

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 23/02/2021 17:22 (SGT)
Date of Accident 22/02/2021 18:40 (SGT)
Exact Location of Accident Buangkok E Dr, Singapore
Additional Location Information SLIP ROAD TOWARDS UPPER SERANGOON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC9114M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SUANDI BIN AHMAD
NRIC No SXXXX068A
Email Address iranadhirah@hotmail.com
Mobile Phone No (Phone) +65-93737936
Alternative Phone No +65-93638089

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
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 AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100468280-04
Cover Note Number -

DRIVER

Name of Driver SRI RAHAYU BINTE ZAINAL
NRIC No SXXXX371B
Date Of Birth 15/09/1976
Occupation Indoor

Date Of Driving Pass	06/11/2007
Driving experience	13 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93638089
Alt. Phone Number	-
Email Address	iranadhirah@hotmail.com
Address	BLK 475B UPPER SERANGOON CRESCENT #14-535
Address complement	-
Postcode	532475
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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	SALWA NADHIRAH BINTE SUANDI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210223/2047

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	GBH7587L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHIEN
Contact Number	(Phone) +65-91182561
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	SRI RAHAYU BINTE ZAINAL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLC9114M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SALWA NADHIRAH BINTE SUANDI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLC9114M
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

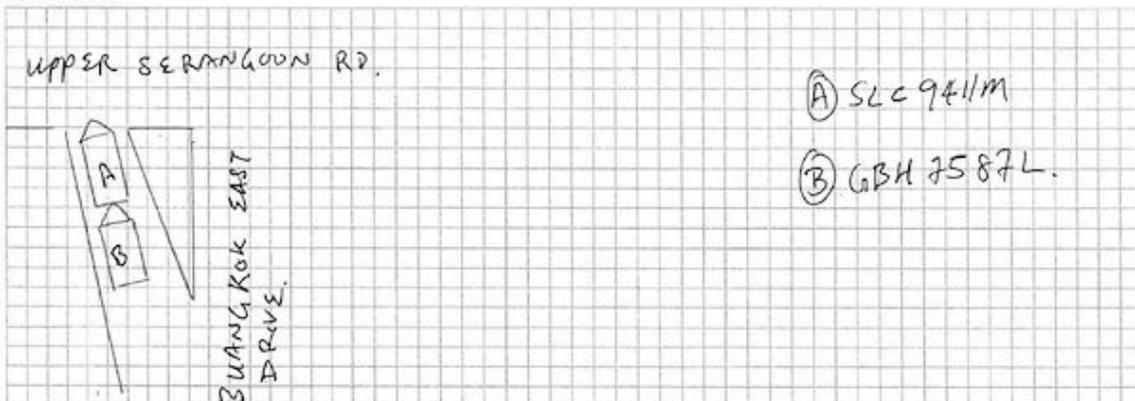
Jans

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

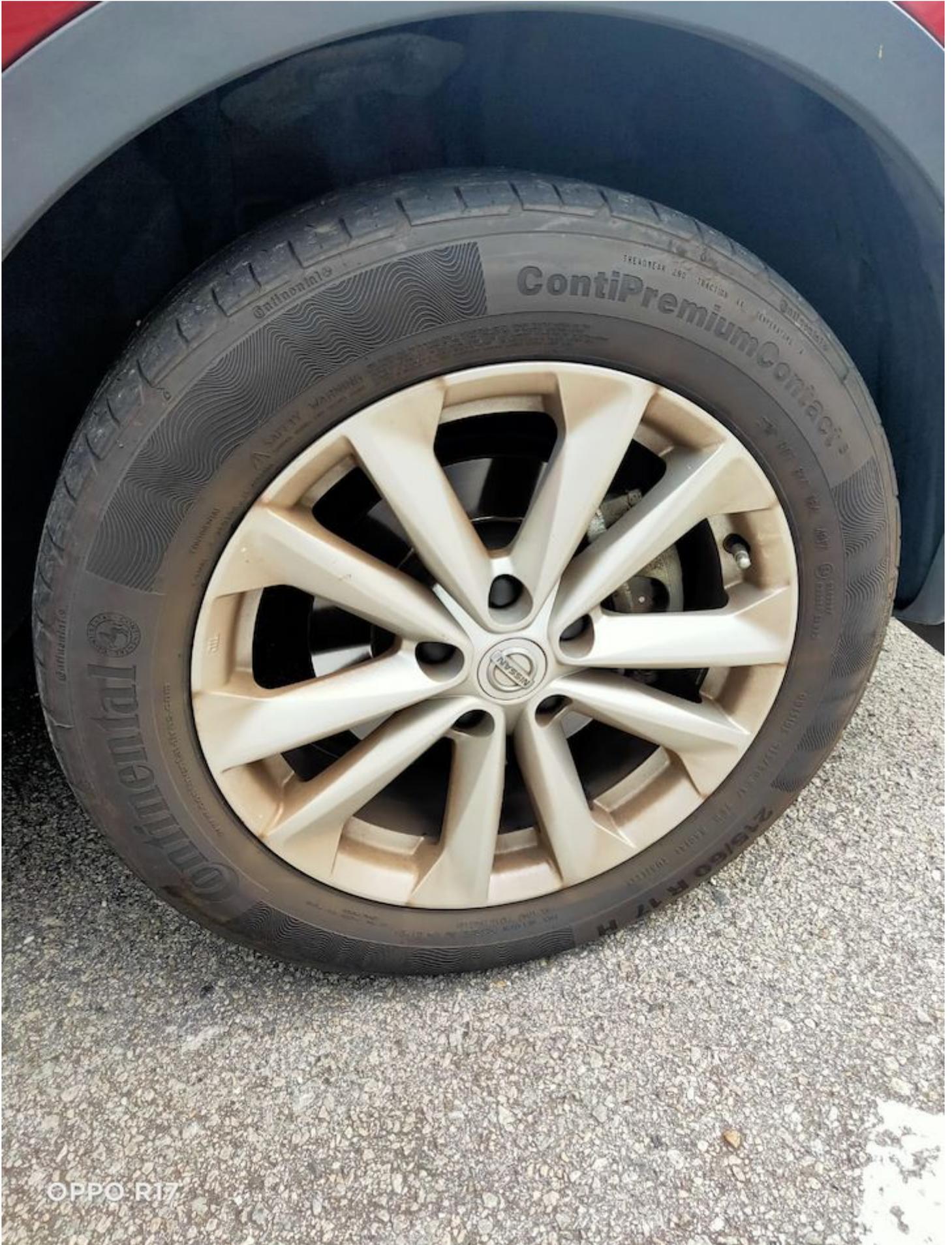
[Signature] 23/02/2021

Witnessed by Reporting Centre Personnel

Sketch Plan













OPPO R17



OPPO R17



OPPO R17






**SINGAPORE
POLICE FORCE**


T/20210223/2047

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20210223/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2021 13:41	Vide Report No.:	Station Diary No.: 77
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Informant's Particulars

Name of Informant: SRI RAHAYU BINTE ZAINAL		Address: APT BLK 475B UPPER SERANGOON CRESCENT #14-535 SINGAPORE 532475	
ID Type / ID No.: NRIC NO / S7632371B		Contact No.: Home/Office: Mobile: 93638089	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 44	Date of Birth: 15/09/1976	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: TEACHER		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/02/2021 18:40	Type of Location: Slip Road
Location: BUANGKOK EAST DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH7587L	Van	NISSAN		White	No Damage	0
SLC9114M	Car	NISSAN	Qashqai	Red	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20210223/2047

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Tel No: 1800-2949999

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Report No. T/20210223/2047

CONTINUATION OF REPORT

Driver			
Name	CHIEN	ID No.	NIL
Related Vehicle	GBH7587L (Van)	Contact No.	91182561
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SRI RAHAYU BINTE ZAINAL	ID No.	S7632371B
Related Vehicle	SLC9114M (Car)	Contact No.	93638089
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 22/02/21 at about 1840hrs, I was driving my car (Red Nissan Qashqai, SLC9114M) along Buangkok East Drive towards Upper Serangoon Road. When I was at the slip road before entering Upper Serangoon Road, I stopped after the zebra crossing and was waiting to turn in to Upper Serangoon Road. While I was waiting for the chance to turn in to Upper Serangoon Road, a van (White Nissan, GBH7587L) rear ended my car at the zebra crossing. We then moved our vehicles on to Upper Serangoon Road so that other vehicles can turn in.

When we parked along Upper Serangoon Road, the van driver (Mr Chien, 91182561) came to make a check on me. No visible injuries were seen on Mr Chien and I did not manage to check if his van was damaged. Mr Chien then left in a hurry after exchanging contact details. I do not know if there was any passengers on his van.

I wish to inform that my daughter was seated beside me during the accident. Both of us suffered slight headaches after the accident and we have not seen the doctor yet. The rear of my car was slightly dented and sustained some scratches. The left rear bumper also came out.

No police or ambulance was called.

I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20210223/2047

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20210223/2047

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20210223/2047

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Report No. T/20210223/2047

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: A / Sgt 2 FOONG JING KAI <div style="text-align: right;"><i>fr</i></div>	Signature Of Informant: <div style="text-align: center;"><i>[Signature]</i></div>		
Signature Of Interpreter: Not applicable	Date/Time: 23/02/2021 13:41		
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476229	Classification Of Case:		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Authentication Stamp  SINGAPORE POLICE FORCE </td> <td style="width: 50%; vertical-align: bottom; text-align: center;"> <div style="font-size: 2em;"><i>fr</i></div> <hr/> SIGNATURE </td> </tr> </table>		Authentication Stamp  SINGAPORE POLICE FORCE	<div style="font-size: 2em;"><i>fr</i></div> <hr/> SIGNATURE
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IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08212N0006 Vehicle Registration No: SLC9114M
 Name (as shown in NRIC): SEI ROHAYU BINTU ZAHARA NRIC/FIN/Passport No: SXXXX371B
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 93638089
 Email Address: _____
 Date of Accident: 22/02/2021 Time of Accident: 18:40
 Place of Accident: BUKITKOK EAST BRUKU
 Insurance Company: AIU

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

INSURED VEHICLE LUMP SUM TO SLC 9114M

 Policyholder / Driver's Signature
 Date:

Ain 23/02/2021
 Reporting Centre Personnel's Signature
 Name: