

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 22/11/2021 18:26 (SGT)
Date of Accident 19/11/2021 19:40 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE TWDS CITY - NEARBY ANG MO KIO AVE 5 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR4685J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NORDIN BIN MOHAMMAD
NRIC No SXXXX037G
Email Address aziannisha@gmail.com
Mobile Phone No (Phone) +65-96422364
Alternative Phone No +65-96750331

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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 1591

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00932013
Cover Note Number 31/05/2021 TO 30/05/2022

DRIVER

Name of Driver NURUL AZIANNISHA BINTE NORDIN
NRIC No SXXXX134D

Date Of Birth	09/09/1997
Occupation	Indoor
Date Of Driving Pass	26/06/2018
Driving experience	3 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96750331
Alt. Phone Number	+65-96422364
Email Address	aziannisha@gmail.com
Address	BLK 109 HOUGANG AVE 1
Address complement	#03-1000
Postcode	530109
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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	HELDI IZZURIYAN BIN JUMARI
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 ATTACH SKETCH PLAN WITH ADDITIONAL INFO & POLICE REPORT NO. T20211122/7020 DD. 22/11/2021

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	SLL8281Y
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAM LI WEI LEWIS
NRIC No	SXXXX055J
Contact Number	(Phone) +65-81832827
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	NURUL AZIANNISHA BINTE NORDIN
Gender	Female
Phone No	(Phone) +65-96750331
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEAD/NECK & WHOLE BODY
Injured person in which vehicle?	SJR4685J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	HEDI IZZURIYAN BIN JUMARI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEAD/BODY/LEFT ARM /SHOULDER & KNEE
Injured person in which vehicle?	SJR4685J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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7. By the lodgment 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' 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.

Direct Asia
Vehicle: SJR 6885

Policyholder's Signature
Date & Time:

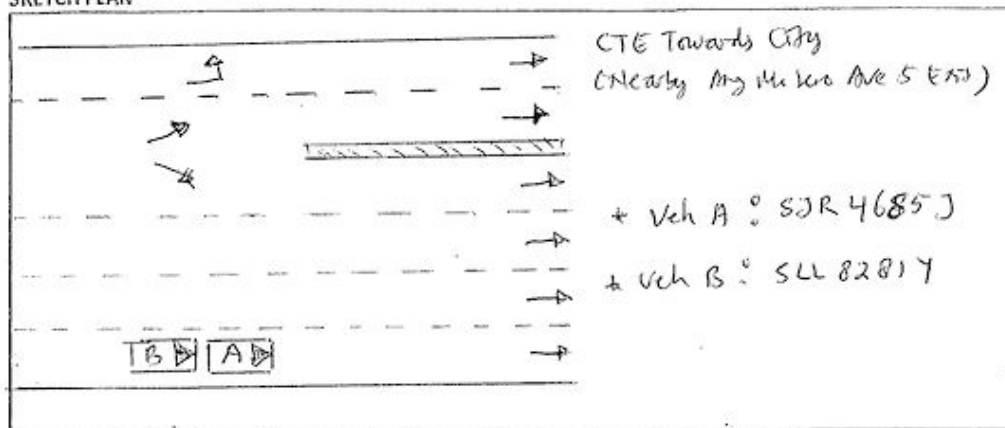
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre/Insurer's Signature
Name:
NRIC/FIN No.:

GIA/IRAC Stamp/Date/Time

Date of accident: 19/11/2021 Time: 19:40 Location: CTE Towards City (Nearby Ang
My Vehicle A: SJR 4685 J Vehicle B: SLL 8281 Y Vehicle C:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refr to file report: T/20211122 7020 dd: 22/11/21

Additional info: the huge impact also caused the trim board of the pillar of right hand driver's door to drop off.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my file accident report to:
My workshop: Team AutoPro Pte. Ltd.
Email address: Teamautopl@gmail.com
& myself: Nordin Bin Mohammas
Email address: azlannisha@gmail.com

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.

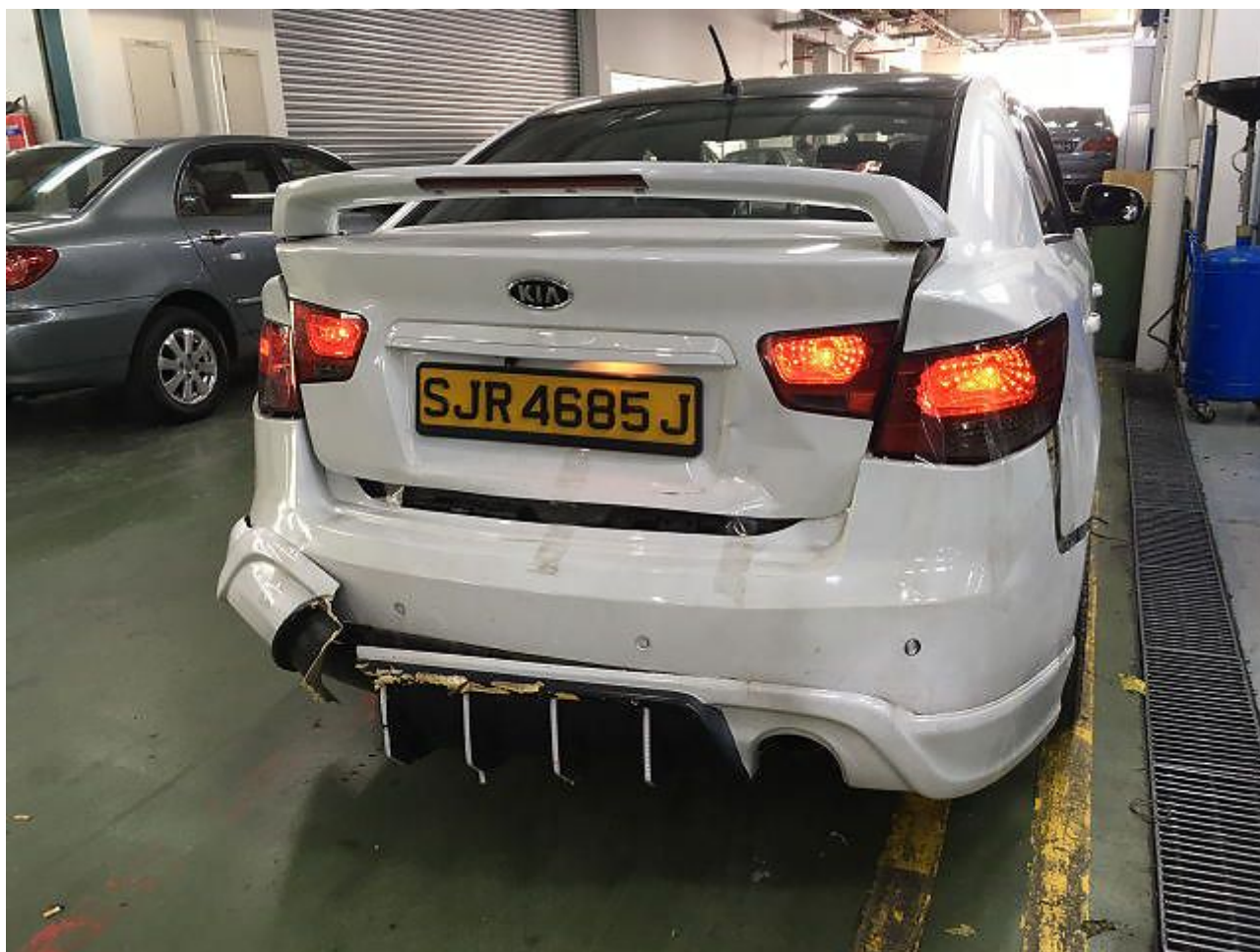
Policyholder's Signature: *Approve*
Date & Time: 22/11/21
Driver's Signature: *Nordin Bin Mohammas*
(If driver is not the policyholder)
Date & Time:

Vehicle: - SJR 4685 J

Reporting Centre Personnel Signature: *[Signature]*
Name: *Nordin Bin Mohammas*
NRIC/FIN No.: *22/11/21*

AH LIM MOTOR COMPANY

GPBMC SketchPlanForm_V3











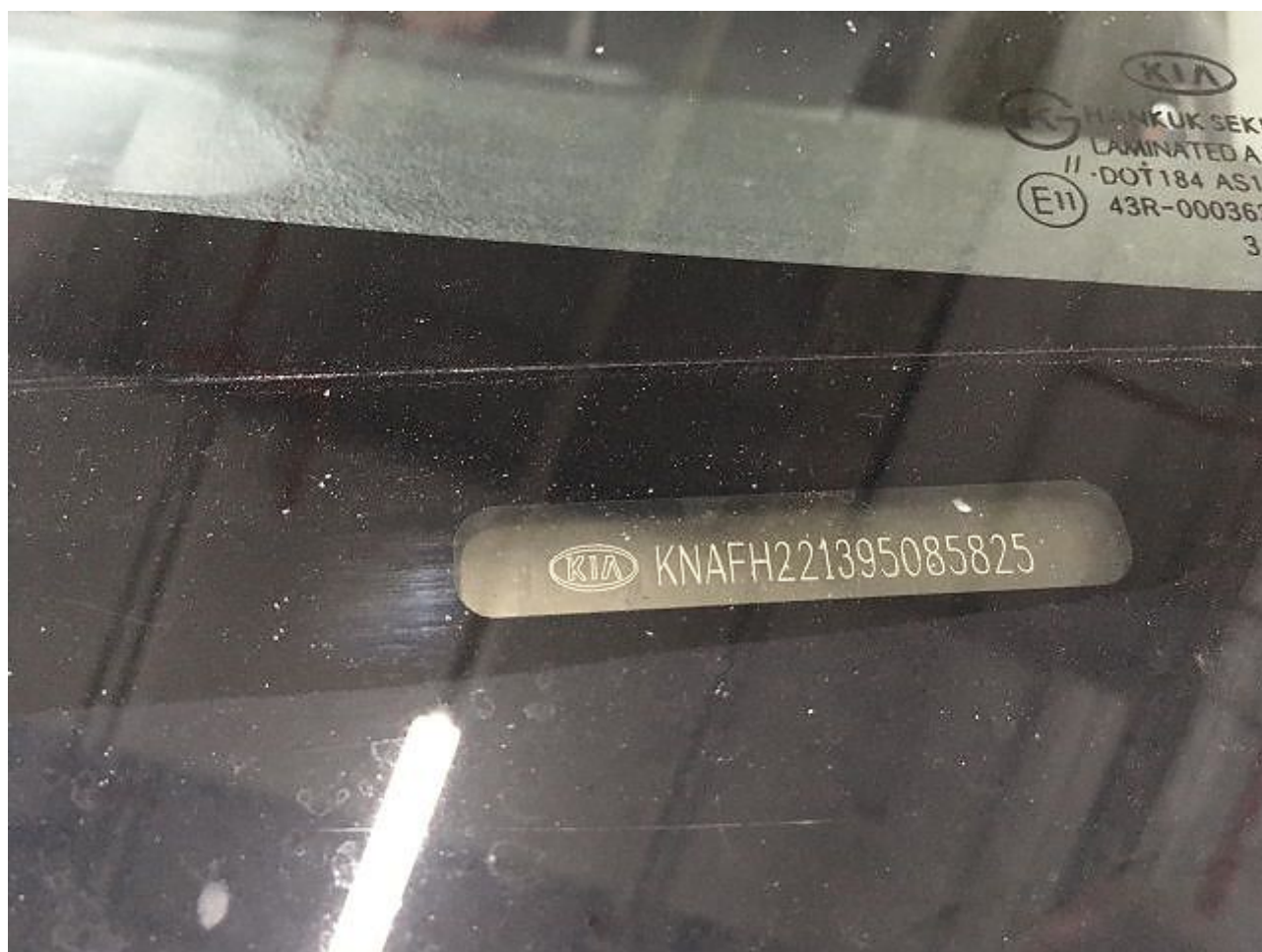




























**SINGAPORE
POLICE FORCE**



T/20211122/7020

1 of 4

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

Report No. T/20211122/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2021 13:21		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NURUL AZIANNISHA BINTE NORDIN			Address: 109 HOUGANG AVENUE 1 #03-1000 SINGAPORE 530109		
ID Type / ID No.: NRIC NO / S9730134D			Contact No.: Home/Office: Mobile: 96750331		
Nationality: SINGAPORE CITIZEN			Email: aziannisha@gmail.com		
Sex: Female	Age: 24	Date of Birth: 09/09/1997	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Nurse Assistant			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: 19/11/2021 19:40	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY TOWARDS CITY (NEARBY ANG MO KIO AVE 5 EXIT)				
Weather: Raining		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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJR4685J	Car					0
SLL8281Y	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211122/7020

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

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Report No. T/20211122/7020

CONTINUATION OF REPORT

Driver			
Name	NURUL AZIANNISHA BINTE NORDIN		ID No. S9730134D
Related Vehicle	SJR4685J (Car)		Contact No. 96750331
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL
Date	20/11/2021	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Slight
Passenger			
Name	HELDI IZZURIYAN BIN JUMARI		ID No. S9911616A
Related Vehicle	SJR4685J (Car)		Contact No. 85062671
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	20/11/2021	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Slight
Driver			
Name	TAM LI WEI LEWIS		ID No. S9318055J
Related Vehicle	SLL8281Y (Car)		Contact No. 81832827
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: ,3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the stated date and time, I (SJR 4685 J) was travelling along the stated venue with my boyfriend, Heldi Izzuriyan Bin Jumari. The traffic condition was heavy and when I saw the front vehicles braked to stop, I followed to stop too. When I have come to a complete stop, suddenly a vehicle bearing registration number: SLL 8281 Y collided onto the rear of my vehicle. The impact was huge and the rear of my vehicle is badly damaged. I was in shock after the collision and my boyfriend helped me to exchange particulars with the driver of vehicle no:

SLL 8281 Y and then we left the scene. My boyfriend and I felt unwell after the collision. I have discomfort on my head, neck, back and my whole body is in pain. My boyfriend has discomfort on his head, neck, back, left arm, left shoulder and both of his knees. Both of us then proceeded to seek medical treatments at Changi General Hospital and were given 7



**SINGAPORE
POLICE FORCE**



T/20211122/7020

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

Report No. T/20211122/7020

CONTINUATION OF REPORT

days MC each.



SINGAPORE POLICE FORCE

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



T/20211122/7020

4 of 4

Report No. T/20211122/7020

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
22/11/2021 13:21

Classification Of Case:

NP168