

# 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 ..... 11/09/2021 12:05 (SGT)  
Date of Accident ..... 06/09/2021 17:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNCTION OF EDGEDALE PLAINS / PUNGGOL FIELD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJW5880D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ELLA BINTE SIDEK  
NRIC No ..... SXXXX852I  
Email Address ..... ella\_sidek@certisgroup.com  
Mobile Phone No ..... (Phone) +65-86884550  
Alternative Phone No ..... +65-86884550

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... LANCER 1.5EX MIVEC A/T ELEGANCE 2WD 4DR  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1499

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5116574349-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ELLA BINTE SIDEK  
NRIC No ..... SXXXX852I

Date Of Birth .....	24/04/1989
Occupation .....	Indoor
Date Of Driving Pass .....	26/11/2019
Driving experience .....	1 YEAR AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-86884550
Alt. Phone Number .....	+65-86884550
Email Address .....	ella_sidek@certisgroup.com
Address .....	BLK 185A RIVERVALE CRESCENT #10-107
Address complement .....	-
Postcode .....	541185
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 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MOHAMMAD AIDIL BIN SIDEK
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Punggol Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18006049999
Alt. Police Station Phone No .....	(Fax) +65-64468015
Police Station Address .....	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - THIAM HENG HUAT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJG895D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAI PECK HAR
Contact Number .....	(Phone) +65-93639793
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 .....	ELLA BINTE SIDEK
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJW5880D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 2

Name of injured person .....	MOHAMMAD AIDIL BIN SIDEK
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJW5880D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

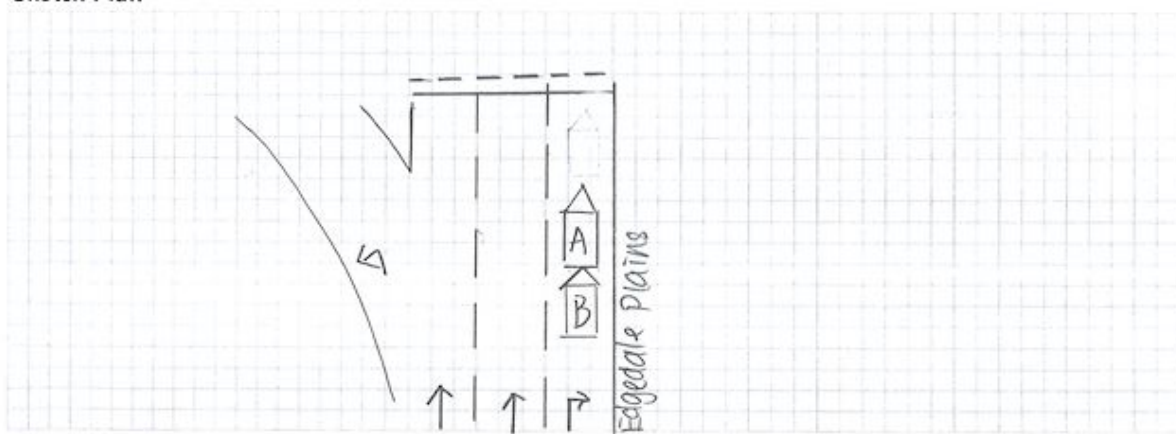


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

Please refer to police report attached.

## Declaration

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

Witnessed by Reporting Centre  
Personnel



















**SINGAPORE  
POLICE FORCE**



T/20210907/2080

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Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20210907/2080

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2021 16:31		Vide Report No.:		Station Diary No.: 32	
<b>Informant's Particulars</b>					
Name of Informant: ELLA BINTE SIDEK			Address: APT BLK 185A RIVERVALE CRESCENT #10-107 SINGAPORE 541185		
ID Type / ID No.: NRIC NO / S89478521			Contact No.: Home/Office: Mobile: 86884550		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 32	Date of Birth: 24/04/1989	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: ADMIN			Driving Licence Information: Class: 3A Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/09/2021 17:30	Type of Location: Straight Road
Location:  EDGEDALE PLAINS				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - stopped vehicle				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG895D	Car	TOYOTA		Gold	Slightly Damaged	0
SJW5880D	Car	MITSUBISHI	LANCER 1.5EX MIVEC A/T ELEGANCE 2WD 4DR	White	Slightly Damaged	1





**SINGAPORE  
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T/20210907/2080

Police Station Of Origin;  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20210907/2080

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJW5880D	NTUC Income Insurance Co-Operative Limited	5116574349-01	01/04/2021	31/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	TAI PECK HAR		ID No.	S6978240Z
Related Vehicle	SJG895D (Car)		Contact No.	93639793
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
Driver				
Name	ELLA BINTE SIDEK		ID No.	S8947852I
Related Vehicle	SJW5880D (Car)		Contact No.	86884550
Hospital/Clinic	FAITH Healthcare (Rivervale)		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	07/09/2021		Date Discharge	07/09/2021
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Passenger				
Name	MOHAMMAD AIDIL BIN SIDEK		ID No.	S9018378H
Related Vehicle	SJW5880D (Car)		Contact No.	84183736
Hospital/Clinic	FAITH Healthcare (Rivervale)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/09/2021		Date Discharge	07/09/2021
No. of Days granted Medical Leave	04		Degree of Injury	Slight



**SINGAPORE  
POLICE FORCE**



T/20210907/2080

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Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20210907/2080

**CONTINUATION OF REPORT****Brief Details.**

On 06/09/2021 at about 1730hrs, I was in my car (white colour Mitsubishi Lancer EX, plate number SJW5880D) along Edgedale Plains with my brother as the passenger. I had stopped my at the turning right lane of Edgedale Plains and Punggol Field junction as the traffic light was red at that time. While waiting for the traffic light to turn green, a sudden impact hit the back of my car. I went down to make a check and realised that another car (gold colour Toyota, plate number SJG895D) had collided to the back of my car.

I made a check with the other driver and there was no injury reported at that time, as such no ambulance or traffic police were called. I then exchanged particulars with the other driver and thereafter left the scene. Due to the accident, the rear bumper of my car was cracked and dented. The left taillight was also cracked. Later on at night, my brother and I felt pain on our neck, shoulder and whole back area. We went to see doctor the next day on 07/09/2021 and were given 4 days MC respectively.

I have a front and back in-car camera installed in my car and it is in working condition. I am able to provide the in-car camera footage if required.





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T/20210907/2080

Police Station Of Origin:  
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21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20210907/2080

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

F /

Sr Staff Sgt ANG PEI YING,  
AGNES

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/09/2021 16:31

Officer In Charge Of Case:

TP / AEIT /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

