

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	30/08/2021 19:26 (SGT)
Date of Accident	27/08/2021 17:15 (SGT)
Exact Location of Accident	Brickland Rd, Singapore
Additional Location Information	TOWARDS CHOA CHU KANG WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS7718L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HASLINA BINTE MD TAHIR
NRIC No	SXXXX900D
Email Address	rabiaadawyh@gmail.com
Mobile Phone No	(Phone) +65-97340548
Alternative Phone No	+65-97340548

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	B180
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	1699

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00131782100
Cover Note Number	-

DRIVER

Name of Driver	RABIATUL ADAWIYAH BINTE ZULKARNAIN
NRIC No	TXXXX153A

Date Of Birth	20/03/2001
Occupation	Indoor
Date Of Driving Pass	12/08/2021
Driving experience	0 MONTH
Gender	Female
Mobile Number	(Phone) +65-97240100
Alt. Phone Number	-
Email Address	rabiaadawyh@gmail.com
Address	BLK 541 WOODLANDS DR 16
Address complement	#11-69
Postcode	730541
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	Side Swipe
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FATIHAAH NURYAQIN
Gender	Female

PASSENGER 2

Name	NURSYAHIDAH
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

PLS REFER TO THE ATTACHED STATEMENT

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 WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK9783H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 PLANIMPORTANT NOTICE

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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

Sketch Plan

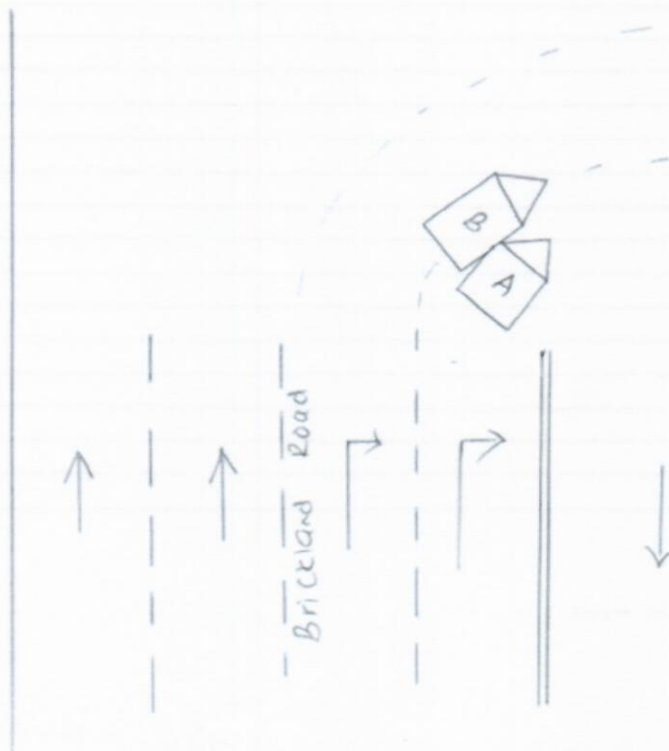
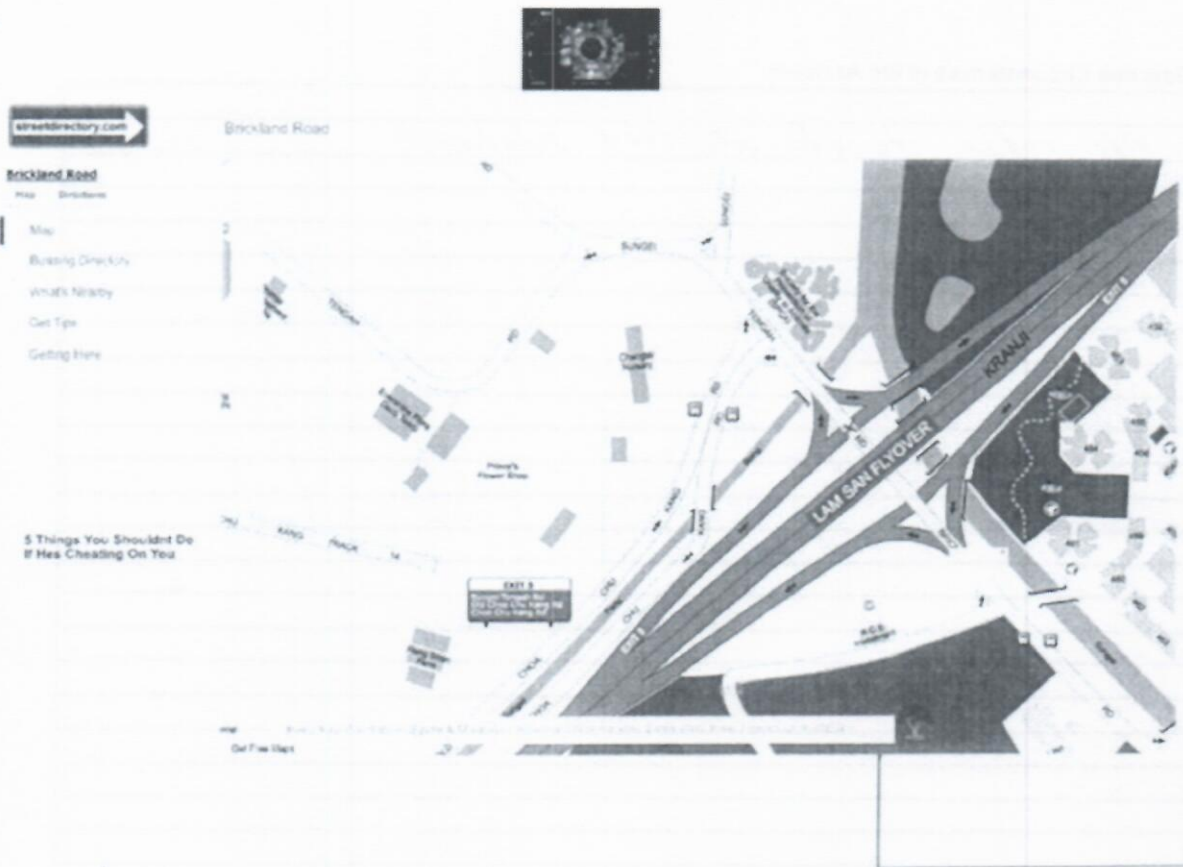
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

AS PER ATTACHED

8/28/2021

Brickland Road (Secondary Road)



TOWARDS KJE (BKE)

A - SKS 7718L

B - GRK 9783H

Name: Rabiatus Adawyan
Binte Zukarnain

I/C: TOLKISBA

Sign:

What does observability look like, anyway?
See how we find root cause with AI & automation.

https://www.streetdirectory.com.sg/brickland-road/17369_1.html

1/1

Describe Circumstances of the Accident

Please refer to the attached statement.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

[Signature] 30/08/2021
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 30/08/21
Witnessed by Reporting Centre Personnel

Accident Statement

On 27 Aug 2021 at about 1715 Hrs, I was driving my vehicle (SKS7718L) along Brickland Road towards Chua Chu Kang Way. Suddenly and without warning, a lorry (GBK9783H) overtook my vehicle and cut into my lane, the vehicle has hit onto the left side of my vehicle. I have been travelling within my own designated lane (refer video footage). Third party did not stop his vehicle after the accident happens. I have in-car camera recorded the accident.

I am making a claim against third party.



Driver Name: Rabiatal Adawiyah Binte Zulkarnain
I/C: T0108153A



**SINGAPORE
POLICE FORCE**



T/20210828/7011

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

1 of 3

Report No. T/20210828/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2021 13:58	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: RABIATUL ADAWIYAH BINTE ZULKARNAIN			Address: 541 WOODLANDS DRIVE 16 #11-69 SINGAPORE 730541		
ID Type / ID No.: NRIC NO / T0108153A			Contact No.: Home/Office: Mobile: 97240100		
Nationality: SINGAPORE CITIZEN			Email: RABIAADAWYH@GMAIL.COM		
Sex: Female	Age: 20	Date of Birth: 20/03/2001	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/08/2021 17:15	Type of Location: T-Junction
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 30 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK9783H	Lorry	TOYOTA	DYNA WITH BOX	White	Slightly Damaged	0
SKS7718L	Car					0



**SINGAPORE
POLICE FORCE**



T/20210828/7011

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

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Report No. T/20210828/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RABIATUL ADAWIYAH BINTE ZULKARNAIN	ID No.	T0108153A
Related Vehicle	SKS7718L (Car)	Contact No.	97240100
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.

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**SINGAPORE
POLICE FORCE**



T/20210828/7011

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

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Report No. T/20210828/7011

CONTINUATION OF REPORT

Sketch 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 / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

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:
28/08/2021 13:58

Classification Of Case: