

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	19/03/2021 17:06 (SGT)
Date of Accident	18/03/2021 17:35 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	B4 KIM KEAT RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5547B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GULNAR BEGUM D/O KAMALUDHEEN
NRIC No	SXXXX739H
Email Address	AARONIU3088@GMAIL.COM
Mobile Phone No	(Phone) +65-86782055
Alternative Phone No	+65-86782055

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120741072
Cover Note Number	-

DRIVER

Name of Driver	GULFARM MOHAMED ATHILSHAH
NRIC No	SXXXX513D

Date Of Birth	03/06/1975
Occupation	Indoor
Date Of Driving Pass	27/11/2001
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86782055
Alt. Phone Number	-
Email Address	AARONIU3088@GMAIL.COM
Address	BLK 632 VEERASAMY ROAD
Address complement	#07-100
Postcode	200632
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	AFTER RAIN
Road Surface	Wet

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	KOLANCHINATHAN SENTHILNATHAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR3739U
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WEE LI-MIN,ROXANE
NRIC No	SXXXXX907H
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	GULFARM MOHAMED ATHILSHAH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SME5547B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KOLANCHINATHAN SENTHILNATHAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SME5547B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN

IMPORTANT NOTICE

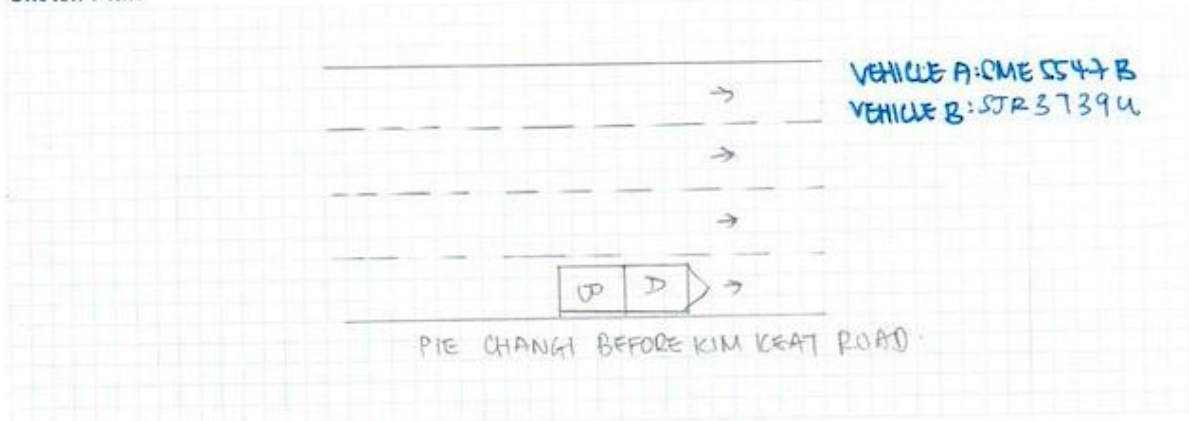
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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

 12/12/21
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 18/03/2021 at around 1735hrs I was travelling along PIE towards Changi Airport on lane 1 just before Toa Payoh Lorong 6 exit. When the car in front of me slowed down and stopped I follow suit. Then I felt a huge impact on my rear. I alighted and realise that vehicle B has collided onto my vehicle rear portion causing damages. We took photos and exchange particulars and file through insurance.

Declaration

We declare the foregoing particulars are true in every respect.

x 

Policyholder's Signature / Date & Time

G. Md. Alhazbi

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

 19/03/21

Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



J/20210319/7056

1 of 2

POLICE REPORT (NP299)

Report No. J/20210319/7056

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 19/03/2021 22:56	Vide Report No.	Station Diary No.
Name Of Informant GULFARM MOHAMED ATHILSHAH	Address 632 VEERASAMY ROAD #07-100 SINGAPORE 200632	
ID Type / ID No. NRIC NO / S7576513D	Contact No. Home/Office: Mobile: 83324444	
Nationality SINGAPORE CITIZEN	Email Address SHAH6444@gmail.com	
Occupation Director	Sex Male	Age 45
Institution/School Name	Date of Birth 03/06/1975	Race Indian
Date/Time Of Incident 18/03/2021 17:35	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

On the above mentioned date and time, I was driving my vehicle SME5547B along PIE(CHANGI) when I gradually came to a stop due to traffic conditions.

My colleague, Kolanchinathan Senthilnathan, was my front passenger during this time.

While waiting for traffic in front to move off, there was a massive impact from the rear causing my vehicle to jerk forwards. Fortunately, I did not hit against the vehicle in front.

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: 19/03/2021 22:56
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



J/20210319/7056

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210319/7056

I alighted to realise that SJR3739U had collided into my vehicle's rear.

The next morning, I woke up with soreness over my neck and back areas.

As such, I went to my family doctor at Rochor Medical Centre for treatment and was given 3 days MC.

My colleague was also injured and went to seek his own medical treatment.

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: 19/03/2021 22:56
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / 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 : SN09213J0007 Vehicle Registration No: SME5547B
 Name (as shown in NRIC) : GULFARM MUHAMMAD BATHILSHAH NRIC/FIN/Passport No : SXXXX5130
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 682 VEERASAMY RD #07-100 Singapore (200622)
 Contact (Tel) : _____ Mobile No. : 86782055
 Email Address : _____
 Date of Accident : 18/03/2021 Time of Accident : 17:35 hrs
 Place of Accident : PIE B4 RIM KEM RD EXIT
 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 Police Report

[Signature]
 Policyholder / Driver's Signature
 Date: _____

[Signature] 20/03/21
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____