

Date of Accident : 06.02.2022 Accident Time: 1256 (24-HR-Format)
 Accident Place : TEBAN GARDENS ROAD
 Vehicle No. (Car Plate No.) : SLN 9215Y Make/Model: Chevrolet Cruze
 Insurance Company : NIVC Policy No: 5091535175-04
 Owner or Company Name / IC No. : Kamaliyah BINTE SALIKIM 8151984711
 Owner or Company Contact No. : 98347462 Owner's Hp _____ Company Tel _____
 DRIVER'S Name/IC No. : same as owner 5151984711
 DRIVER'S Date of Birth : 04.05.1962 DRIVER'S License Pass Date: 04.11.1982
 Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: owner

DRIVER'S Address : Blok 306, Bukit Batok St 31, #02-123, S(650306)
 DRIVER'S Contact No./ Alt No. : 1) 98347462 2) _____
 DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
 Email Address : A6679B@gmail.com
 Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
 Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance
 Number of Passengers (Including Driver): 1 Driver 4 Passengers (M) Muhammad Halim BIN Ahmad
(F) Sutiva Sujinah BINTE mostiman
(F) MINI BINTE Salikin (M) Saladen BIN Abdul Rahman
 Was there any video Captured by car camera: YES / NO
 Exact purpose for which vehicle was being used at the time of accident: Private Use / Work Purpose
 Any injury (If YES, Pleas state): Driver kamaliyah BINTE SALIKIM 5151984711

Other Party Driver's Particular (if any)

Vehicle No	: <u>YP 6938A</u>	Vehicle No	: _____
Vehicle Make/Model	: <u>Isuzu</u>	Vehicle Make/Model	: _____
Name Driver	: <u>Krishnan Phivngar</u>	Name Driver	: _____
IC No. Driver/Contact:	: <u>G2287719X</u>	IC No. Driver/Contact:	: _____

Passenger's name & gender:

SKETCH PLAN

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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.
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")

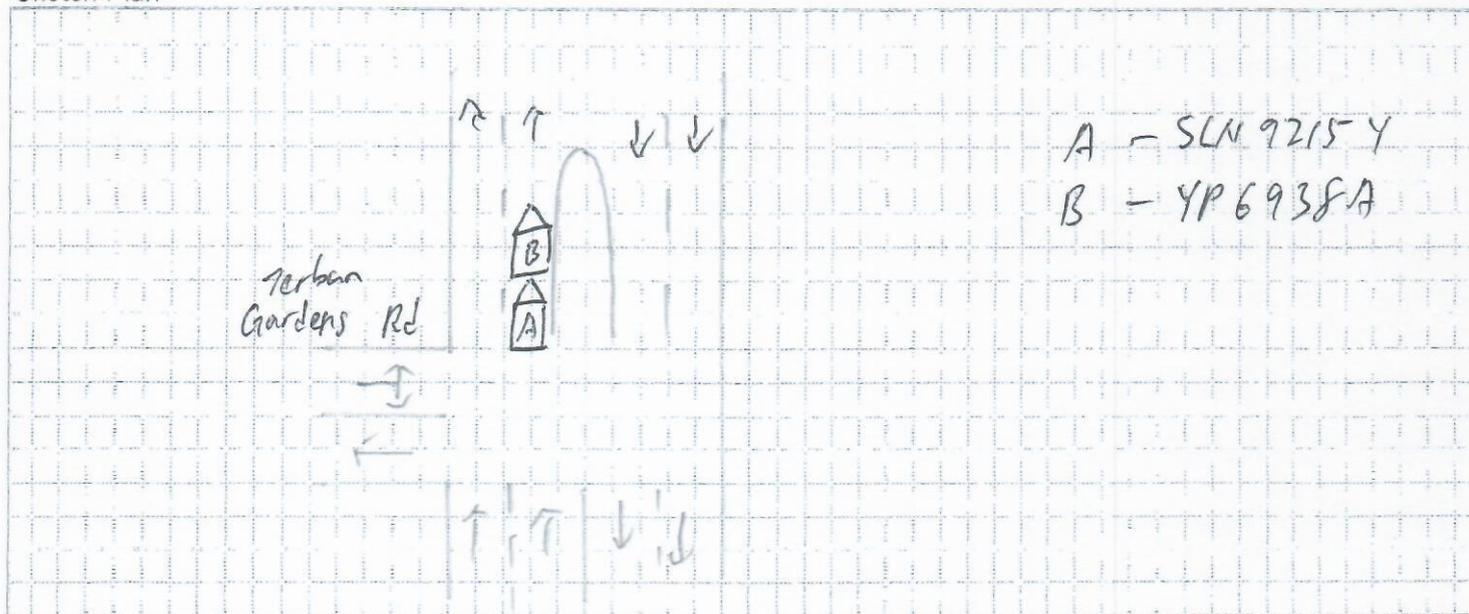
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

please refer to police report 7/20220206/2028

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

Witnessed by Reporting Centre Personnel



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No: T/20220206/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2022 15:27	Vide Report No.:	Station Diary No. : 64
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Informant's Particulars			
Name of Informant: KAMALIYAH BINTE SALIKIM		Address: APT BLK 306 BUKIT BATOK STREET 31 #02-123 SINGAPORE 650306	
ID Type / ID No.: NRIC NO / S1519847H		Contact No. Home/Office:	Mobile: 98347462
Nationality: SINGAPORE CITIZEN		Email	
Sex: Female	Age: 59	Date of Birth: 04/05/1962	Type of Informant: Driver
Race: Javanese		Language: English	Institution / School Name:
Occupation: Copier Operator		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/02/2022 12:50	Type of Location: T-Junction	
Location: TEBAN GARDENS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Moving against rear to head			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN9215Y	Car	CHEVROLET	CRUZE NB 1.6D 6AT	Grey	Seriously Damaged	4
YP6938A	Lorry				No Damage	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN9215Y	NTUC Income Insurance Co-Operative Limited	5091535175-04	22/05/2021	21/05/2022



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Jurong East N P C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



F/20220206/2028

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Report No: F/20220206/2028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver Name	KAMALIYAH BINTE SALIKIM	ID No.	S1519847H
Related Vehicle	SLN9215Y (Car)	Contact No.	98347462
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	KRISHNAN DHIVAGAR	ID No.	G2287719X
Related Vehicle	YP6938A (Lorry)	Contact No.	84372743
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

Brief Details.

On the above-mentioned date, time and location, I was driving vehicle bearing registration plate number SLN9215Y exiting Teban Gardens Road carpark in front of Blk 37A Teban Gardens Road. I made a left turn and went straight towards a T-Junction. There is a dead end on the junction and I wanted to make a U-turn to head towards Jurong Town Hall Road and Teban Gardens Road Junction.

However, as I was travelling behind a lorry bearing registration plate number YP6938A and there was about 50 metres between my vehicle and the lorry, the lorry driver suddenly stopped and started reversing his vehicle. There was traffic coming from the left rear, making right turns and I was unable to reverse my vehicle to void the collision. I started to sound my horn loudly and long so as to warn the lorry driver to stop reversing. But the driver did not hear the horn and continued so to reverse.

After which, the collision happened and caused damages to the front of my vehicle. The lorry driver, also admitted to his fault and exchanged particulars with me.

I am lodging this report for claims and for record purposes.

I wish to stated that no traffic police and ambulance attended to the accident but my family and I was shaken by the incident.



**SINGAPORE
POLICE FORCE**



T/20220206/2028

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Report No. T/20220206/2028

CONTINUATION OF REPORT



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92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20220206/2028

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
D/

SGT 2 LEE XIN MEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/02/2022 15:27

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

SN 34
SIGNATURE