

Email: sm@idac.com.sg Tel no: 6555 6888

***If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Date of Accident: 22/02/2021 (dd/mm/yy)

Time of Accident: 13:56 PM (24-HR-FORMAT)

Vehicle No.: SJD 2858 P Vehicle Make & Model / Engine (cc): Honda Civic 1.8 Auto Private Hire: (Y/N) (N)

Exact location of Accident: SIN MING DRIVE

Policyholder's Name / IC No.: D & B LOGISTICS ROC/UEN (Company): 53261155/A

Driver's Name / IC No.: MISS NUR HEDAWATI BINTE SURATMAN - S 8503288/G (As Above) ☐

Driver's Contact No.: 91178282 Company Contact No / Owner Contact No: _____

Driver's Address: Block 535 WOODLANDS DRIVE 14 #06-603 (S) 730335

Owner Email address: Luckalicious_wati85@hotmail.sg Insurance Company: NMC / none

Driver Email address: Luckalicious_wati85@hotmail.sg

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hiree or Others specify: (D)

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

***No. of Passengers (Including Driver):** 0

***Passanger Name:** _____ **Gender: Male / Female x()**

***Passanger Name:** _____ **Gender: Male / Female x()**

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No **Remarks:** (with 3 days MC)

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: DRIVER - SJD 2858 P (conveyed to hospital)

Injuries Sustain: HAND/ARM/LEG/SHOULDER PAIN Injured Person in Which Vehicle: SJD 2858 P

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: WOODLANDS EAST N.P.C.

The Other Party(s) Details:

1. Driver's Name / IC No: MR. GOH SIEW CHEE - S2173331/I Vehicle No: SJD 6968 C

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

***Independent Witness (If Any):** _____ **Contact No:** _____

Preferred Workshop Name: EM SOLUTION PTE LTD **Contact No:** 64560226

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 willful 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 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 :

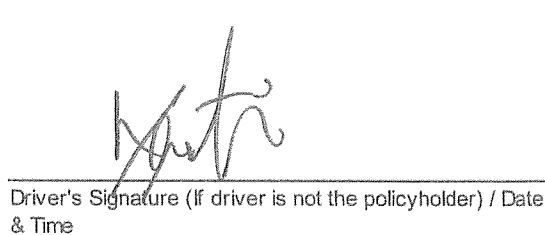
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

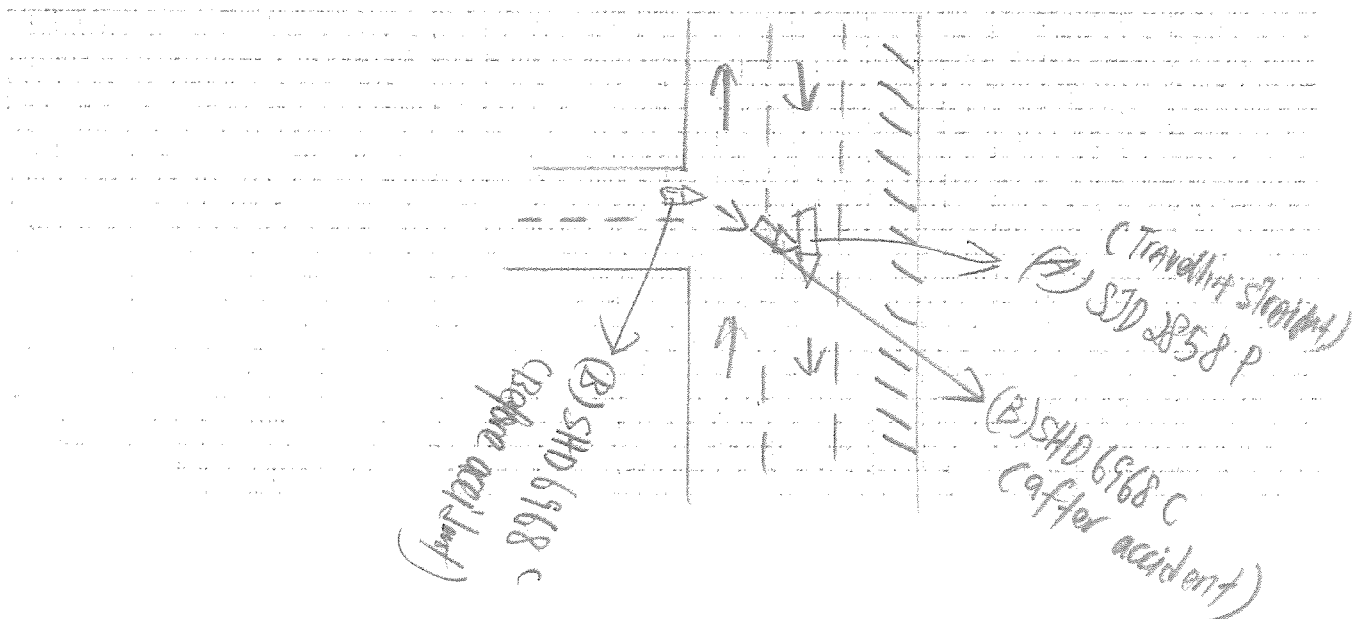
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 22/02/2021 at about 1.56 pm I was travelling on the straight Road of SIN MINH DRIVE. A TAXI - SHD 6968 C was on the right of the road turning into my lane and collided on the right side of my vehicle. my vehicle was badly damaged and I was injured during the accident. I was conveyed to hospital by ambulance.

