

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 ability.
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 Report	16/07/2018 16:36
Date Of Accident	14/07/2018 16:15
Exact Location Of Accident	TURNING OUT OF TAMPINES EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM6288X
Insured/Policyholder	
Name Of Registered Owner	JURANI BIN NAIM
NRIC No	S0238428J
Email Address	MIRAH93@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96570589
Alternative Phone No	OFFICE-96570589

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5024127736-10
Cover Note Number	

Driver

Name of Driver	JURANI BIN NAIM
NRIC No	S0238428J
Date Of Birth	17/10/1953
Occupation	INDOOR
Date Of Driving Pass	23/03/1981
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	+65-96570589
Fax Number	
Contact Number	OFFICE-96570589
Email Address	MIRAH93@HOTMAIL.COM

Address	BLK 487 PASIR RIS DRIVE 4 #11-505
Postcode	510487
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : SITI KHATIJAH BINTE ISMAIL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK8715S
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	TEO YIN FERN
NRIC/Passport Number	S7737206G
Contact Number	97222768
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJR3576Y
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SITI KHATIJAH BINTE ISMAIL
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SGM6288X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	JURANI BIN NAIM
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SGM6288X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 487 PASIR RIS DR 4 #11-505
Postcode	510487

Accident Sketch Plan

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 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. 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.

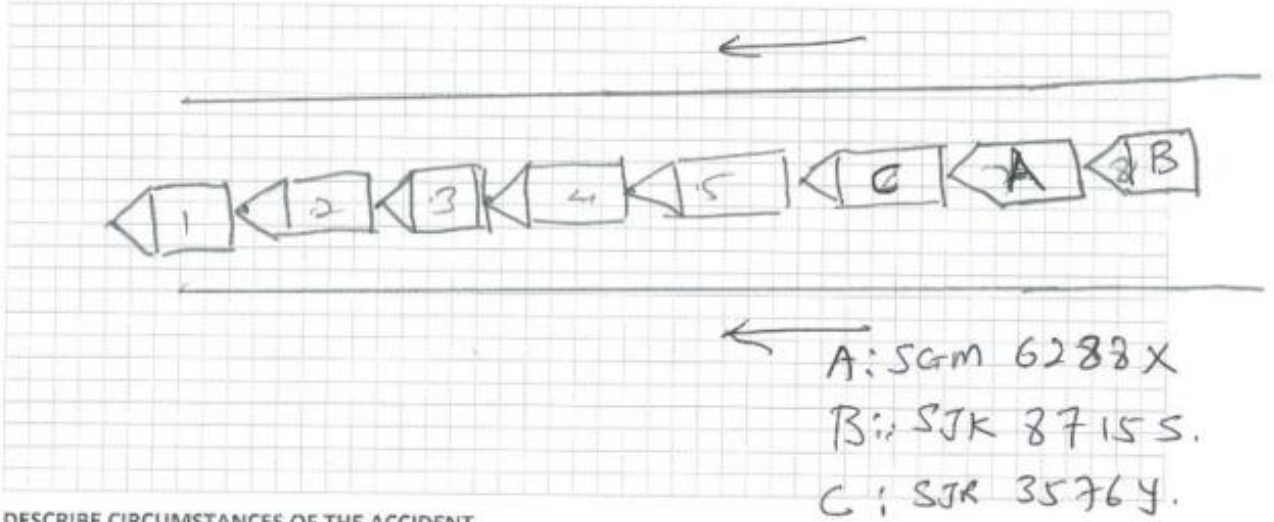
Policyholder's Signature
Date & Time:

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

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

Common Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please see police Report.

Insurance Co. _____
Vehicle No. _____ Date of Accident _____
<input type="checkbox"/> Reporting Only
<input type="checkbox"/> Own Damage Claim
<input checked="" type="checkbox"/> Third Party Claim @ Haniff Automobiles Pk Ltd

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:

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180715/2006

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4
Report No. T/20180715/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2018 00:59		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: JURANI BIN NAIM			Address: APT BLK 487 PASIR RIS DRIVE 4 #11-505 SINGAPORE 510487		
ID Type / ID No.: NRIC NO / S0238428J			Contact No.: Home/Office: Mobile: 96570589		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 17/10/1953	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Warehouse Assistant Supervisor			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/07/2018 16:15	Type of Location: Filter Lane
Location: Along Road 1 PASIR RIS DRIVE 8 TAMPINES EXPRESSWAY Pasir Ris Drive 8 filter lane towards TPE (SLE). Near to Lamp post 172 Lamp Post Number: 172				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGM6288X	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Seriously Damaged	1
SJK8715S	Car	HONDA	CIVIC	Blue	Seriously Damaged	1
SJR3576Y	Car	HONDA	STREAM	Black	Slightly Damaged	0

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180715/2006

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 4

Report No. T/20180715/2006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGM6288X	NTUC Income Insurance Co-Operative Limited	5024127736-10	25/10/2017	24/10/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	SITI KHATIJAH BINTI ISMAIL		ID No.	S0209599H
Related Vehicle	SGM6288X (Car)		Contact No.	98302636
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/07/2018		Date Discharge	14/07/2018
No. of Days granted Medical Leave	01		Degree of Injury	Slight
Driver				
Name	JURANI BIN NAIM		ID No.	S0238428J
Related Vehicle	SGM6288X (Car)		Contact No.	96570589
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	14/07/2018		Date Discharge	14/07/2018
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	TEO YIN FERN		ID No.	S7737206G
Related Vehicle	SJK8715S (Car)		Contact No.	97222768
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20180715/2006

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 4

Report No. T/20180715/2006

CONTINUATION OF REPORT

Brief Details.

On the 14/07/2018 at 4.12pm, I was driving my vehicle SGM6288X along Pasir Ris Drive 8. After I turned into the filter lane which was going towards TPE(SLE), suddenly the car in front of me (SJR3576Y) had stopped. I managed to jam brake in time to a stop. However, the car behind me (SJK8715S) had hit onto my rear that caused me to move forward and hit onto the car in front of me.

No one was injured during that point of time. My car was badly dented on the front and rear. I got to know that it was a chain collision accident involving the cars in front. The Traffic Police had come and I was told to proceed to the Traffic Police to meet IO Rashidah on Monday (16/07/2018).

I was given 5 days MC as I felt sprain pains on my neck. My wife, who was my passenger was given 1 day MC.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20180715/2006

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

4 of 4

Report No. T/20180715/2006

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:
G /
Sr Staff Sgt WONG TING CHIEN

Signature Of Informant:

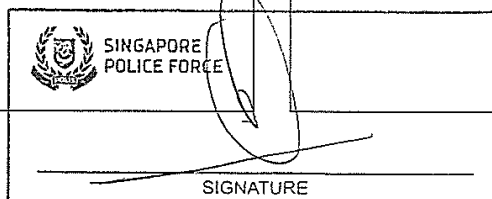
Signature Of Interpreter:
Not applicable

Date/Time:
15/07/2018 00:59

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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: S665500206 / 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 : MVFS 1809/684 Vehicle Registration No: SGM 6288X

Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 14/7/2018 Time of Accident : 1615 hrs.

Place of Accident : Turning out of Tampines Expressway

Insurance Company : NTUC Income Insurance.

(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:

to upload photos

Policyholder / Driver's Signature
Date:

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

