

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	08/04/2022 10:16 (SGT)
Date of Accident	07/04/2022 07:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE ENTERING PTE (CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX9567S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD ADHAM BIN AHMAD ZAINI
NRIC No	S8942681B
Email Address	AVENGERS37@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90239307
Alternative Phone No	(Home) +65-90239307

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121130564
Cover Note Number	-

DRIVER

Name of Driver	SITI NABILA HUDA BINTE JASMI
NRIC No	S8921469F

Date Of Birth	18/06/1989
Occupation	Indoor
Date Of Driving Pass	30/07/2012
Driving experience	9 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92476673
Alt. Phone Number	-
Email Address	NABILAHUDA.JASMI@GMAIL.COM
Address	BLK 442 FAJAR RD #03-478
Address complement	-
Postcode	670442
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
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	FBD7989G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	-
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	SITI NABILA HUDA BINTE JASMI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMX9567S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

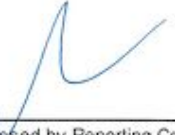
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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")

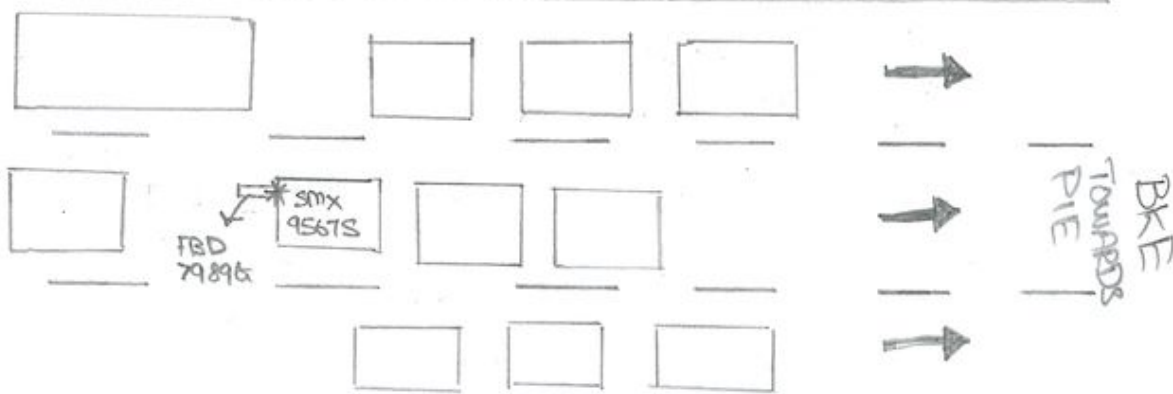
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

 7/4/22
Policyholder's Signature / Date & Time

 7/4/22
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to police report.

We declare the foregoing particulars are true in every respect.

