

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	13/09/2021 15:47 (SGT)
Date of Accident	12/09/2021 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	X-JUNCTION OF JOO CHIAT RD & TEMBELING RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2034H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DIYANAH MIRNA CHUMALAN
NRIC No	SXXXX621C
Email Address	diyanah.mirna@gmail.com
Mobile Phone No	(Phone) +65-96630152
Alternative Phone No	+65-96630152

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115943957-01 PREMIUM
Cover Note Number	29/06/2021 - 28/06/2022

DRIVER

Name of Driver	DIYANAH MIRNA CHUMALAN
NRIC No	SXXXX621C

Date Of Birth	09/10/1988
Occupation	Indoor
Date Of Driving Pass	17/01/2008
Driving experience	13 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96630152
Alt. Phone Number	+65-96630152
Email Address	diyanah.mirna@gmail.com
Address	BLK 469C SENGKANG WEST WAY #13-626
Address complement	-
Postcode	793469
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 - Cross Junction
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?	Yes

PASSENGER 1

Name	ZAINAH BINTE MOHAMED SHARIFF
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
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?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX9215G
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NICHOLAS
Contact Number	(Phone) +65-96543484
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	DIYANAH MIRNA CHUMALAN
Gender	Female
Phone No	(Phone) +65-96630152
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SLQ2034H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	ZAINAH BINTE MOHAMED SHARIFF
Gender	Female
Phone No	(Phone) +65-91459098
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SLQ2034H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

1. VEHICLE NO.: SL020344
 2. INSURER CO.: NTUC
 3. ACCIDENT DATE & TIME: 12/09/21 @ 0830

IMPORTANT NOTICE

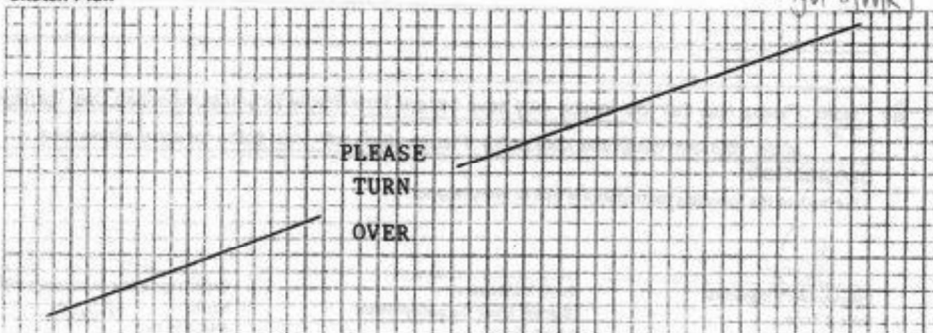
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
 I understand, 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.

[Signature] 13/09/21
 Policyholder's Signature / Date & Time

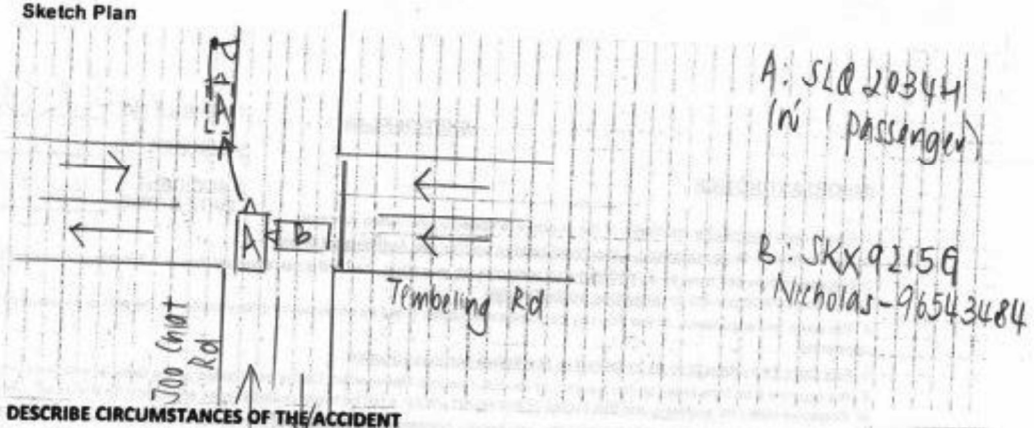
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 13/09/21
 Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SLQ 2034H (NTUC)
 Date & Time: 12/09/2021 @ 0830 (crash down)
 refer to police report no: 7/20210912/2058.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy 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/FIN No.:

() Claim Own Policy () Claim Third Party () Reporting Only
 () Claim OD/TP at other workshop ()


**SINGAPORE
POLICE FORCE**


T/20210912/2058

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210912/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2021 15:38	Vide Report No.: G/20210912/0091	Station Diary No.: 45
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Informant's Particulars

Name of Informant: DIYANAH MIRNA CHUMLAN		Address: APT BLK 469C SENGKANG WEST WAY #13-626 SINGAPORE 793469	
ID Type / ID No.: NRIC NO / S8838621C		Contact No.: Home/Office: Mobile: 96630152	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 32	Date of Birth: 09/10/1988	Type of Informant: Driver
Race: Javanese		Language: English	Institution / School Name:
Occupation: Admin Executive		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/09/2021 08:30	Type of Location: X-Junction
Location: JOO CHIAT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between moving vehicles				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX9215G	Car					2
SLQ2034H	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Red		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**


T/20210912/2058

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210912/2058

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ2034H	NTUC Income Insurance Co-Operative Limited	5115943957-01	29/06/2021	28/06/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DIYANAH MIRNA CHUMLAN	ID No.	S8838621C
Related Vehicle	SLQ2034H (Car)	Contact No.	96630152
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/09/2021	Date Discharge	12/09/2021
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Passenger			
Name	Zainah Binte Mohamed Shariff	ID No.	S0063191D
Related Vehicle	SLQ2034H (Car)	Contact No.	91459098
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/09/2021	Date Discharge	12/09/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

I am Diyanah Mirna Chumlam , NRIC S8838621C , DOB 09/10/1988 residing at Block 469C Sengkang West Way #13-626 Singapore 793469. Contact number 96630152. I am working as an Admin Executive.

On 12/09/2021, I was involved in an accident at the Junction of Joo Chiat Road x Tembeling Road. At that point in time, I was driving the vehicle bearing the registration number SLQ2034H and had one passenger whom is my mother namely, Zainah Binte Mohamed Shariff, DOB 11/07/1952 seated at the front passenger seat.

I wish to inform that as I was travelling along the said location, I saw a vehicle which was very close to me and subsequently collided into the front right portion of my vehicle. I wish to inform that the accident happened so fast and the next thing I knew is that my vehicle front portion collided into the lamppost at the said location and the electrical box was damaged. The lamppost no. is 5 with the LTA parking enforcement camera on it. I was also shocked from the accident.



**SINGAPORE
POLICE FORCE**



T/20210912/2058

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Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210912/2058

CONTINUATION OF REPORT

I wish to inform that my passenger and I felt pain from the accident and was subsequently conveyed to Changi General Hospital from the scene. I only have the other driver's name, contact number and car plate number and it is as follows Nicholas, contact number 96543484, car plate SKX9215G. I was given 5 days medical leave from 12/09/2021 to 16/09/2021 with the Medical Certificate number EMD2021160852 and my mother was given 3 days medical leave from 12/09/2021 to 14/09/2021 with the medical certificate number EMD2021160820.

The cost of damages is yet to be determined and Traffic Police have also took my SD Card from the in-car camera at scene. That is all.



**SINGAPORE
POLICE FORCE**

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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20210912/2058

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Report No. T/20210912/2058

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 /
Sgt 3 MOHAMMED RAMDHAN
BIN ROSELAN PANE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD FARHAN BIN SAIRI
Contact No.: 65476224

Authentication Stamp
NP168



SIGNATURE

Signature Of Informant:

Date/Time:
12/09/2021 15:38

Classification Of Case:

SN 159