

# 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 ..... 25/05/2021 10:33 (SGT)  
Date of Accident ..... 15/05/2021 17:40 (SGT)  
Exact Location of Accident ..... 530 Woodlands Drive 14, Block 530, Singapore 730530  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJR3367J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMED ZAMZAM BIN HAMZAH  
NRIC No ..... SXXXX275J  
Email Address ..... nurain2401@gmail.com  
Mobile Phone No ..... (Phone) +65-91879917  
Alternative Phone No ..... +65-91884574

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Cerato  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00018402100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NUR AIN BINTE MOHAMED ZAMZAM  
NRIC No ..... TXXXX716I

Date Of Birth .....	24/01/2021
Occupation .....	Indoor
Date Of Driving Pass .....	30/03/2021
Driving experience .....	2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91884574
Alt. Phone Number .....	-
Email Address .....	nurain2401@gmail.com
Address .....	BLK 748 JURONG WEST STREET 73 #02-125
Address complement .....	-
Postcode .....	640748
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Collided into Parked Vehicle
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
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

PLEASE REFER TO POLICE REPORT T/20210524/2099

#### 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 .....	SMX4255A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**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.

*[Signature]*

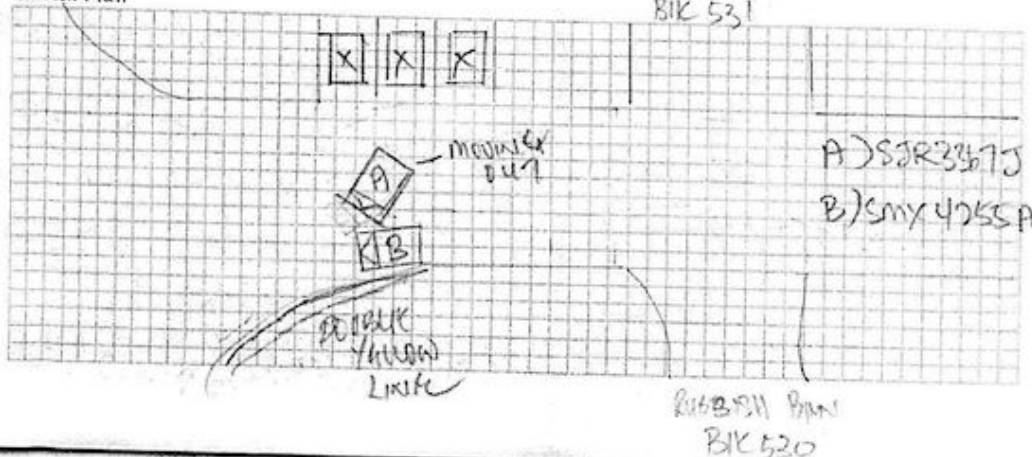
Policyholder's Signature / Date & Time

X

*[Signature]* 25/5/2021 9:44am  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]* 25/05/2021  
Witnessed by Reporting Centre Personnel

**Sketch Plan**





Describe Circumstances of the Accident

RAPPORT TO POLICE RAPPORT 7/2021/0524/2099

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

X  25/5/2021 9:44AM  
Driver's Signature (if driver is not the policyholder) / Date & Time

 25/05/2021  
Witnessed by Reporting Centre Personnel



































**SINGAPORE  
POLICE FORCE**



T/20210524/2099

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Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20210524/2099

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/05/2021 20:40		Vide Report No.:	Station Diary No.: 149
<b>Informant's Particulars</b>			
Name of Informant: NUR AIN BINTE MOHAMED ZAMZAM		Address: APT BLK 748 JURONG WEST STREET 73 #02-125 SINGAPORE 640748	
ID Type / ID No.: NRIC NO / T00027161		Contact No.: Home/Office:	Mobile: 91884574
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 21	Date of Birth: 24/01/2000	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: PATIENT SERVICE ASSOCIATE		Driving Licence Information: Class: 3A	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/05/2021 17:40	Type of Location: CARPARK
Location: WOODLANDS DRIVE 14				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR3367J	Car				Slightly Damaged	0
SMX4255A	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE  
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T/20210524/2099

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Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20210524/2099

**CONTINUATION OF REPORT**

Driver			
Name	NUR AIN BINTE MOHAMED ZAMZAM	ID No.	T00027181
Related Vehicle	SJR3367J (Car)	Contact No.	91884574
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

In reference to TP letter: TP/IP/24197/2021 addressed to MOHAMED ZAMZAM BIN HAMZAH, BLK 419 BUKIT BATOK WEST AV E 2 #03-219, owner of vehicle bearing registration plate SJR3367J.

On 15/05/2021 at about 1740hrs, I was driving vehicle bearing registration plate SJR3367J in the carpark of BLK 530 WOODLANDS DRIVE 14. I was turning out of my carpark lot when I the front left bumper of my vehicle hit the driver side door of a vehicle parked in the parallel parking lot opposite to the vehicle lot I was in bearing registration plate SMX4255A. The collision left me in shock and I panicked. I drove off without leaving a note or ways for the driver to contact me. I wish to state that the carpark road was very narrow that it was hard for me to navigate out of the parking lot. The vehicle SJR3367J belongs to my father, MOHAMED ZAMZAM BIN HAMZAH (NRIC: S638275J, ADD: BLK 419 BUKIT BATOK WEST AVE 2 #03-219, HP: 91879917). I am lodging this report as my father received a letter from TP to lodge a report regarding the matter.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999



T/20210524/2099

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Report No. T/20210524/2099

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 /  
SC2 MUHAMMAD AZSRAF SYAQEEM BIN  
AZMAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
24/05/2021 20:40

Classification Of Case:



SINGAPORE  
POLICE FORCE  
OFFICER IN CHARGE

SIGNATURE