

# 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 ..... 29/03/2021 17:01 (SGT)  
Date of Accident ..... 27/03/2021 07:38 (SGT)  
Exact Location of Accident ..... Woodlands Drive 40, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLG1133P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NOOR HANIS BIN MOHAMED YUNOS  
NRIC No ..... SXXXX475D  
Email Address ..... hanis892@gmail.com  
Mobile Phone No ..... (Phone) +65-92476563  
Alternative Phone No ..... +65-92476563

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Civic  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5118138449  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NOOR HANIS BIN MOHAMED YUNOS  
NRIC No ..... SXXXX475D

Date Of Birth .....	17/12/1993
Occupation .....	Indoor
Date Of Driving Pass .....	14/05/2012
Driving experience .....	8 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92476563
Alt. Phone Number .....	+65-92476563
Email Address .....	hanis892@gmail.com
Address .....	BLK 892A TAMPINES AVENUE 8 #12-32
Address complement .....	-
Postcode .....	521892
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	DAYANG SOFEA BTE SOFIAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT L/20210328/7018

#### 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 .....	GBK5449A
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Hiace

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MUHAMMAD SUFYAN BIN SAPIEE
NRIC No .....	SXXXX747J
Contact Number .....	(Phone) +65-92477415
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 .....	NOOR HANIS BIN MOHAMED YUN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLG1133P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 2

Name of injured person .....	DAYANG SOFEA BTE SOFIAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY (PREGNANT)
Injured person in which vehicle? .....	SLG1133P
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' 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.

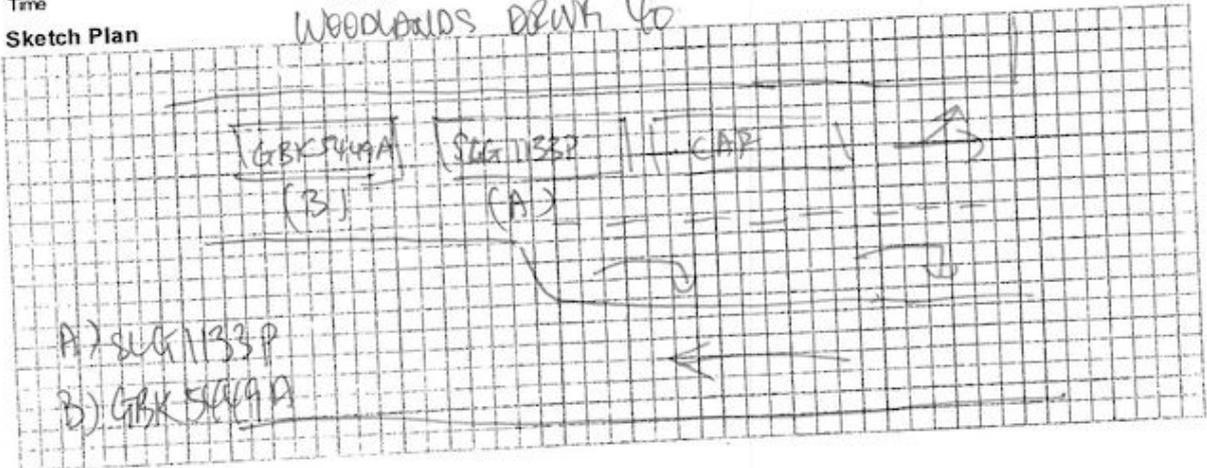
*[Signature]* 27/3/21 15:23  
 Policyholder's Signature / Date & Time

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

*[Signature]* 29/03/2021  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

WOODLANDS DRIVE 40



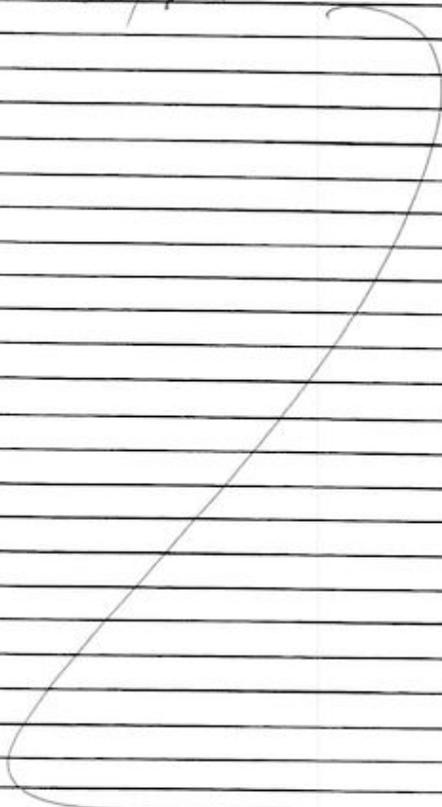
**Describe Circumstances of the Accident**

I was driving along Wdlands drive 40, toward Wdlands at 83, when the van rear ended my car.

The light was red and turn green. A few cars in front of me inched forward and I followed. But the van behind me hit my rear.

my passenger, wife pregnant referred to KKH due to pain felt

POLICE REPORT 2/20210328/7018



**Declaration**

We declare the foregoing particulars are true in every respect.

 29/3/21 15:28

Policyholder's Signature / Date & Time

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

 29/03/2021

Witnessed by Reporting Centre Personnel



















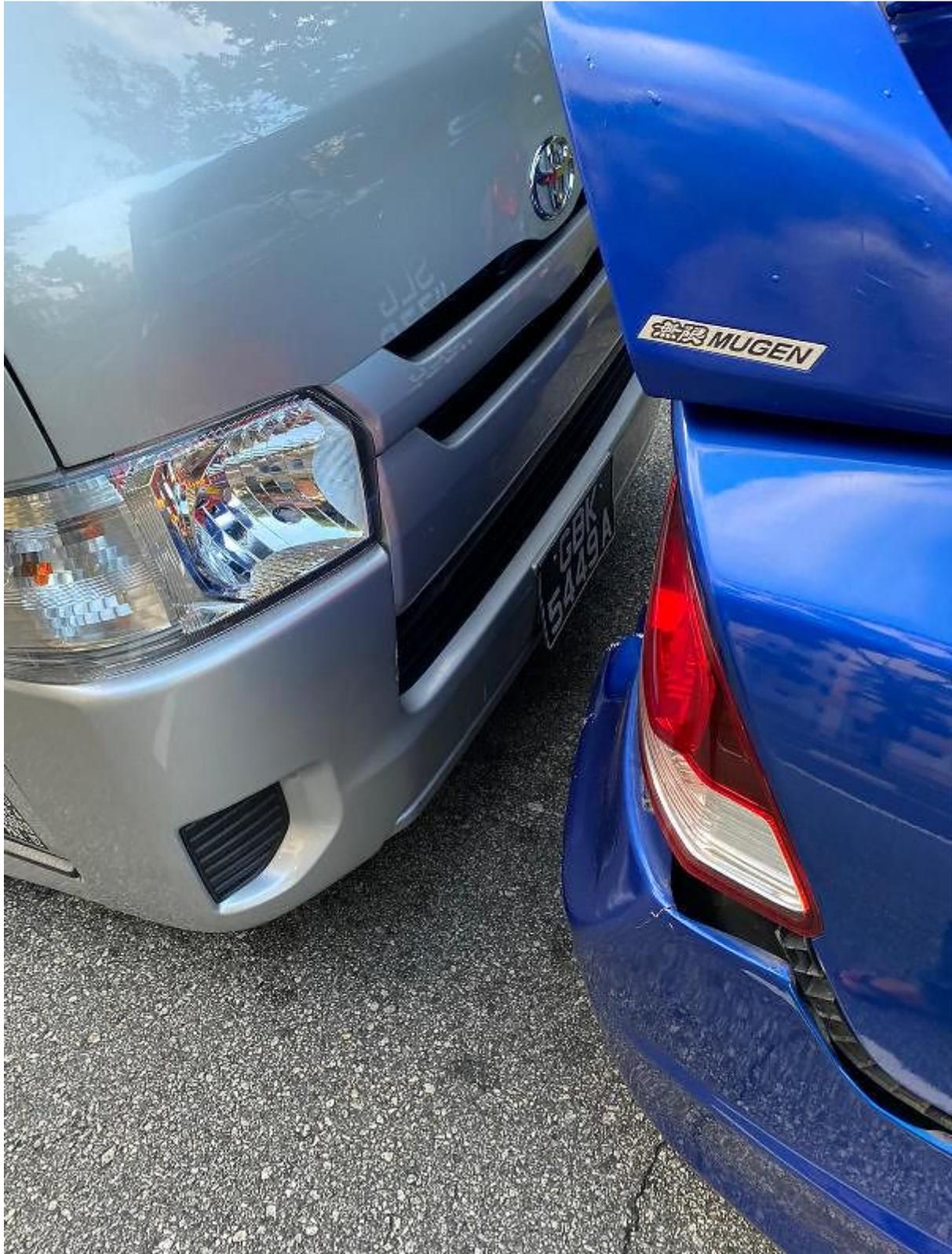













**SINGAPORE  
POLICE FORCE**


L/20210328/7018

1 of 1

**POLICE REPORT (NP299)**

Report No. L/20210328/7018

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 28/03/2021 16:32	Vide Report No.	Station Diary No.	
Name Of Informant NOOR HANIS BIN MOHAMED YUNOS	Address 892A TAMPINES AVENUE 8 #12-32 SINGAPORE 521892		
ID Type / ID No. NRIC NO / S9348475D	Contact No. Home/Office:	Mobile: 92476563	
Nationality SINGAPORE CITIZEN	Email Address hanis892@gmail.com		
Occupation Mechanical engineer (general)	Sex Male	Age 27	Date of Birth 17/12/1993
Institution/School Name	Race Indian		
Date/Time Of Incident 27/03/2021 07:30	Language English		
	Location Of Incident WOODLANDS DRIVE 40		

**Brief details.**

On the stated date and time I was travelling with my wife (Dayang Sofea bte Sofian-S9317152G) on our vehicle SLG1133P. We were stationary on the stated venue. Suddenly vehicle GBK5449A came from behind and hit onto our vehicle rear portion. The impact was great and I suffered back and neck pain, my wife who was pregnant felt pain on her neck,back, stomach. I then send her to KKH A&E to seek treatment and she was given 3 days MC.

I later then proceeded to central 24hr clinic to seek treatment for myself and was given 1 day MC.

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: 28/03/2021 16:32
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

**CENTRAL 24-HR CLINIC (WOODLANDS)**

768 WOODLANDS AVENUE 6 02-06A WOODLANDS MART, SINGAPORE 730768

Tel: 63654895 Fax: 63621895

**Medical Certificate**

Date : 27 Mar 2021

MC No. : 0000362213

**SINGAPORE**

This is to certify that :

Name : NOOR HANIS BIN MOHAMED YUNOS

NRIC : S9348475D

is Unfit for Duty for 1 day  
on 27 Mar 2021 only.

LOCUM

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

For Health News and Updates : <http://news.centralclinic.com.sg>**24-Hour Clinics**

<b>HOUGANG</b>	Blk 681 Hougang Ave 8 #01-831 Singapore 530681	Tel: 6387 6965
<b>BEDOK</b>	Blk 219 Bedok Central #01-124 Singapore 460219	Tel: 6247 6122
<b>PASIR RIS</b>	Blk 446 Pasir Ris Drive 6 #01-122 Singapore 510446	Tel: 6582 2640
<b>TAMPINES</b>	Blk 201D Tampines Street 21 #01-1151 Singapore 524201	Tel: 6968 7001
<b>CLEMENTI</b>	Blk 450 Clementi Ave 3 #01-291 Singapore 120450	Tel: 6773 2925
<b>YISHUN</b>	Blk 701A Yishun Ave 5 #01-04 Singapore 761701	Tel: 6759 7985
<b>JURONG WEST</b>	Blk 492 Jurong West Street 41 #01-54 Singapore 640492	Tel: 6565 7484
<b>PIONEER NORTH</b>	Blk 959 Jurong West Street 92 #01-160 Singapore 640959	Tel: 6251 2775
<b>WOODLANDS</b>	Blk 768 Woodlands Ave 6 #02-06A Woodlands Mart Singapore 730768	Tel: 6365 4895
<b>MARSILING</b>	Blk 303 Woodlands Street 31 #01-185 Singapore 730303	Tel: 6365 2908



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**ORIGINAL MEDICAL CERTIFICATE** OBS202193677

Name <b>DAYANG SOFEA BINTE SOFIAN</b>		NRIC No. <b>S9317162G</b>
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>27-Mar-2021</u> to <u>29-Mar-2021</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	Delivered on : _____
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Operated on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		187 3677
Time Chk: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis	Surgical Operation (if applicable)	
Comments :		
Hospital <b>KK Women's and Children's Hospital Pte. Ltd.</b>	Date <b>29-Mar-2021</b>	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. <b>DENG JIA , 65730A</b> <i>Dr Deng Jia</i> <b>Medical Officer</b> <b>65730 A</b>



**MARTIN MEDICAL CENTRE**  
Bjk. 111, Woodlands St. 13, #01-80  
Singapore 730111. Tel : 6269 2446

**29 MAR 2021**

Date: \_\_\_\_\_

Q No. **0981**

**MEDICAL CERTIFICATE**

This is to certify that Dayang Sofea Binte Sofian.

is unfit for duty/to attend School for Five day on/from 29/3/2021  
to 2/4/2021 inclusive.

unfit for P.E. For/on \_\_\_\_\_ days/week(s).

fit for Light duty from/on \_\_\_\_\_ to \_\_\_\_\_ inclusive.

Time chit: Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

REMARKS: RTA with whiplash injury & Back contusion.

\* This certificate is not valid for absence from court or other Judicial proceedings unless specifically noted.

DR. Signature: \_\_\_\_\_



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**DR. CHRISTOPHER MARTIN**  
**M.B.B.S Dip Ac.**



**MARTIN MEDICAL CENTRE**  
Blk. 111, Woodlands St. 13, #01-80  
Singapore 730111. Tel : 6269 2446

Date: **29 MAR 2021**

Q No. **0980**

**MEDICAL CERTIFICATE**

This is to certify that Noor Hanis Bin Mohamed Yunus.

is unfit for duty/to attend School for Three day on/from 29/3/2021  
to 31/3/2021 inclusive.

unfit for P.E. For/on \_\_\_\_\_ days/week(s).

fit for Light duty from/on \_\_\_\_\_ to \_\_\_\_\_ inclusive.

Time chit: Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

REMARKS: RTA with whiplash injury -

\* This certificate is not valid for absence from court or other  
Judicial proceedings unless specifically noted.

DR. Signature: \_\_\_\_\_

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**DR. CHRISTOPHER MARTIN**  
M.B.B.S Dip Ac.