I reporting this incident for 3rd party claim against SHD 6969 C was my damages & injuries.

(ATTACHED Police Report ATTACHED)

R/no: T/20210223/2065

Declaration

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

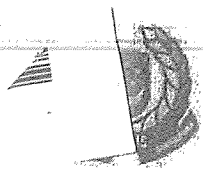


Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210223/2065

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20210223/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2021 16:09		Vide Report No.: E/20210222/0087		Station Diary No.: 80
Informant's Particulars				
Name of Informant: NUR HEDAWATI BINTE SURATMAN		Address: APT BLK 535 WOODLANDS DRIVE 14 #06-603 SINGAPORE 730535		
ID Type / ID No.: NRIC NO / S8503288G		Contact No.: Home/Office: Mobile: 91178282		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 36	Date of Birth: 10/02/1985	Type of Informant: Driver	
Race: Javanese		Language:	Institution / School Name:	
Occupation: Housewife		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/02/2021 13:55	Type of Location: Straight Road
Location: SIN MING DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6968C	Comfort Taxi				Slightly Damaged	0
SJD2858P	Car	HONDA	Honda Civic		Seriously Damaged	0

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



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T/20210223/2065

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20210223/2065

CONTINUATION OF REPORT

Driver			
Name	NUR HEDAWATI BINTE SURATMAN	ID No.	S8503288G
Related Vehicle	SJD2858P (Car)	Contact No.	91178282
Hospital/Clinic	Tan Tock Seng Hospital	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	22/02/2021	Date Discharge	22/02/2021
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 22/02/2021 at about 1356hrs, I was driving my rented black Honda Civic bearing number SJD2858P along Sin Ming Drive toward Sin Ming Drive.

While I am travelling on the straight road along Sin Ming Drive nearby to LTA building a Comfort blue taxi bearing number SMD6968C came out from a side road and drive toward Sin Ming Drive the road that I am travelling. The blue taxi stopped over the stop line and without checking his left spot and drive toward my vehicle and collided to my right front side of my Honda Civic.

Subsequently, I call for police assistance reference incident E/20210222/0087 and ambulance also came to scene and conveyed me to Tan Tock Seng Hospital.

I was conveyed to hospital and my vehicle was handed over back to my rental company.

I was given a 3 days MC from the doctor.

I was advised by the TP officer to lodge a police report.

i wish to state that I does not have a in car camera installed.



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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20210223/2065

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:

L /

Sgt 1 LIM MING CHONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/02/2021 16:09

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Classification Of Case:

SN 130

Authentication Stamp
NP168



Signature:

Singapore Police Force