Driver's Signature (If driver is not the policyholder) / Date & Time 7/4/22

Witnessed by Reporting Centre Personnel





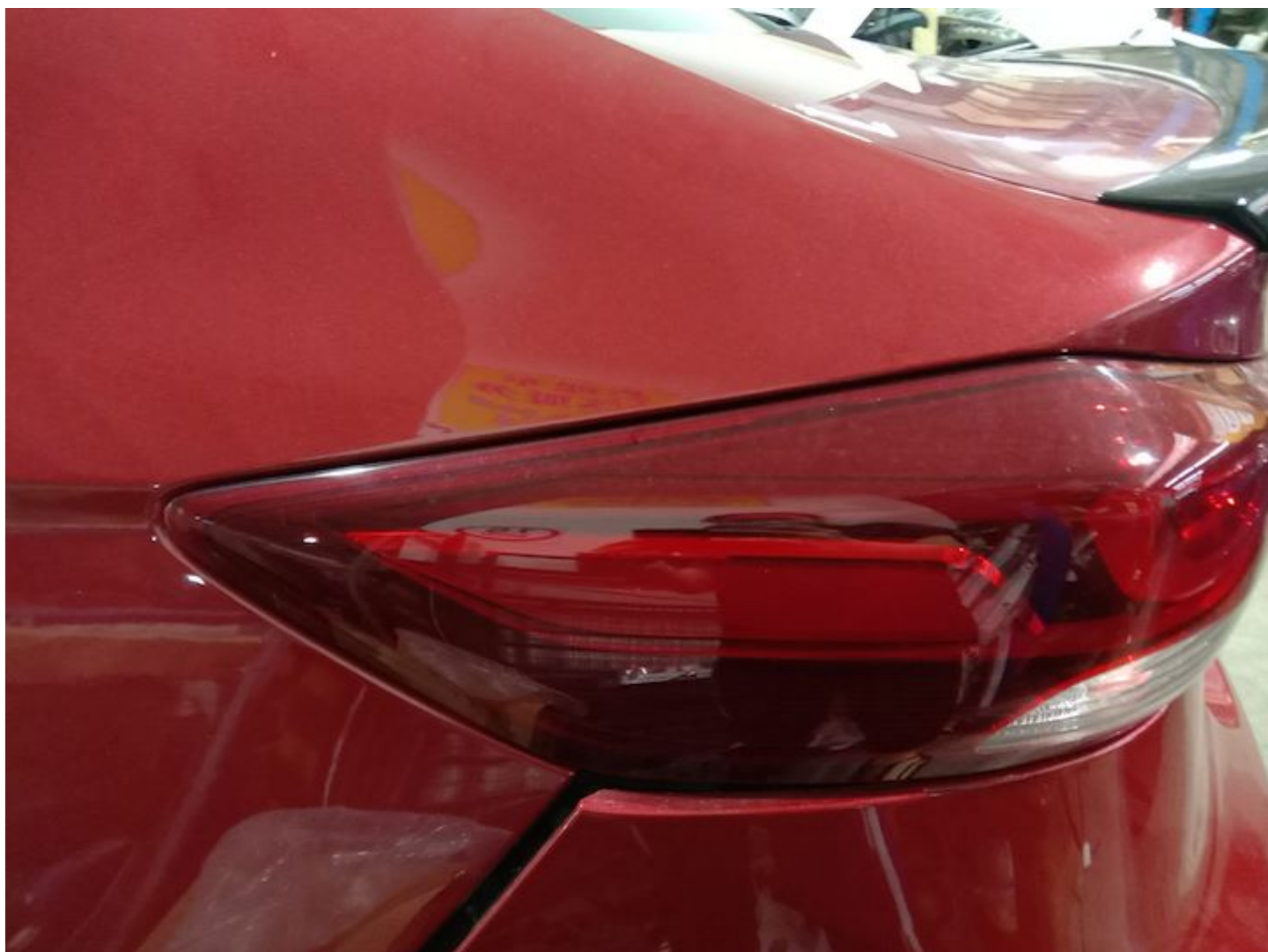




















**SINGAPORE
POLICE FORCE**



F/20220407/7036

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220407/7036

my neck, shoulder and back. I visited the doctor for further checks and I was given 4 days MC for mentioned pain and discomfort.

Subjects Involved			
Suspect			
Person Name	Tan Woon Thong		
ID Type	NRIC NO	ID No	S1634797C
Gender	Male	Age	58
Race	Chinese	Language	English
Mobile No	90799827		
Victim			
Person Name	SITI NABILA HUDA BINTE JASMI		
ID Type	NRIC NO	ID No	S8921469F
Gender	Female	Age	32
Race	Malay	Language	English
Occupation	Healthcare assistant	Address	442 FAJAR ROAD #03-478 SINGAPORE 670442
Mobile No	92476673	Is Informant A Victim?	Yes
Person Name	SITI NABILA HUDA BINTE JASMI (Informant)		

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: 07/04/2022 13:18
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20220407/7036

1 of 2

POLICE REPORT (NP299)

Report No. F/20220407/7036

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 07/04/2022 13:18	Vide Report No.	Station Diary No.
Name Of Informant SITI NABILA HUDA BINTE JASMI	Address 442 FAJAR ROAD #03-478 SINGAPORE 670442	
ID Type / ID No. NRIC NO / S8921469F	Contact No. Home/Office:	Mobile: 92476673
Nationality SINGAPORE CITIZEN	Email Address NABILAHUDA.JASMI@GMAIL.COM	
Occupation Healthcare assistant	Sex Female	Age 32
Institution/School Name	Date of Birth 18/06/1989	Race Malay
Date/Time Of Incident 07/04/2022 07:15 - 07/04/2022 08:30	Location Of Incident BUKIT TIMAH EXPRESSWAY	

Brief details.

I am the driver, driving Hyundai Elantra SMX9567S.

On 7/4/2022 at about 7.15am, I was driving along the centre lane at BKE expressway in the direction of PIE Changi. A car from the 3rd lane was changing to centre lane in a short notice. As cars were moving along, the front car e-braked and I had to e-brake as well. And a motorist behind hit my car. My car was impacted on the left hand side. I did not notice him as he was on my blind spot.

I was in complete shocked as it happened so quickly. Soon after, I experienced pain and discomfort on

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: 07/04/2022 13:18
Officer In-Charge Of Case:	Classification Of Case: