

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 09/07/2021 10:54 (SGT)
Date of Accident 07/07/2021 17:20 (SGT)
Exact Location of Accident Choa Chu Kang Dr, Singapore
Additional Location Information T-JUNCTION OF CHOA CHU KANG AVENUE 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH410R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RIDHWAN HADI BIN JASMI
NRIC No SXXXX252C
Email Address ridhwanhadi@gmail.com
Mobile Phone No (Phone) +65-96162385
Alternative Phone No +65-96162385

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 1597

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00196692000
Cover Note Number -

DRIVER

Name of Driver RIDHWAN HADI BIN JASMI
NRIC No SXXXX252C

Date Of Birth	10/04/1986
Occupation	Indoor
Date Of Driving Pass	28/10/2014
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96162385
Alt. Phone Number	+65-96162385
Email Address	ridhwanhadi@gmail.com
Address	BLK 661C EDGEDALE PLAINS #09-648
Address complement	-
Postcode	823661
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 on collision
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?	Yes
Was any other vehicle 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	NOORASMAEDAH BINTE AHMAD
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210708/700 (TYPE OF COLLISION IS HEAD TO SIDE)

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	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM1618P
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDHWAN HADI BIN JASMI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLH410R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	NOORASMAEDAH BINTE AHMAD
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY (PREGNANT)
Injured person in which vehicle?	SLH410R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

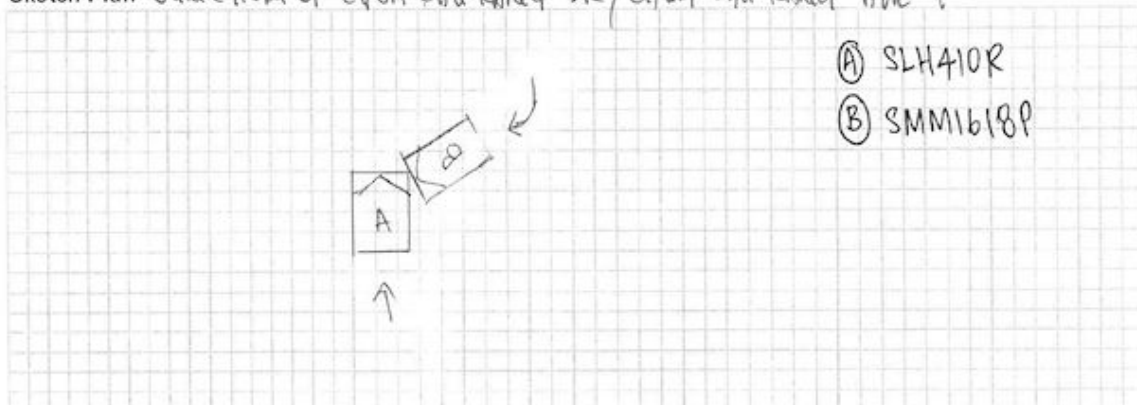
SKETCH PLAN

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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 JUNCTION of CHOA CHU KANG DR / CHOA CHU KANG AVE 4



Refer to attached Police Report No: T/20210708/7003

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel

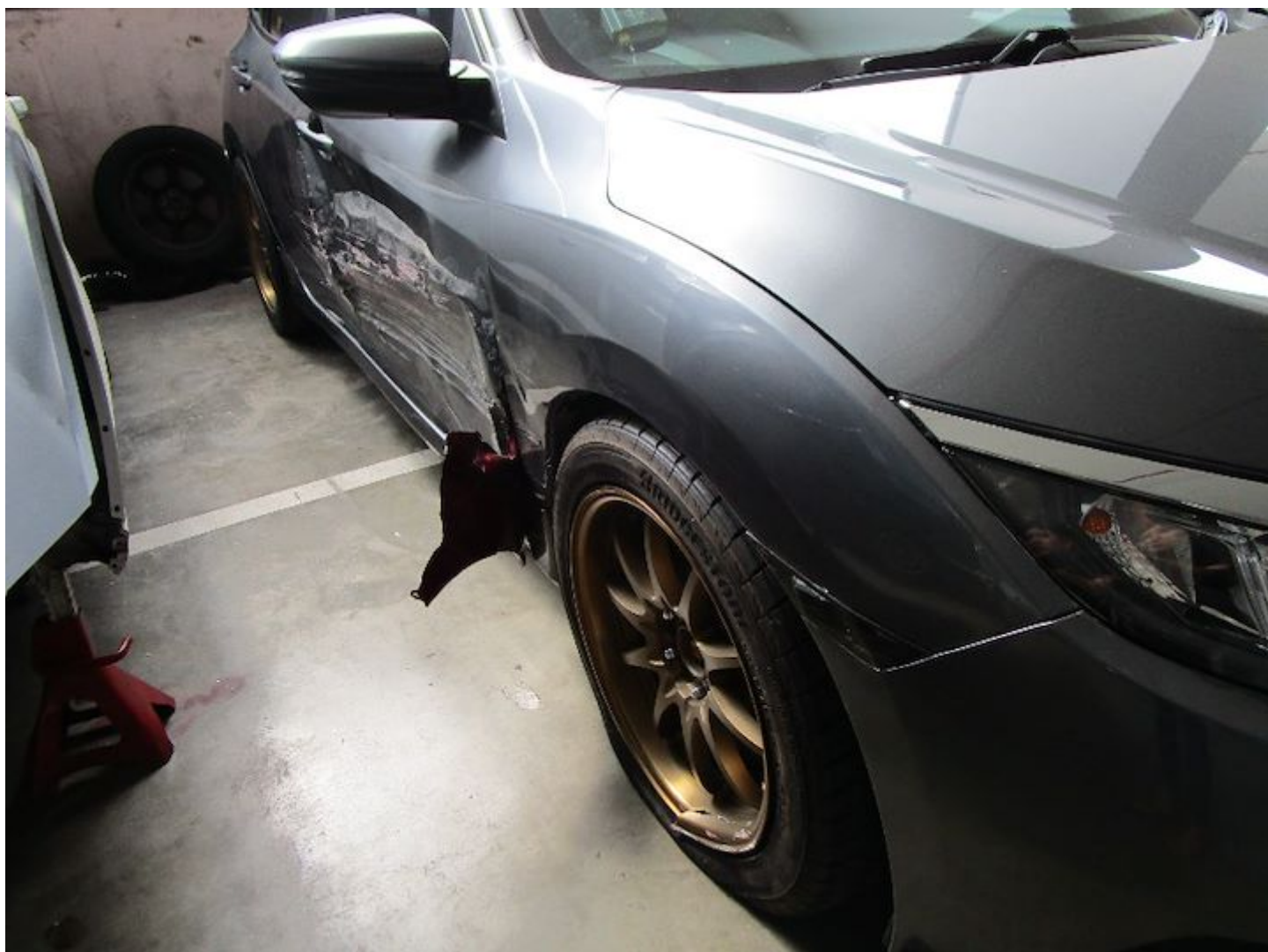




























**SINGAPORE
POLICE FORCE**



T/20210708/7003

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210708/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2021 10:07		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: RIDHWAN HADI BIN JASMI			Address: 661C EDGEDALE PLAINS #09-648 SINGAPORE 823661		
ID Type / ID No.: NRIC NO / S8611252C			Contact No.: Home/Office: Mobile: 96162385		
Nationality: SINGAPORE CITIZEN			Email: ridhwanhadi@gmail.com		
Sex: Male	Age: 35	Date of Birth: 10/04/1986	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Technical/Engineering services manager (eg shipyard manager)			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/07/2021 17:20	Type of Location: T-Junction
Location: CHOA CHU KANG DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLH410R	Car	HONDA	CIVIC 1.6 VTI CVT	Grey		0
SMM1618P	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210708/7003

2 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210708/7003

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH410R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001966 92000	30/12/2020	29/12/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	NOORASMAEDAH BINTE AHMAD		ID No.	S8632128I
Related Vehicle	SLH410R (Car)		Contact No.	91891330
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	07/07/2021		Date	07/07/2021
No. of Days granted Medical Leave		03	Degree of	Slight
Driver				
Name	RIDHWAN HADI BIN JASMI		ID No.	S8611252C
Related Vehicle	SLH410R (Car)		Contact No.	96162385
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

I am the driver and owner of Honda Civic motorcar SLH410R.

On 07/07/2021 at or about 5.20pm, I was driving along the left lane of the two-lanes road of Choa Chu Kang Drive in the direction of KJE. On reaching the signalized T-junction with Choa Chu Kang Ave 4, I noticed that the green lights were in my favour. Hence, I continued to drive into the said junction when suddenly a red Honda SMM1618P made a sudden and reckless turning from the opposite direction (into the direction of Choa Chu Kang Ave 4).

My car was impacted on the right hand side.

My wife, who is 6 weeks pregnant, was seated in the front passenger, seat was left in shock. She then began to experience pain and discomfort to her tummy, right shoulder, upper back and pulling headache. I had to force my way out from the driver's seat and attend to her. Ambulance was summoned. Subsequently, my wife and I were then conveyed to NUH by



**SINGAPORE
POLICE FORCE**



T/20210708/7003

3 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210708/7003

CONTINUATION OF REPORT

ambulance.

My wife was discharged with referral to Gynae and was awarded with 3 days of MC. I was awarded 8 days of HL for pain on knee, neck, elbow and lower back. I was also given medical appointment to come for review.

I have video footage to the accident. My car is being impounded by Traffic Police for safe custody.

IO in-charge: Wei Li from Traffic Police.



**SINGAPORE
POLICE FORCE**



T/20210708/7003

4 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210708/7003

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
NUR ADELINA BINTE MOHAMMAD FUAT
Contact No.: 65476066

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
08/07/2021 10:07

Classification Of Case: