

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 16/03/2022 14:22 (SGT)
Date of Accident 15/03/2022 14:55 (SGT)
Exact Location of Accident Yio Chu Kang, Singapore
Additional Location Information APPROACHING THE JUNCTION OF SIRAT ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD9529H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FOO WENQI, SARAH
NRIC No SXXXX131F
Email Address sarahfoowq@gmail.com
Mobile Phone No (Phone) +65-90043620
Alternative Phone No +65-90043620

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Golf
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 1395

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPPHQ21-005187
Cover Note Number -

DRIVER

Name of Driver FOO WENQI, SARAH
NRIC No SXXXX131F

Date Of Birth	04/12/1987
Occupation	Indoor
Date Of Driving Pass	09/07/2007
Driving experience	14 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90043620
Alt. Phone Number	+65-90043620
Email Address	sarahfoowq@gmail.com
Address	BLK 103 WOODLANDS VIEW
Address complement	#10-06
Postcode	737709
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	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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLS REFER TO THE POLICE REPORT : T/20220316/7012

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	FBT3855B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	ADZHAR BIN ABDULLAH
NRIC No	SXXXX986I
Contact Number	-
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	ADZHAR BIN ABDULLAH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	FBT3855B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

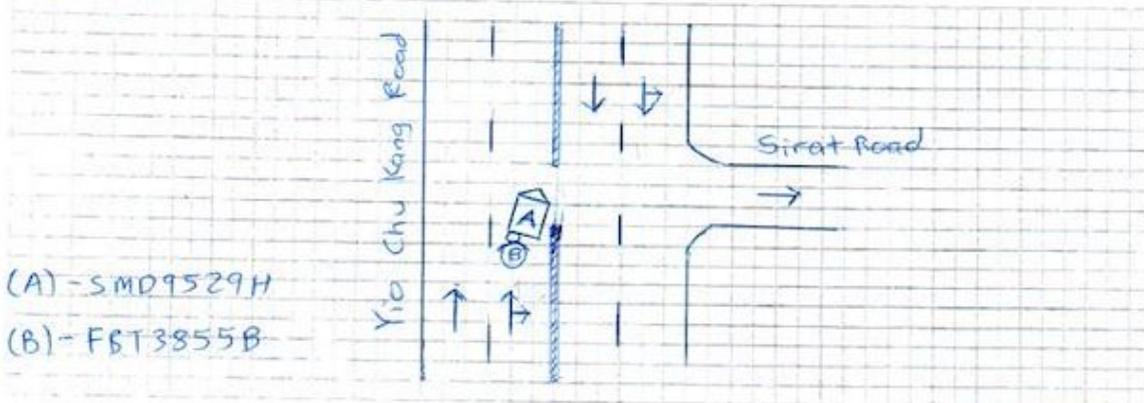
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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

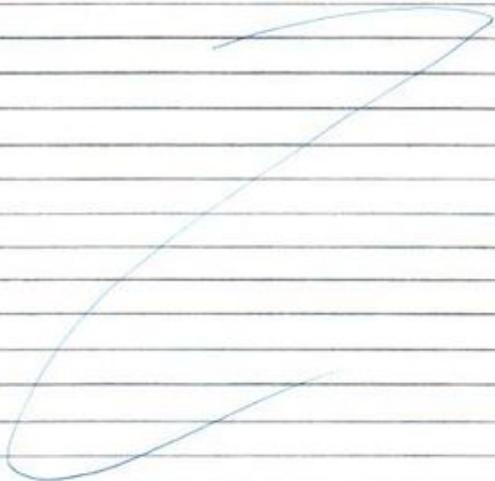
 16/03/22
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

- Refer to police report attached -
Report No. 1/20220316/7012



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

 16/03/22
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220316/7012

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

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Report No. T/20220316/7012

CONTINUATION OF REPORT

Rider			
Name	ADZHAR BIN ABDULLAH		ID No. S7301986I
Related Vehicle	FBT3855B (Motorcycle)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of Serious
Driver			
Name	FOO WENQI, SARAH		ID No. S8740131F
Related Vehicle	SMD9529H (Car)		Contact No. 90043620
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL 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, along Yio Chu Kang Road towards Yio Chu Kang Link. I was travelling on the extreme right lane of the above mentioned road and approaching the junction of Sirat Road. I signalled right and slowed down and stopped as I wanted to make a right turn to Sirat Road. Suddenly, I heard a loud bang from the rear and when I alighted, I realised that it was Vehicle FBT3855B who collided into the rear portion of my Vehicle SMD9529H, causing damages to my Vehicle. The rider of FBT3855B was subsequently conveyed via ambulance to the hospital.



























**SINGAPORE
POLICE FORCE**



T/20220316/7012

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

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Report No. T/20220316/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2022 12:08		Vide Report No.: F/20220315/0099		Station Diary No.:	
Informant's Particulars					
Name of Informant: FOO WENQI, SARAH			Address: 103 WOODLANDS VIEW #10-06 SINGAPORE 737709		
ID Type / ID No.: NRIC NO / S8740131F			Contact No.: Home/Office:		Mobile: 90043620
Nationality: SINGAPORE CITIZEN			Email: SARAHFOOWQ@GMAIL.COM		
Sex: Female	Age: 34	Date of Birth: 04/12/1987	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: MERCHANDISING MANAGER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/03/2022 14:55	Type of Location: T JUNCTION
Location: YIO CHU KANG ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBT3855B	Motorcycle					0
SMD9529H	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20220316/7012

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

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Report No. T/20220316/7012

CONTINUATION OF REPORT

Rider			
Name	ADZHAR BIN ABDULLAH		ID No. S7301986I
Related Vehicle	FBT3855B (Motorcycle)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of Serious
Driver			
Name	FOO WENQI, SARAH		ID No. S8740131F
Related Vehicle	SMD9529H (Car)		Contact No. 90043620
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL 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, along Yio Chu Kang Road towards Yio Chu Kang Link, I was travelling on the extreme right lane of the above mentioned road and approaching the junction of Sirat Road. I signalled right and slowed down and stopped as I wanted to make a right turn to Sirat Road. Suddenly, I heard a loud bang from the rear and when I alighted, I realised that it was Vehicle FBT3855B who collided into the rear portion of my Vehicle SMD9529H, causing damages to my Vehicle. The rider of FBT3855B was subsequently conveyed via ambulance to the hospital.



**SINGAPORE
POLICE FORCE**



T/20220316/7012

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

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Report No. T/20220316/7012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
16/03/2022 12:08

Officer In Charge Of Case:
TP / TPIB /
SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

Classification Of Case:

NP168