

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 Report	09/10/2020 15:39
Date Of Accident	08/10/2020 19:30
Exact Location Of Accident	BUKIT TIMAH EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4204S
Insured/Policyholder	
Name Of Registered Owner	HORIZON AUTOMOTIVE PTE LTD
Co Reg No	2XXXXX371K
Email Address	JEREMYKONGGCW@HORIZON-AUTOMOTIVE.COM
Mobile Phone No	(LOCAL) +65-92311006
Alternative Phone No	OFFICE-64530100

Vehicle Particulars

Manufacturer	FIAT
Model	FIORINO CARGO SEMI GLAZED 1.3 SX
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110569675-01
Cover Note Number	

Driver

Name of Driver	NORAZLIN BINTE YUSOF
NRIC No	SXXXX796B
Date Of Birth	25/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2017
Driving Experience	3 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87522425
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 895B WOODLANDS DRIVE 50 #10-28
Postcode	731895
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	5
Passenger 1	NAME: : NORAZUIN BINTE YUSOF GENDER: : FEMALE
Passenger 2	NAME: : MUHAMMAD NA'IL SHAH BIN MUHAMMAD NAZARUDDIN SHAH GENDER: : MALE
Passenger 3	NAME: : MUHAMMAD NAFI' SHAH BIN MUHAMMAD NAZARUDDIN SHAH GENDER: : MALE
Passenger 4	NAME: : MUHAMMAD NAQI' SHAH BIN MUHAMMAD NAZARUDDIN SHAH GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

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 GBK2375Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver ANDIYAPPAN PRAKASH
NRIC/Passport Number GXXXX991R
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

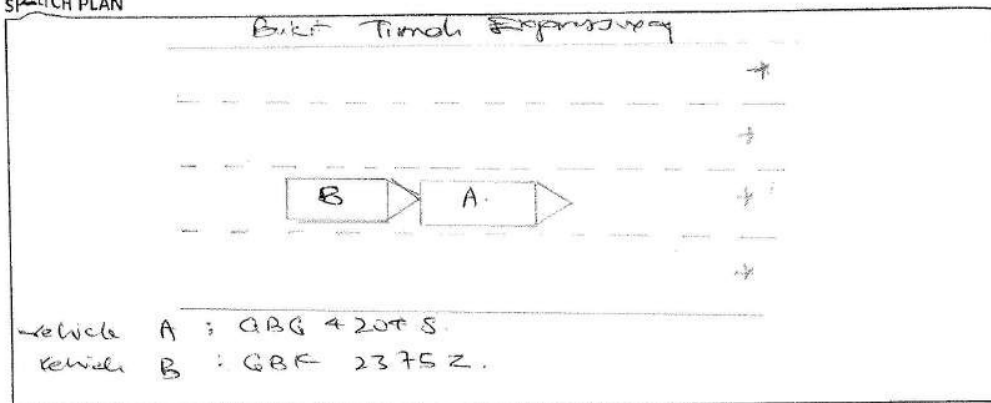
DETAILS OF INJURED PERSON 1

Name NORAZLIN BINTE YUSOF
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBG4204S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan Pg. 1

Date of accident: 08/10/2020 Time: 19:30 Location: Bukit Timah Expressway
 Veh A: GBG 4208 S Veh B: GBK 2375 Z No of pax: 5 Weather: Clear/dry (Rain/Wet)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached Police Report Number - T/20201009/2017

NORAZUIN BINTE YUSOF (FEMALE)
 NORAZUIN BINTE YUSOF (FEMALE)
 MUHAMMAD NA'IL SHAH BIN MUHAMMAD NAZAKUDDIN SHAH (MALE)
 MUHAMMAD NAQI' SHAH BIN MUHAMMAD NAZAKUDDIN SHAH (MALE)
 MUHAMMAD NAQI' SHAH BIN MUHAMMAD NAZAKUDDIN SHAH (MALE)

☐ Claim OD/TP at Falcon-Air ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :
 My workshop : Jeremykargcw@horizon-automotive.com (02311086)
 Email address : & myself
 Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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/EIN No.:

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.
- (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/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20201011/7011

1 of 3

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

Report No: T/20201011/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2020 14:50		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NORAZLIN BINTE YUSOF			Address: 895B WOODLANDS DRIVE 50 #10-28 SINGAPORE 731895		
ID Type / ID No.: NRIC NO / S8921796B			Contact No.: Home/Office: Mobile: 87522425		
Nationality: SINGAPORE CITIZEN			Email: KNOWUSLYN@GMAIL.COM		
Sex: Female	Age: 31	Date of Birth: 25/06/1989	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: CLINIC ASSISTANT			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/10/2020 19:30	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG4204S	Van	FIAT		Blue	Seriously Damaged	4
GBK2375Z	Lorry	TOYOTA		Grey	Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20201011/7011

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

2 of 3

Report No: T/20201011/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NORAZLIN BINTE YUSOF	ID No.	S8921796B
Related Vehicle	GBG4204S (Van)	Contact No.	87522425
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	09/10/2020	Date	09/10/2020
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	ANDIYAPPAN PRAKASH	ID No.	G2705991R
Related Vehicle	GBK2375Z (Lorry)	Contact No.	NIL
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.

Amendment of Police report T/20201009/2017

I wish to state that my sister and my son was the front sit passenger of my van and they are sitting together not carry as the report said.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201011/7011

3 of 3

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

Report No: T/20201011/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 11/10/2020 14:50
Officer In Charge Of Case: TP / TPIB / YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:

Authentication Stamp

NP168