

# 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 .....	04/05/2021 09:04 (SGT)
Date of Accident .....	30/04/2021 22:20 (SGT)
Exact Location of Accident .....	Woodlands Rd, Singapore
Additional Location Information .....	JUNCTION OG SUNGAI KADUT AVE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJZ1541T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SULAIMI BIN SAMURI
NRIC No .....	SXXXX837G
Email Address .....	sales@garage13.com.sg
Mobile Phone No .....	(Phone) +65-97620762
Alternative Phone No .....	+65-97620762

### VEHICLE PARTICULARS

Manufacturer .....	Chevrolet
Model .....	Cruze
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 .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	SI20V12277/VPE/R00
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SULAIMI BIN SAMURI
NRIC No .....	SXXXX837G

Date Of Birth .....	15/08/1961
Occupation .....	Outdoor
Date Of Driving Pass .....	19/12/1984
Driving experience .....	36 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97620762
Alt. Phone Number .....	+65-97620762
Email Address .....	sales@garage13.com.sg
Address .....	BLK 424 WOODLANDS STREET 41 #05-332
Address complement .....	-
Postcode .....	730424
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 - Change/cross lane
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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

REFER TO POLICE REPORT L/20210503/7059

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	VIDEO WITH DRIVER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBD1079Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	KULANTHAISAMY SENTHIL MURUGAN
Work Permit No .....	GXXXX295U
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 .....	SULAIMI BIN SAMURI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY AND NECK
Injured person in which vehicle? .....	SJZ1541T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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 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")

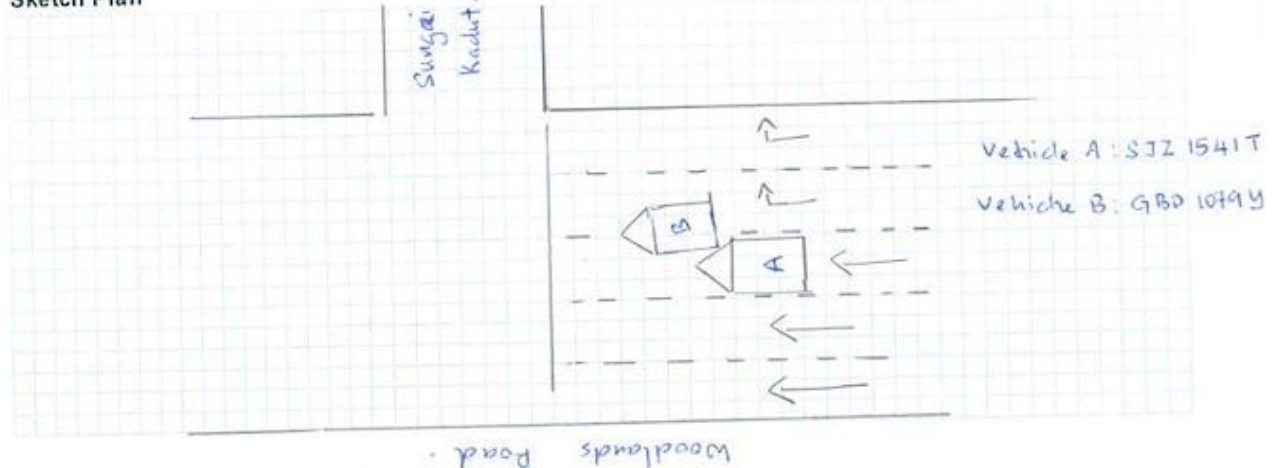
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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**

Describe Circumstances of the Accident

On THE STATED DATE & TIME, I WAS DRIVING VEHICLE A (SJJ 1541T) GO STRAIGHT ALONG WOODLANDS ROAD, SUDDENLY VEHICLE B (GSD 10794) CUT INTO MY LANE AND CAUSE THE ACCIDENT HAPPENED.

AFTER THE ACCIDENT, I FELT PAIN ON MY NECK, SHOULDER, & LOWER BACK.

I VISITED UNIHEALTH 24 HR. CLINIC JUPONG, EAST, I WAS GIVEN 3 DAYS MC

MC NO: 000000 9154.

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

Witnessed by Reporting Centre  
Personnel



















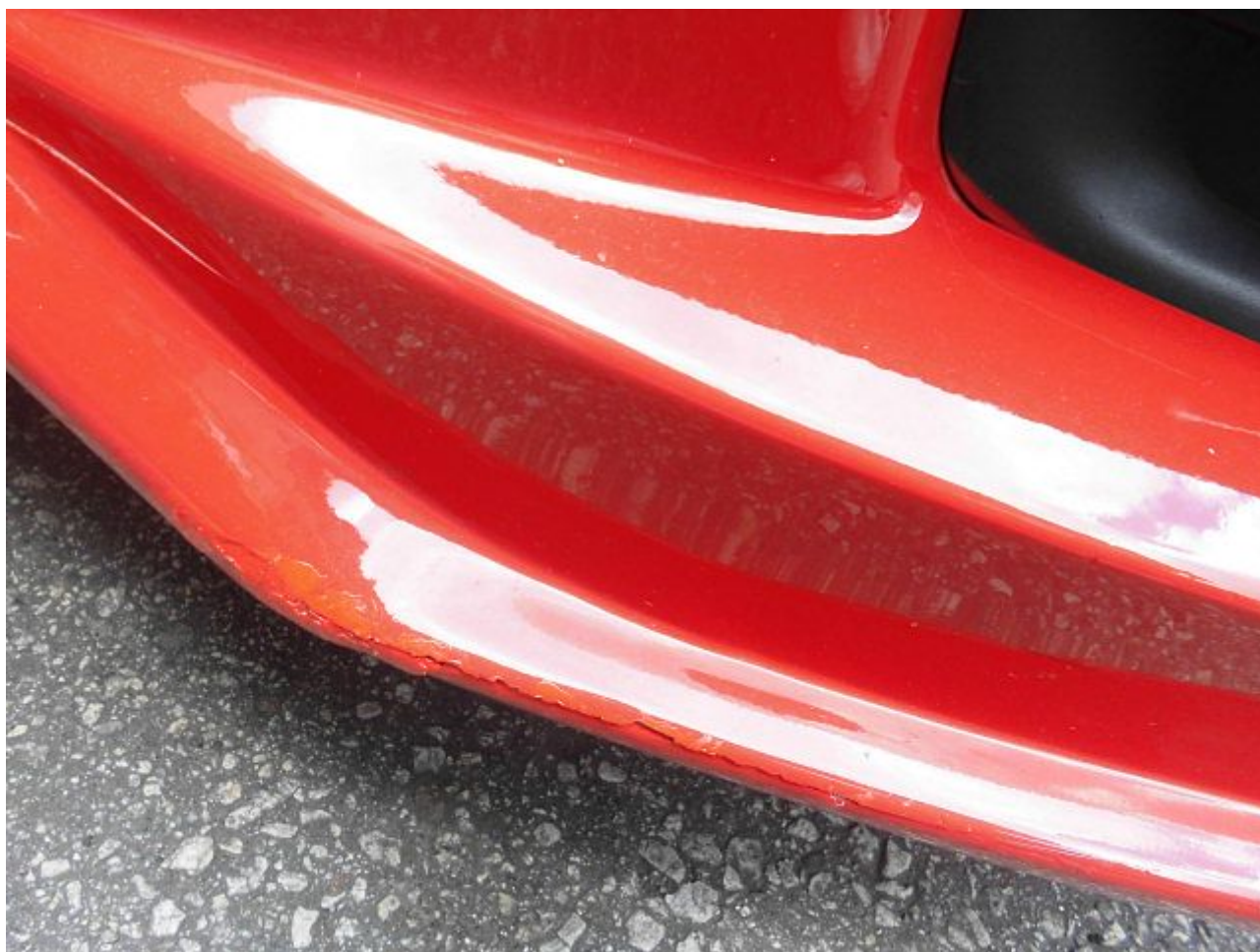




















**SINGAPORE  
POLICE FORCE**



L/20210503/7059

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**POLICE REPORT (NP299)**

Report No. L/20210503/7059

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

Date/Time Report Made 03/05/2021 22:18	Vide Report No.	Station Diary No.
Name Of Informant SULAIMI BIN SAMURI	Address 424 WOODLANDS STREET 41 #05-332 SINGAPORE 730424	
ID Type / ID No. NRIC NO / S1485837G	Contact No. Home/Office:                      Mobile: 97620762	
Nationality SINGAPORE CITIZEN	Email Address SULAIMI.SAMURI@GMAIL.COM	
Occupation OPERATIONS OFFICER	Sex Male	Age 59
Institution/School Name	Date of Birth 15/08/1961	Race Javanese
Date/Time Of Incident 30/04/2021 22:20	Location Of Incident WOODLANDS ROAD	

**Brief details.**

On the above mentioned date and time, I was driving my vehicle SJZ1541T along Woodlands Road towards Bukit Panjang.

I was travelling along the extreme right lane before the junction of Sungei Kadut Ave.

The lane I was travelling in split into 3 lanes, 1 to go straight and the other 2 to Turn Right. I continued straight along the lane going straight.

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: 03/05/2021 22:18
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



L/20210503/7059

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210503/7059

GBD1079Y, which was on the Turn Right lane immediately next to mine, cut into my vehicle's lane just before the traffic light junction of Sungei Kadut Ave and jammed on its brakes.

I too jammed on my brakes but could not avoid colliding into the rear left portion of said van.

After the accident, I started feeling soreness over my neck, shoulder and lower back areas. As such, I proceeded to my company doctor at Unihealth 24-Hr Clinic Jurong East for treatment and was given 3 days 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: 03/05/2021 22:18
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





135 Jurong Gateway Road #01-317 Singapore 600135  
Tel: 6970 5868 Fax: 6261 5368 Website: unihealthclinic.com.sg

GST Reg No : 201929835H

Co Reg No : 201929835H

# TAX INVOICE

SULAIMI BIN SAMURI  
424 WOODLANDS STREET 41  
#05-332  
S(730424)

Invoice No. : 14604  
Our Reference : 59543  
Date : 01 May 2021

Patient : SULAIMI BIN SAMURI(S1485837G)  
Attending Doctor : DR XIE HUIZHUANG

DESCRIPTION	QTY	FEE
KEFENTECH PLASTER	1.00 pkts	\$9.00
COGESIC (METHYL SALICYCLATE)	1.00 tube	\$7.00
MAX 25G		
SODEN (NAPROXEN) 275MG	20.00 tabs	\$10.00
CONSULTATION		\$95.00
Sub-Total		\$121.00
Add GST 7.0%		\$8.47
Rounding Adjustment		-\$0.02
Total Amount Payable		\$129.45
Receipt No. 17396 - CASH Payment Received		\$100.00
NETS Payment Received		\$29.45
Outstanding Balance		\$0.00

All Cheques should be crossed and made payable to :  
UNIHEALTH 24-HR CLINIC (JURONG EAST)

This is a computer generated invoice which does not require a signature

E & O E

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135 Jurong Gateway Road #01-317 Singapore 600135  
Tel: 6970 5868 Fax: 6261 5368 Website: unihealthclinic.com.sg

# Medical Certificate

Date : 01 May 2021 MC No. : 0000009154

This is to certify that :

Name : SULAIMI BIN SAMURI  
NRIC : S1485837G

is Unfit for Duty for 3 days  
from 01 May 2021 to 03 May 2021 inclusive.



DR XIE HUIZHUANG  
MB BCh BAO (HONS)  
Dip O&G, RCPI

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

Unihhealth 24-Hr Clinic ( Jurong East )  
135 Jurong Gateway Road  
#01-317 Singapore 600135  
Tel : 6970 5868 Fax : 6261 5368