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/12/2020 21:16		Vide Report No.: F/20201203/0165		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NUR-AKMAR BINTE ALMAHDI			Address: 327B SUMANG WALK #03-928 SINGAPORE 822327		
ID Type / ID No.: NRIC NO / S7817192H			Contact No.: Home/Office: Mobile: 93621160		
Nationality: SINGAPORE CITIZEN			Email: NUR_AKMAR@HOTMAIL.COM		
Sex: Female	Age: 42	Date of Birth: 17/06/1978	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Teachers' aide			Driving Licence Information: Class: 2B,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2020 19:15	Type of Location: T-Junction
Location:  ANG MO KIO AVENUE 2				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKS2555Y	Car					0
SLS6972M	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20201203/7031

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

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Report No. T/20201203/7031

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	AZRYN FIDYAWATI		ID No. S7805592H
Related Vehicle	SKS2555Y (Car)		Contact No. 83331669
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	03/12/2020	Date	03/12/2020
No. of Days granted Medical Leave	03	Degree of	Serious
<b>Driver</b>			
Name	NUR-AKMAR BINTE ALMAHDI		ID No. S7817192H
Related Vehicle	SKS2555Y (Car)		Contact No. 93621160
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	03/12/2020	Date	03/12/2020
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

On the stated date and time, i vehicle A was travelling on my designated lane. As I was approaching the junction I noticed that the traffic light was green in my favour as such I continued on. As I crossed the junction I suddenly noticed vehicle B from the other lane turning into mine. To no avail, vehicle B collided into me and I mounted the curb. I then got down to realised that I was involved in a 2 car collision. After the collision, me and my passenger suffered abrasions and aches in my neck and back as such we went to consult a doctor and we're given 3 days MC each.





**SINGAPORE  
POLICE FORCE**



T/20201203/7031

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

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Report No. T/20201203/7031

**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 / TPHQ /  
NUR ADELINA BINTE MOHAMMAD FUAT  
Contact No.: 65476066

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:  
03/12/2020 21:16

Classification Of Case: