

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 18:35 (SGT)
Date of Accident 05/12/2020 18:00 (SGT)
Exact Location of Accident Bedok Reservoir Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ9880J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HASSAN BIN SALAM BASALAMAH
NRIC No SXXXX431Z
Email Address cima.salimah@gmail.com
Mobile Phone No (Phone) +65-90236223
Alternative Phone No +--

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
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 Tokio Marine
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MR004185
Cover Note Number -

DRIVER

Name of Driver SALIMAH BINTE MOHAMED RIDZA
NRIC No SXXXX110J
Date Of Birth 30/09/1988
Occupation Indoor

Date Of Driving Pass	12/08/2009
Driving experience	11 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90236223
Alt. Phone Number	-
Email Address	cima.salimah@gmail.com
Address	BLK 491D TAMPINES STREET 45
Address complement	#03-228
Postcode	523491
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	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/20201205/7088.

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	SCW86X
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP5040A
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	SALIMAH BINTE MOHAMED RIDZA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJQ9880J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

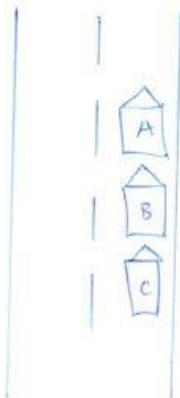
SKETCH PLAN**IMPORTANT NOTICE**

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- 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.


 Policyholder's Signature
 Date & Time:


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


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



VEH C - SLP 5040 A

I WAS IN A STATIONARY POSITION ALONG BEDOK RESERVOIR ROAD. SUDDENLY I FELT AN IMPACT FROM THE BACK. WHEN I CAME OUT OF THE CAR I REALISE IT WAS A 3 CAR COLLISION. VEHICLE C HAD COLLIDED INTO VEHICLE B AND RESULTED IN VEHICLE B COLLIDING INTO MY VEHICLE.

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

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















TOYOTA MOTOR CORPORATION JAPAN
MODEL DBA-NSP170G-MWXQB
ENGINE 2NR-EKE
FRAME No. NSP170-7037152 1496 mL
COLOR 070 FA20 N21
TRIM K312
PLANT -01A
OPTION 106
TRANS./AXLE





**SINGAPORE
POLICE FORCE**



T/20201205/7088

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

1 of 3

Report No. T/20201205/7088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2020 20:01	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SALIMAH BINTE MOHAMED RIDZA			Address: 491D TAMPINES STREET 45 #03-228 SINGAPORE 523491		
ID Type / ID No.: NRIC NO / S8837110J			Contact No.: Home/Office: Mobile: 90236223		
Nationality: SINGAPORE CITIZEN			Email: cima.salimah@gmail.com		
Sex: Female	Age: 32	Date of Birth: 30/09/1988	Type of Informant: Driver		
Race: Javanese			Language: English	Institution / School Name:	
Occupation: Housewife			Driving Licence Information: Class: 3	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/12/2020 18:00	Type of Location: Straight Road
Location: BEDOK RESERVOIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCW86X	Car				Seriously Damaged	0
SJQ9880J	Car	TOYOTA	Sienta		Seriously Damaged	0
SLP5040A	Car					0



**SINGAPORE
POLICE FORCE**



T/20201205/7088

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

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Report No. T/20201205/7088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SALIMAH BINTE MOHAMED RIDZA	ID No.	S8837110J
Related Vehicle	SJQ9880J (Car)	Contact No.	90236223
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

I was along Bedok Reservoir Road. Suddenly I felt an impact from the back. I came down and realise it was a 3 car collision. Vehicle SLP5040A had collided into the rear portion of Vehicle SLW86X. Which resulted in Vehicle SLW86X colliding into the rear portion of my Vehicle. I felt pain and went to see a doctor. I was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20201205/7088

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

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Report No. T/20201205/7088

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 / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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:
05/12/2020 20:01

Classification Of Case: