

# 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 ..... 13/07/2021 14:17 (SGT)  
Date of Accident ..... 12/07/2021 16:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Woodlands Drive 16  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMT7949H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... FAST & FURIOUS AUTOMOTIVE  
Company Reg No ..... 53295371A  
Email Address ..... murugason@msn.com  
Mobile Phone No ..... (Phone) +65-82999970  
Alternative Phone No ..... +65-82999970

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Stream  
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 hire  
Transmission ..... Auto  
CC ..... 1800

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5118263312  
Cover Note Number ..... drivo CLASSIC

### DRIVER

Name of Driver ..... LIZAWATI BINTE ABDUL RAHIM  
NRIC No ..... S7500787F

Date Of Birth .....	24/01/1975
Occupation .....	Indoor
Date Of Driving Pass .....	05/10/2000
Driving experience .....	20 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90751353
Alt. Phone Number .....	-
Email Address .....	murugason@msn.com
Address .....	BLK 986D #11-104
Address complement .....	BUANGKOK CRESCENT
Postcode .....	535986
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 vehicle 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 .....	Eunos Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004439999
Alt. Police Station Phone No .....	(Fax) +65-62444376
Police Station Address .....	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police Report / Sketch Plan

#### 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 .....	SHC7114Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

Name of Driver .....	MR KIM
Contact Number .....	(Phone) +65-91711610
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 .....	LIZAWATI BINTE ABDUL RAHIM
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMT7949H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INCOME MOTOR SERVICE CENTRE

Report Date &amp; Start Time: 13/07/2021 / 13:59

Report No: MT/

D.O.A: 12/07/2021

Vehicle No: SMT7949H

Reporting Type:

Time: 16:20 hrs

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
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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.



13/07/21 / 13:59

Policyholder's Signature / Date &amp; Time

13/07/21 / 13:59

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

 Alan Tang (S098825)  
 Customer Care Executive  
 Motor Service Centre

Witnessed by Reporting Centre Personnel

### SKETCH PLAN

Woodlands Ave 1

Woodlands Drive 16

Vehicle A: SMT7949H
Vehicle B: SHC7114Z

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

### Declaration

*Fast & Furious*  
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

13/07/21 / 13:59

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel



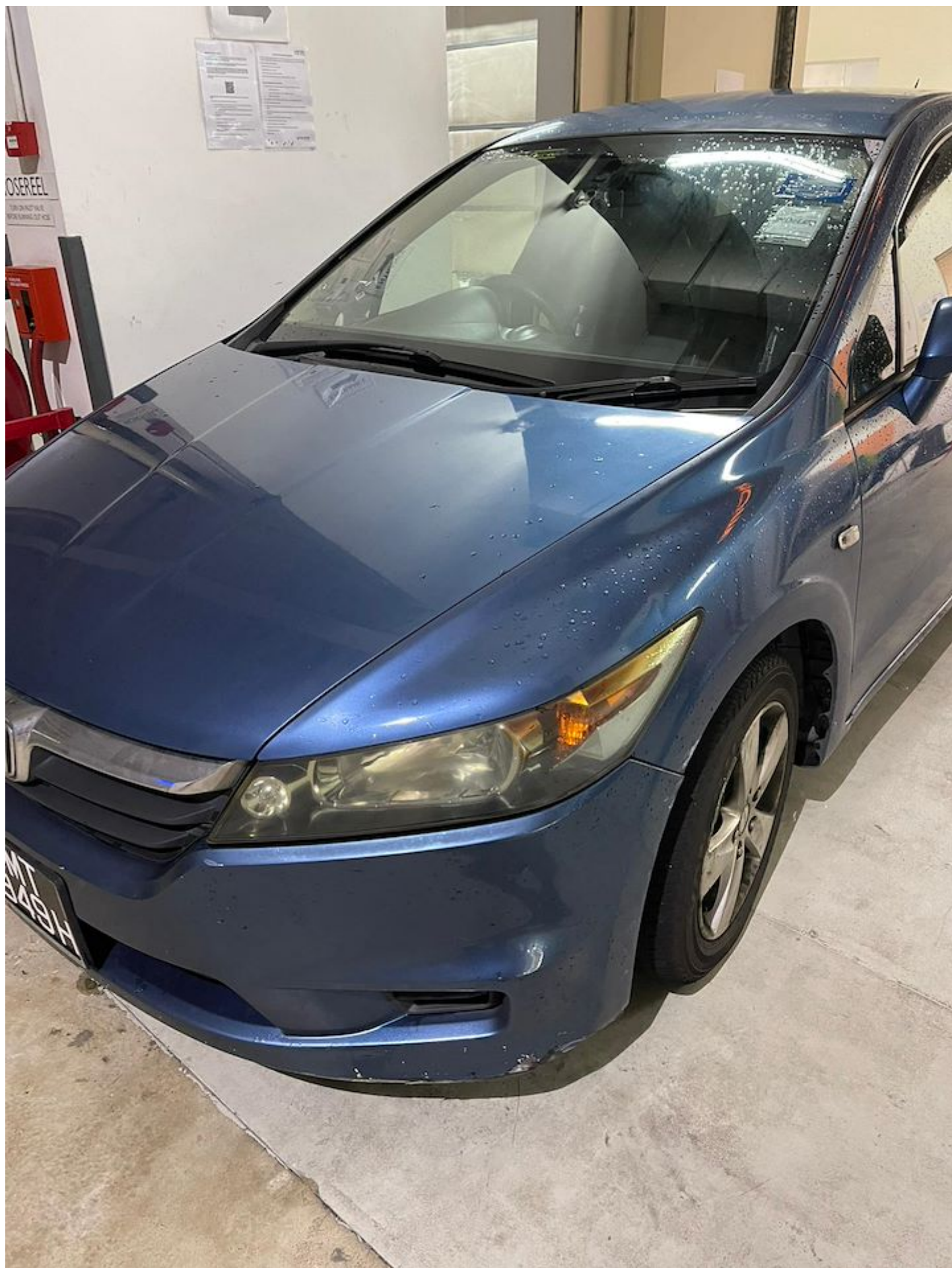




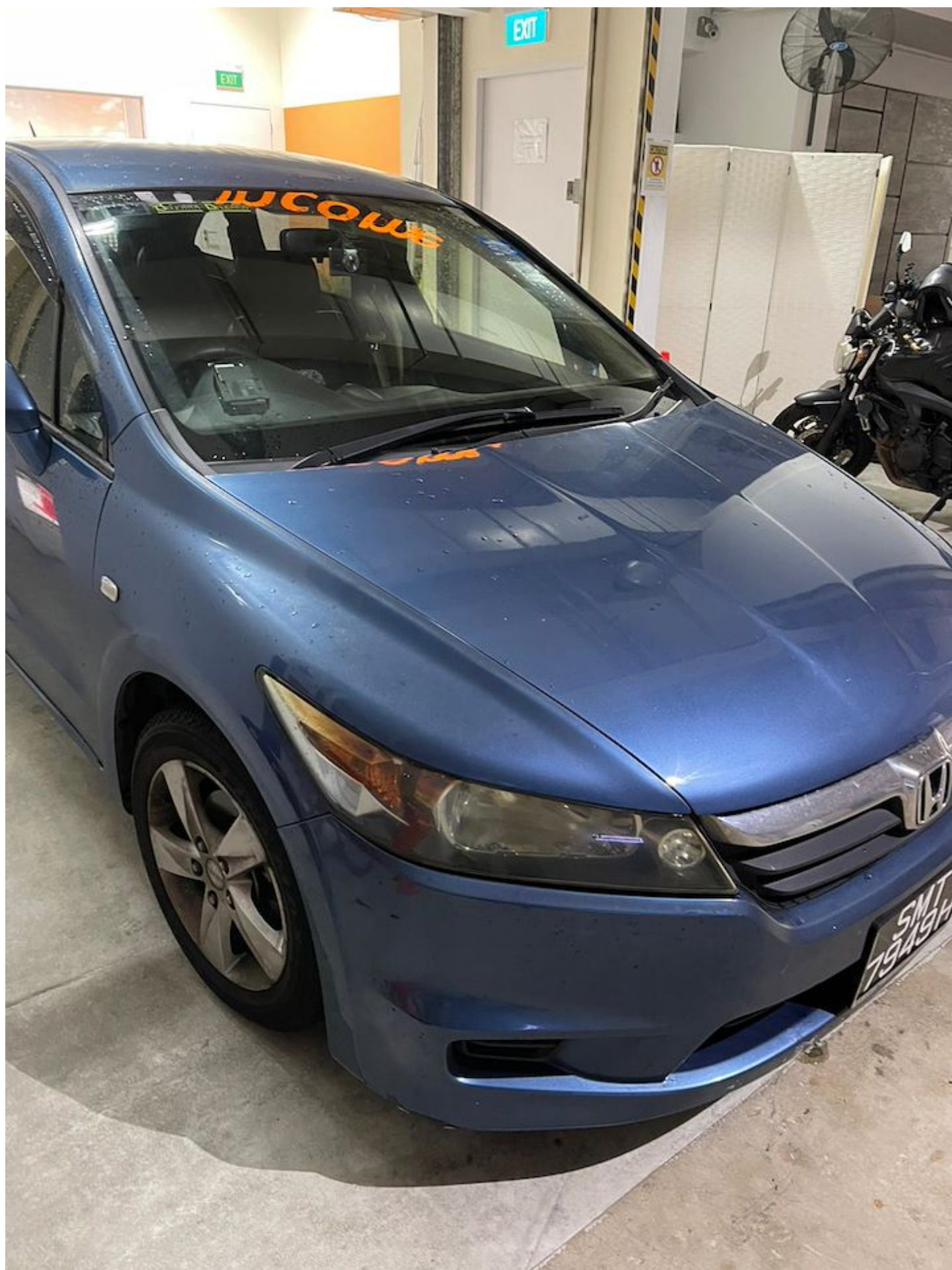






















**SINGAPORE  
POLICE FORCE**



T/20210713/2054

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 3

Report No. T/20210713/2054

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/07/2021 12:55	Vide Report No.:	Station Diary No.: 18
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**Informant's Particulars**

Name of Informant: LIZAWATI BINTE ABDUL RAHIM			Address: APT BLK 986D BUANGKOK CRESCENT #11-104 SINGAPORE 535986	
ID Type / ID No.: NRIC NO / S7500787F			Contact No.:	Mobile: 90751353
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 46	Date of Birth: 24/01/1975	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: FREE LANCE			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2021 16:20	Type of Location: X-Junction
Location:  WOODLANDS DRIVE 16				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SHC7114Z	Car	HYUNDAI	i40	Yellow		0
SMT7949H	Car	HONDA	Stream	Blue	Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20210713/2054

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20210713/2054

## CONTINUATION OF REPORT

Driver			
Name	LIZAWATI BINTE ABDUL RAHIM	ID No.	S7500787F
Related Vehicle	SMT7949H (Car)	Contact No.	90751353
Hospital/Clinic	UNIHEALTH 24 HR CLINIIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/07/2021	Date Discharge	13/07/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Mr Kim	ID No.	NIL
Related Vehicle	NIL	Contact No.	91711610
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

**Brief Details.**

On 12 July 2021 at about 4.20pm, I was travelling alone in my blue Honda Stream (License Plate: SMT7949H) along Woodlands Drive 16 towards Woodlands Ave 1.

As I approached the junction of along Woodlands Drive 16 and Woodlands Ave 1., the traffic light for vehicles was red and I came to a complete stop. Suddenly, I felt an impact from the rear. I alighted and I noticed that a yellow colour Comfort taxi bearing license plate (SHC7114Z) had collided into the rear of my vehicle.

I exchanged details with the Taxi Driver (Mr Kim, Hp: 91711610). The damages done to my vehicle, one of the back sensor fell off, the rear bumper has dents and scratches and the boot door is misaligned. There is a in-car camera in my vehicle. There were no Traffic Police or Ambulance at scene. No other vehicles or pedestrians were involved.

On 13 July 2021, I felt sore and went to the doctor's at Unihealth 24 Hrs Clinic. I was given 3 days medical leave from 13 July 2021 to 15 July 2021.





**SINGAPORE  
POLICE FORCE**



T/20210713/2054

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

3 of 3

Report No. T/20210713/2054

**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 MUHAMED SHAMIR S/O HAMID  
GHOUSE

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/07/2021 12:55

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No.: 65476404

Classification Of Case:

Authentication Stamp  
NP168

*[Handwritten signature]*

