

# 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 ..... 12/03/2021 16:12 (SGT)  
Date of Accident ..... 11/03/2021 15:20 (SGT)  
Exact Location of Accident ..... Goldhill Ave, Singapore  
Additional Location Information ..... ALONG GOLDHILL AVENUE HEADING TO KKH  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJC3679M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD SHAFIQ BIN SAMSUDIN  
NRIC No .....   
Email Address .....   
Mobile Phone No ..... (Phone) +65   
Alternative Phone No ..... (Office) +6 

### 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 ..... 5119949866  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NURUL AMEERA BINTE SAMSUDIN  
NRIC No .....   
Date Of Birth .....   
Occupation ..... Indoor

Date Of Driving Pass .....  
Gender .....  
Mobile Number .....  
Alt. Phone Number .....  
Email Address .....  
Address .....  
Address complement .....  
Postcode .....  
Is the driver the policyholder? .....  
If No, Relationship of the Driver with the Insured .....  
Does Driver Own Other Vehicles? .....  
Vehicle Registration Number of Other Vehicle Owned by Driver .....  
Insurance Company of Other Vehicle Owned by Driver .....

Female  
(Phone) + .....  
-  
680465  
No  
Sibling  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
Weather Conditions .....  
Road Surface .....

Collision - Head to Rear  
Clear  
Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....  
Number of vehicles involved in the accident .....  
Was anybody injured in the Accident? .....  
Was any injured conveyed to hospital by ambulance? .....  
Was any other material or property damaged? .....  
Number of Passengers (Including Driver) .....  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....

No  
2  
No  
-  
Yes  
3  
No

#### PASSENGER 1

Name .....  
Gender .....

SARINAH BINTE JUMAAT  
Female

#### PASSENGER 2

Name .....  
Gender .....

NURUL ASYIQIN BTE SAMSUDIN  
Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....  
Police Station Name .....  
Police Station Phone No .....  
Alt. Police Station Phone No .....  
Police Station Address .....  
Was notice of intended Prosecution given? .....  
If yes, against whom? .....

Yes  
Choa Chu Kang Neighbourhood Police Centre  
(Phone) +65-18007659999  
(Fax) +65-67644104  
No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286  
No  
-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED AND POLICE REPORT ; REMARKS : TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....  
Was there any video captured by Car Camera? .....  
Was there any audio recorded? .....

Yes  
No  
No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB4079S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Taxi
Name of Driver .....	TAN THIAN THOE
NRIC No .....	[REDACTED]
Contact Number .....	(Phone) + [REDACTED]
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	REFER TO ATTACHED AND POLICE REPORT
Details of property damaged in accident .....	REFER TO ATTACHED AND POLICE REPORT
No. Of Passenger (Including Driver) .....	-

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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 lodgment 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.
- (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 purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

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









































**SINGAPORE  
POLICE FORCE**



T/20210311/2149

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20210311/2149

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2021 22:22		Vide Report No.: E/20210311/0085		Station Diary No.: 125	
Name of Informant: NURUL AMEERA BINTE SAMSUDIN			Address: [REDACTED]		
ID Type / ID No.: NRIC NO [REDACTED]			Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: [REDACTED]	Date of Birth: [REDACTED]	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: NURSE			Driving Licence Information: Class: 3A		Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/03/2021 15:20	Type of Location: Straight Road
Location:  GOLDHILL AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Stationary vehicle and moving vehicle				Anyone conveyed by ambulance: No

SHB4079S	Car				Slightly Damaged	0
SJC3679M	Car				Slightly Damaged	2



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Report No. T/20210311/2149

**CONTINUATION OF REPORT**

**Brief Details.**

On 11/03/2021 at about 1520hrs, I was driving my vehicle with license plate number: SJC3679M, together with my mother and sister, proceeding to Arab Street. Upon driving at the Gold Hill Avenue, the traffic light turn red. Hence, I stopped my vehicle and it was stationary. Subsequently, I heard a "Thud" sound coming from the back and my vehicle inch forward. I managed to stop my vehicle and it did not collide to the front vehicle.

I then came out of my vehicle and spotted a blue comfort taxi with license plate number: SHB4079S collided to my vehicle. I did not managed to take a photo of the Collison. I then approached the driver and he informed me to move my vehicle forward. I then followed his instruction and move my vehicle forward. Subsequently, I spotted some scratches at the rear of my vehicle. The taxi driver insisted that he did not collide to my vehicle, and refuse private settlement. He then continued to call for police assistance.

With the assistance of the police, I managed to get his particular:

Taxi Driver namely: Tan Thian Thoe

NRIC: [REDACTED]

Handphone: [REDACTED]

Vehicle number: SHB4079S

I have in-car camera in my vehicle. However, I have not view the footage. Prior to the incident, my 2 passengers and myself is not injured. I wish to state that prior to the Collison, The Taxi Driver was actually changing from Lane 2 to Lane 1 repeatedly.



**SINGAPORE  
POLICE FORCE**



T/20210311/2149

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20210311/2149

**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:

J /

Sgt 2 TAN YIP CHONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SYED MUHAMMAD ISA BIN OMAH

ALHABSHEE

Contact No.: 65476214

Authentication Stamp



**SINGAPORE  
POLICE FORCE**  
SAFEGUARDING EVERY DAY

Signature Of Informant:

Date/Time:

11/03/2021 22:22

Classification Of Case:



Tel (65) 6224 0030 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SS22213C0001 Vehicle Registration No: SJC 3679 M  
Name (as shown in NRIC) : NURUL AMEERA BINTE SAMUDIN NRIC/FIN/Passport No : Sxxxx 147A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : APT Block 465 CITRA CHU KANG AVE 4 #06-13 Singapore 680465  
Contact (Tel) : 9237 8992 Mobile No.: 9270 7150 DRIVER  
Email Address : nameeraa05@gmail.com  
Date of Accident : 11.03.2021 Time of Accident : 15:20hr.  
Place of Accident : ALONG GOLDHILL AVE TOWARDS KKH  
Insurance Company: NMC

#### (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:

Amend Third party car plate to SHB 4079S instead  
of SHD 4079S

Policyholder / Driver's Signature  
Date:

IDAC - BOON LAY  
STA Inspection Pte Ltd  
249 Jalan Boon Lay  
Singapore 619523  
Tel : 6565 6144  
Fax : 6515 5215  
Reporting Centre Personnel's Signature  
Name: KERINE TANG  
NRIC/FIN No.: Sxxxx 874I