

# 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 ..... 26/10/2021 13:26 (SGT)  
Date of Accident ..... 25/10/2021 17:50 (SGT)  
Exact Location of Accident ..... 582 Buangkok Green, Singapore 530582  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLD978R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN LIM YEN(CHEN LINYUAN)  
NRIC No ..... SXXXX779G  
Email Address ..... HADI2MOHD@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-84983080  
Alternative Phone No ..... (Home) +65-84983080

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5121995627  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NURHADI MOHAMAD BIN MOHAMAD NOOR  
NRIC No ..... SXXXX550F

Date Of Birth .....	28/02/1984
Occupation .....	Indoor
Date Of Driving Pass .....	10/03/2012
Driving experience .....	9 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84983080
Alt. Phone Number .....	-
Email Address .....	HADI2MOHD@GMAIL.COM
Address .....	BLK 316 SEMBAWANG VISTA
Address complement .....	#05-185
Postcode .....	750316
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ILYANI BINTE RAMLI
Gender .....	Female

#### PASSENGER 2

Name .....	ADLI MATIN BIN NURHADI, MOHAMAD
Gender .....	Male

#### 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

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

#### ATTACHMENT(S)

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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SH6325G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	WONG
Contact Number .....	(Phone) +65-97565228
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 .....	NURHADI MOHAMAD BIN MOHAMAD NOOR
Gender .....	Male
Phone No .....	(Phone) +65-84983080
Address .....	BLK 316 SEMBAWANG VISTA
Address Complement .....	#05-185
Post Code .....	750316
Approximate Age Years Old .....	37
Injuries Sustained .....	3 DAYS MC
Injured person in which vehicle? .....	SLD978R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	ILYANI BINTE RAMLI
Gender .....	Female
Phone No .....	(Phone) +65-91997552
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3 DAYS MC
Injured person in which vehicle? .....	SLD978R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 3

Name of injured person .....	ADLI MATIN BIN NURHADI, MOHAMAD
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLD978R
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.

*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

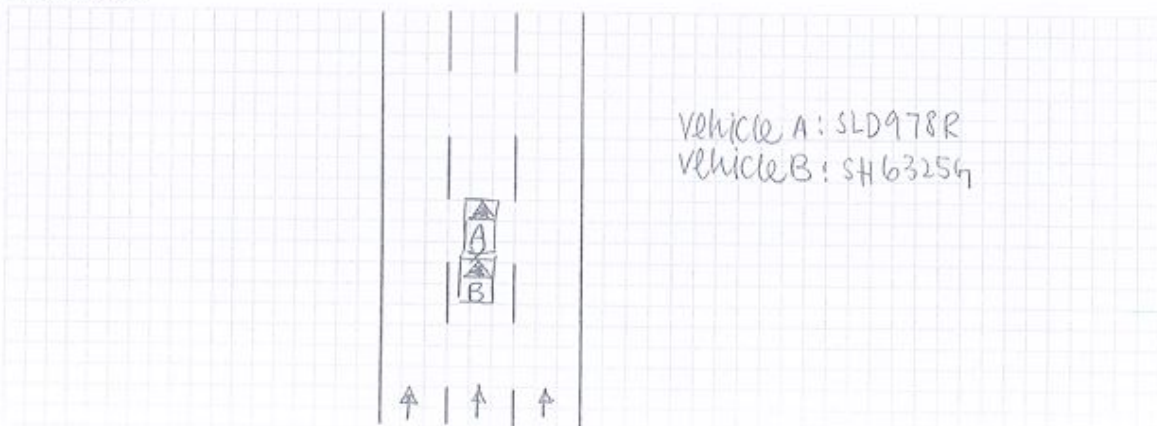
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*

Witnessed by Reporting Centre Personnel



## Sketch Plan



Describe Circumstances of the Accident

Refer To police Report

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel













































**SINGAPORE  
POLICE FORCE**



T/20211026/7003

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

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Report No. T/20211026/7003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/10/2021 10:42		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NURHADI MOHAMAD BIN MOHAMAD NOOR			Address: 316 SEMBAWANG VISTA #05-185 SINGAPORE 750316		
ID Type / ID No.: NRIC NO / S8405550F			Contact No.: Home/Office: Mobile: 84983080		
Nationality: SINGAPORE CITIZEN			Email: HADI2MOHD@GMAIL.COM		
Sex: Male	Age: 37	Date of Birth: 28/02/1984	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: FREELANCE			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: 25/10/2021 17:50	Type of Location: Straight Road
Location:  BUANGKOK GREEN				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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	Conditio	No of
SH6325G	Car					0
SLD978R	Car					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20211026/7003

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

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Report No. T/20211026/7003

## CONTINUATION OF REPORT

Driver			
Name	NURHADI MOHAMAD BIN MOHAMAD NOOR		ID No. S8405550F
Related Vehicle	SLD978R (Car)		Contact No. 84983080
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	25/10/2021	Date	25/10/2021
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	ADLI MATIN BIN NURHADI , MOHAMAD		ID No. T1721220B
Related Vehicle	SLD978R (Car)		Contact No. NIL
Hospital/Clinic	K K WOMEN'S CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	25/10/2021	Date	25/10/2021
No. of Days granted Medical Leave	02	Degree of	Serious
Passenger			
Name	ILYANI BINTE RAMLI		ID No. S8108327D
Related Vehicle	SLD978R (Car)		Contact No. 91997552
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	25/10/2021	Date	25/10/2021
No. of Days granted Medical Leave	03	Degree of	Serious

## Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SLD 978 R) HAS CAME TO A COMPLETE STOP ON THE STATED VENUE DUE TO RED TRAFFIC LIGHT AHEAD. SUDDENLY, I FELT A HUGE IMPACT ON THE REAR PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (SH 63245 G) WHO HAVE COLLIDED ONTO MY VEHICLE.

AFTER THE ACCIDENT, ME AND MY WIFE THEN WENT TO CONSULT A DOCTOR AT KHOO TECK PUAT AS WE FELT PAIN IN OUR BACK, NECK AND TIGHTNESS IN MY WIFE'S CHEST. MY SON THEN WENT TO KK WOMEN'S AND CHILDREN'S HOSPITAL.

ME AND MY WIFE WAS GIVEN 3 DAYS MC.  
MY SON WAS GIVEN 2 DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20211026/7003

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

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Report No. T/20211026/7003

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20211026/7003

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

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Report No. T/20211026/7003

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
26/10/2021 10:42

Classification Of Case:



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5121995627

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLD978R**  
 Chassis Number : JM6BM42A8G0327798
2. Name of Policyholder : TAN LIM YEN(CHEN LINYUAN)
3. Effective Date of Insurance : 29 Apr 2021
4. Expiry Date of Insurance : 28 Apr 2022
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN LIM YEN (CHEN LINYUAN)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: WSJ CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CROSBY INSURANCE AGENCY (00000570899)  
 Date of Issue : 30 Apr 2021 11:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive