

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 06/03/2021 16:23 (SGT)
Date of Accident 05/03/2021 19:00 (SGT)
Exact Location of Accident Changi South Ave 3, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN9965P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SHL MOTOR PTE. LTD.
Company Reg No 2XXXXX814M
Email Address kscgp8@gmail.com
Mobile Phone No (Phone) +65-62826184
Alternative Phone No +65-62826184

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5109792828-01
Cover Note Number -

DRIVER

Name of Driver ISMAIL BIN KARSANI
NRIC No SXXXX685A
Date Of Birth 26/10/1981
Occupation Outdoor

Date Of Driving Pass	09/11/2007
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91012513
Alt. Phone Number	-
Email Address	kscgp8@gmail.com
Address	BLK 404 ADMIRALTY LINK #02-48
Address complement	-
Postcode	750404
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 - 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	NURAFIAH BINTE ISMAIL
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

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	GBH280S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	NURAFIAH BINTE ISMAIL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJN9965P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ISMAIL BIN KARSANI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJN9965P
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 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

A = SJN 9965 P
B = GIBH 2805

Changi South Ave 3

Describe Circumstances of the Accident

I was travelling along changi South Ave 3 cross the traffic Junction. Suddenly the taxi in front of me jammed brake, I manage to brake and stop in time, then I felt an impact from behind. After the incident, I realized Veh B from behind cannot stop in time and collided into my Veh rear portion.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

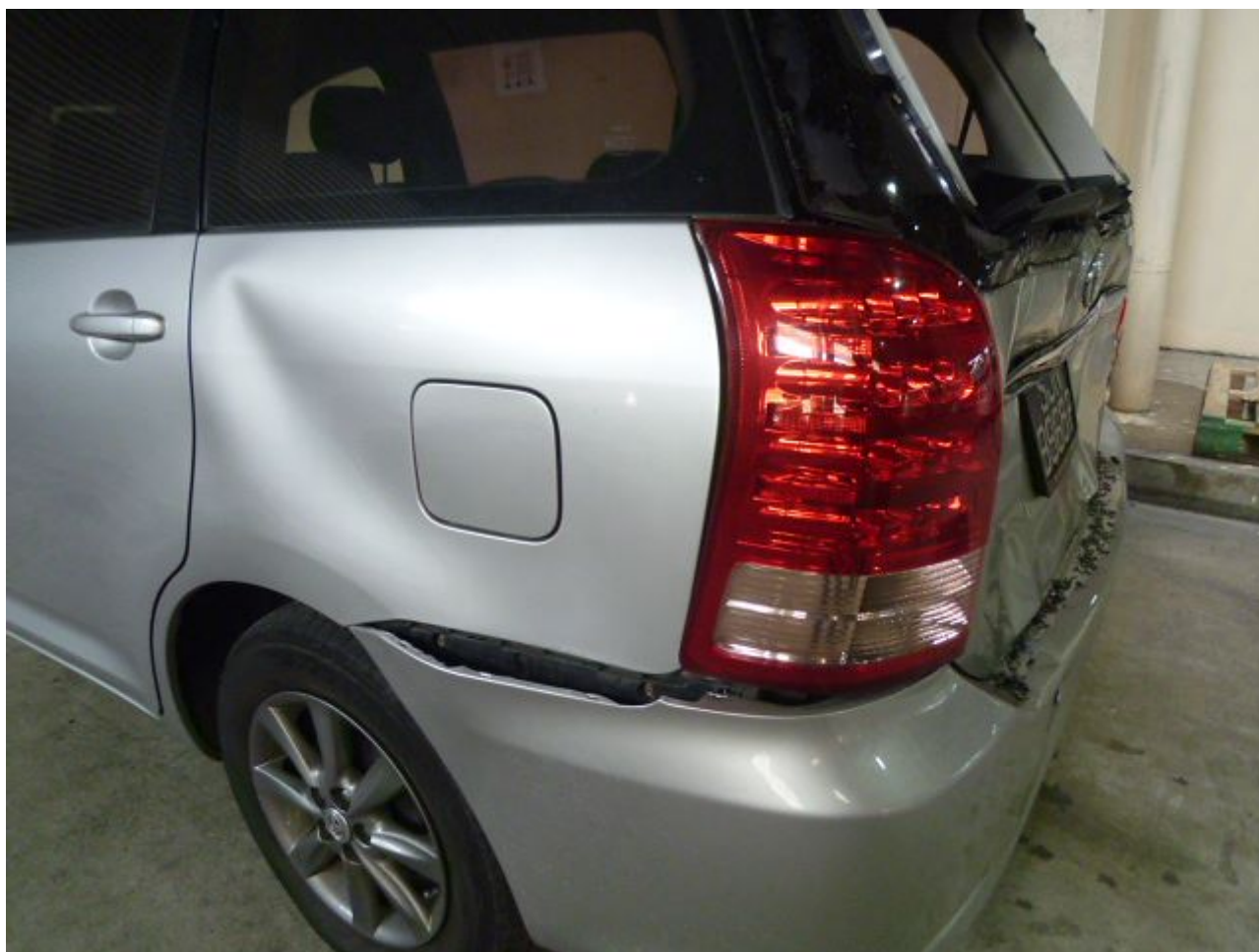
Witnessed by Reporting Centre Personnel

















**SINGAPORE
POLICE FORCE**



G/20210309/7032

1 of 2

POLICE REPORT (NP299)

Report No. G/20210309/7032

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 09/03/2021 14:25	Vide Report No.	Station Diary No.
Name Of Informant ISMAIL BIN KARSANI	Address 404 ADMIRALTY LINK #02-48 SINGAPORE 750404	
ID Type / ID No. NRIC NO / S8132685A	Contact No. Home/Office:	Mobile: 89225669
Nationality SINGAPORE CITIZEN	Email Address iss.masterbusiness@gmail.com	
Occupation Other car and light goods vehicle drivers nec	Sex Male	Age 39
Institution/School Name	Date of Birth 26/10/1981	Race Javanese
Date/Time Of Incident 05/03/2021 18:45 - 05/03/2021 19:00	Location Of Incident CHANGI SOUTH AVENUE 3	

Brief details.

A red taxi (could not remember the vehicle number) suddenly jam break leading to our car SJN9965P model Toyota Wish did a jam break but managed to stop in time when a white Nissan pick up GBH280S bang our rear leading to an accident and damaged car. Driver name William Fong NIRC S7120137F. Our car has been driven safely to the workshop. Driver me Ismail Bin Karsani NIRC S8132685A & passenger Nurafiah Binte Ismail NIRC S8332290Z felt some pain in the neck and back area after a few days, after a few days later there were aches and discomforts. Will be going to the doctor for further check up.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/03/2021 14:25
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20210309/7032

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210309/7032

Subjects Involved			
Victim			
Person Name	ISMAIL BIN KARSANI		
ID Type	NRIC NO	ID No	S8132685A
Gender	Male	Age	39
Race	Javanese	Language	English
Occupation	Other car and light goods vehicle drivers nec	Address	404 ADMIRALTY LINK #02-48 SINGAPORE 750404
Mobile No	89225669	Is Informant A Victim?	Yes
Person Name	NURAFIAH BINTE ISMAIL		
ID Type	NRIC NO	ID No	S8332290Z
Gender	Female	Age	38
Race	Malay	Language	English
Occupation	Make-up artist (stage, film and studio)	Address	404 ADMIRALTY LINK #02-48 SINGAPORE 750404
Mobile No	89496640	Relation To Informant	WIFE
Person Name	ISMAIL BIN KARSANI (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/03/2021 14:25
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





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: SN0921360007 Vehicle Registration No: SJN9965P
 Name (as shown in NRIC): Ismail Bin Karzan NRIC/FIN/Passport No: SXXXX 685A
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 91012513
 Email Address: KSCgp8@gmail.com
 Date of Accident: 5/3/21 Time of Accident: 19:00
 Place of Accident: Changi South Ave 3
 Insurance Company: NTUC

(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:

ADD IN INJURY & POLICE REPORT

Policyholder / Driver's Signature
 Date:



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

GIARMC Addendum Form