

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 19/02/2021 16:41 (SGT)
Date of Accident 18/02/2021 16:50 (SGT)
Exact Location of Accident Lorong Chuan, Singapore
Additional Location Information TOWARDS BRADDELL ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJE1667A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SAHRIL B ABU BAKAR
NRIC No SXXXX307F
Email Address NSYAHH99@GMAIL.COM
Mobile Phone No (Phone) +65-90251873
Alternative Phone No +65-90251873

VEHICLE PARTICULARS

Manufacturer Toyota
Model Estima
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 5117834362
Cover Note Number -

DRIVER

Name of Driver NUR SYAZWANA AISYAH BINTI SAHRIL
NRIC No TXXXX468A
Date Of Birth 08/03/2002
Occupation Indoor

Date Of Driving Pass	30/11/2020
Driving experience	3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87541302
Alt. Phone Number	-
Email Address	NSYAHH99@GMAIL.COM
Address	BLK 156 WOODLANDS STREET 13 #02-697
Address complement	-
Postcode	730156
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	Collision - Change/cross lane
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?	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	MUHAMMAD AAQIL BIN SAHRIL
Gender	Male

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/20210218/7041

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	SLK3287U
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	NUR SYAZWANA AISYAH BINTI SAHRIL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJE1667A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MUHAMMAD AAQIL BIN SAHRIL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJE1667A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
8. **Consent under the Personal Data Protection Act (PDPA)**

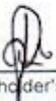
I understand, acknowledge, agree and consent that:

(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

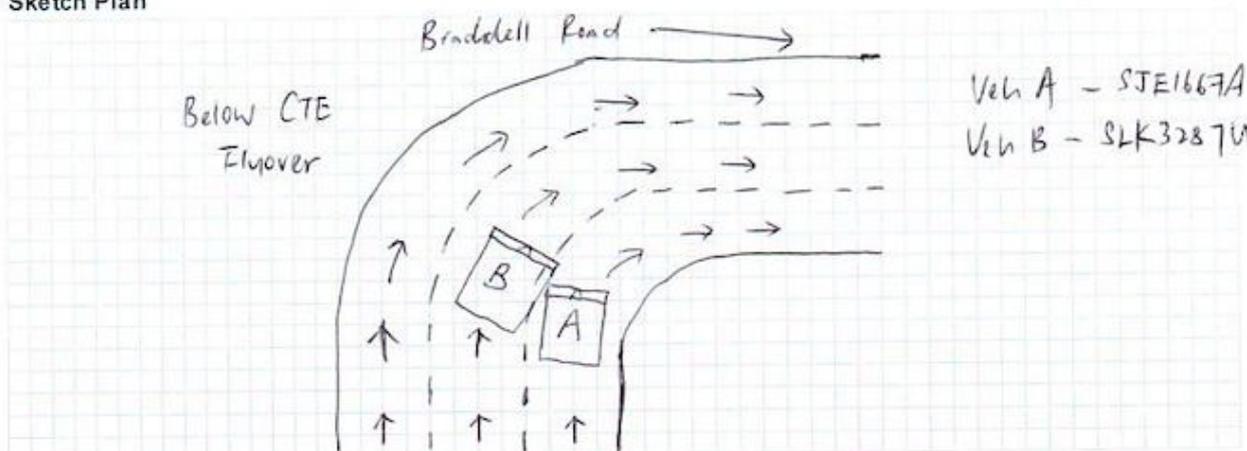
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel

Sketch Plan

























**SINGAPORE
POLICE FORCE**



T/20210218/7041

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

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Report No. T/20210218/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2021 23:52	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: NUR SYAZWANA AISYAH BINTI SAHRIL		Address: 156 WOODLANDS STREET 13 #02-697 SINGAPORE 730156	
ID Type / ID No.: NRIC NO / T0206468A		Contact No.: Home/Office: Mobile: 87541302	
Nationality: SINGAPORE CITIZEN		Email: nsyahh99@gmail.com	
Sex: Female	Age: 18	Date of Birth: 08/03/2002	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Student		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: 18/02/2021 16:50	Type of Location: Bend
Location: BRADDELL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJE1667A	Car				Slightly Damaged	1
SLK3287U	Car					0



**SINGAPORE
POLICE FORCE**



T/20210218/7041

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

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Report No. T/20210218/7041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	MUHAMMAD AAQIL BIN SAHRIL	ID No.	T0000314F
Related Vehicle	SJE1667A (Car)	Contact No.	82922104
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	18/02/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	NUR SYAZWANA AISYAH BINTI SAHRIL	ID No.	T0206468A
Related Vehicle	SJE1667A (Car)	Contact No.	87541302
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	18/02/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time , i was travelling along Lorong Chuan towards Braddell Road (Below CTE flyover) . My vehicle was on the first lane of three lanes on a three turning right only lanes .

As traffic light was on our favour , i proceed to turn right following the lane marking on the road towards Braddell Road . Suddenly , a SBS bus on the third lane came too close to the second lane . Suddenly i felt an impact from my left . I went down of my vehicle and realised that vehicle bearing carplate number SLK3287U on the second lane had cut into my vehicle's path to avoid the bus and collided onto my vehicle's left portion. We exchange particulars and left the scene . My brother MUHAMMAD AAQIL BIN SAHRIL T0000314F was my front passenger when the accident happened .

Both of us suffered injuries due to the impact and proceeded to our family doctor at Unihealth 24-Hr Clinic (Jurong East) to seek treatment

Both of us were given 3 days of MC each



**SINGAPORE
POLICE FORCE**

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



T/20210218/7041

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Report No. T/20210218/7041

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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



T/20210218/7041

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Report No. T/20210218/7041

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 /
ONG YONG HOCK
Contact No.: 65476436

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:
18/02/2021 23:52

Classification Of Case: