

# 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 .....	30/03/2022 17:16 (SGT)
Date of Accident .....	29/03/2022 09:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	GEYLANG EAST CENTRAL
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJV3066G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SITI ENTERPRISE
Company Reg No .....	5XXXX247L
Email Address .....	NIKKI.CAPRINA@GMAIL.COM
Mobile Phone No .....	(Phone) +65-94521817
Alternative Phone No .....	(Home) +65-94521817

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Vios
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
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 .....	5087755874-05
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SITI NORAIZAH BINTE MOHAMAD
NRIC No .....	SXXXX716H

Date Of Birth .....	13/01/1971
Occupation .....	Outdoor
Date Of Driving Pass .....	25/01/2012
Driving experience .....	10 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-94521817
Alt. Phone Number .....	-
Email Address .....	NIKKI.CAPRINA@GMAIL.COM
Address .....	APT BLK 633D SENJA ROAD #12-129
Address complement .....	-
Postcode .....	674633
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	SOLE PROPRIETOR
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) .....	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 .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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 .....	SMV5758U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	KOH TUAN HONG
NRIC No .....	SXXXX156Z
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	AXA Insurance Pte Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS


### INJURED 1

Name of injured person .....	SITI NORAIZAH BINTE MOHAMAD
Gender .....	Female
Phone No .....	(Phone) +65-94521817
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJV3066G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No


**SKETCH PLAN**

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- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that:  
(a) My insurer, my co-insurer and the General Insurance Association of Singapore ("GIA") may be 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 Mediation 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 be 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

YILIN

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

A

A

A

B

A: STV 3066G


B: SMV 5758U

**Describe Circumstances of the Accident**

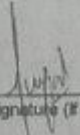
Please refer to the police report (T/20220329/2099).

**Declaration**

We declare the foregoing particulars are true in every respect.

 X

Policyholder's Signature / Date & Time



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

YILIN

Witnessed by Reporting Centre Personnel











































**SINGAPORE  
POLICE FORCE**



T/20220329/2097

1 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20220329/2097

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/03/2022 21:40	Vide Report No.:	Station Diary No.: 122
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**Informant's Particulars**

Name of Informant: SITI NORAIZAH BINTE MOHAMAD			Address: APT BLK 633D SENJA ROAD #12-129 SINGAPORE 674633	
ID Type / ID No.: NRIC NO / S7101716H			Contact No.:	Mobile: 94521817
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Female	Age: 51	Date of Birth: 13/01/1971	Type of Informant: Driver	
Race: Boyanese			Language:	Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class:	

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 29/03/2022 09:00	Type of Location: Straight Road
Location:  GEYLANG EAST CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV3066G	Car	HONDA		Silver		0
SMV5758U	Car	TOYOTA		Silver		0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220329/2097

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20220329/2097

**CONTINUATION OF REPORT**

Driver			
Name	SITI NORAIZAH BINTE MOHAMAD	ID No.	S7101716H
Related Vehicle	SJV3066G (Car)	Contact No.	94521817
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/03/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On the date, time and location mentioned above, I V1 (SJV3066G) driving along left lane of 3 lane road, and had came to stop to make a left turn.

Upon coming to a stop, after 3 seconds, V2 (SMV5758U) collided onto the rear. The accident was minor and no one was injured at scene.

After which, both parties acknowledge the incident and I proceed to go for my own medical.

There is a no in-car CCTV in my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20220329/2097

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20220329/2097

**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:  
G /  
SGT 3 GOH JUN KIAT JASON

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Other MUHAMMAD NOOR BIN ABDUL  
RAHMAN  
Contact No.: 65476201

NP168

Signature Of Informant:

Date/Time:  
29/03/2022 21:40

Classification Of Case:



