

# 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 ..... 18/04/2022 21:01 (SGT)  
Date of Accident ..... 16/04/2022 12:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 451 Clementi Ave 3 carpark  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJQ7748Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SHAFUL AFIQ BIN MOHAMED SALLEH  
NRIC No ..... S9040785F  
Email Address ..... Afiq\_trainer@hotmail.com  
Mobile Phone No ..... (Phone) +65-90626572  
Alternative Phone No ..... +65-90626572

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... I30  
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 ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5121901401  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NUR NADIA BINTE KAMAL RUDIN  
NRIC No ..... S9127101Z

Date Of Birth .....	01/08/1991
Occupation .....	Indoor
Date Of Driving Pass .....	19/05/2011
Driving experience .....	10 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-93684416
Alt. Phone Number .....	-
Email Address .....	Nadia-kamal@hotmail.co.uk
Address .....	620 Bukit Panjang Ring Rd #02-820
Address complement .....	-
Postcode .....	670620
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) .....	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Afiq
Gender .....	Male

#### PASSENGER 2

Name .....	Afi
Gender .....	Male

#### PASSENGER 3

Name .....	Aif
Gender .....	Male

#### PASSENGER 4

Name .....	Aish
Gender .....	Male

#### PASSENGER 5

Name .....	Mariyati
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police report.

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 ..... SMP8995M  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... SUGAWARA SHOTA  
Passport No/FIN ..... G3250627K  
Contact Number ..... (Phone) +65-97209125  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... NUR NADIA BINTE KAMAL RUDIN  
Gender ..... Female  
Phone No ..... (Phone) +65-93684416  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... 30  
Injuries Sustained ..... Sprained Neck  
Injured person in which vehicle? ..... SJQ7748Y  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 2

Name of injured person ..... Afi  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... 5  
Injuries Sustained ..... Sprained neck and vomiting  
Injured person in which vehicle? ..... SJQ7748Y  
Were seat belts worn? ..... No  
Was this injured conveyed to hospital by ambulance? ..... No

INJURED 3

Name of injured person ..... Aif  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -

Approximate Age Years Old .....	5
Injuries Sustained .....	Sprained neck and vomiting
Injured person in which vehicle? .....	SJQ7748Y
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 4

Name of injured person .....	Aish
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	1
Injuries Sustained .....	Vomiting.
Injured person in which vehicle? .....	SJQ7748Y
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 5

Name of injured person .....	Mariyati
Gender .....	Female
Phone No .....	(Phone) +65-90590124
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	41
Injuries Sustained .....	Sprained neck and breathless.
Injured person in which vehicle? .....	SJQ7748Y
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No



**SKETCH PLAN****IMPORTANT NOTICE**

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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.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:18/04/2022 2050hrs

Reporting Centre Personnel's Signature  
Name: Ash Kamal  
NRIC/FIN No.:S9218370Z



















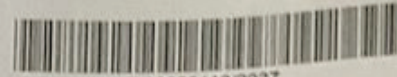






# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



T/20220418/2037

1 of 3

Report No: T/20220418/2037

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2022 13:08	Vide Report No.:	Station Diary No.: 31
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### Informant's Particulars

Name of Informant: NUR NADIA BINTE KAMAL RUDIN		Address: APT BLK 620 BUKIT PANJANG RING ROAD #02-820 SINGAPORE 670620	
ID Type / ID No.: NRIC NO / S9127101Z		Contact No.: Home/Office: Mobile: 93684416	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 30	Date of Birth: 01/08/1991	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: ADMIN		Driving Licence Information: Class: 2B,3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/04/2022 12:30	Type of Location: Straight Road
Location: CLEMENTI AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	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	Condition	No of Passenger
SJQ7748Y	Car	HYUNDAI	i30 (FD)	Black	Slightly Damaged	5
SMP8995M	Car	TOYOTA	VIOS		Slightly Damaged	0





SINGAPORE  
POLICE FORCE



T/20220418/2037

2 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20220418/2037

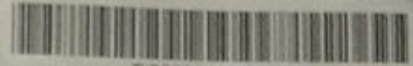
## CONTINUATION OF REPORT

**Brief Details.**

On 16/04/2022 at about 1230hrs, I was driving my car (SJQ7748Y) out from the open space carpark at Blk 446 Clementi Ave 3. As I was heading out from the carpark, there was a zebra crossing heading from Blk 446 to Blk 451 to which I stopped before the zebra crossing. I stopped to allow then pedestrians to cross the zebra crossing to which all of a sudden, a car collided with the rear of my vehicle. I came out from my vehicle to which I saw that (SMP8995M) had collided with the rear of my vehicle. I checked my vehicle to which there were dents on my boot and rear bumper. I checked his car to which there were a scratch on his front bumper.

I then exchanged particulars with the driver namely (Sugawara Shota, G3250627K, H/P: 97209125) who informed me that he thought I was moving off and therefore accidentally collided with me. Initially, I made a check on my kids and helper to which they told me that they were feeling fine. However, after coming back home, I, my kids and domestic helper suffered neck pains. Later that night, all 3 of my sons started vomiting. My domestic helper then complained of breathlessness.

I have since went to the doctor along with my children and domestic helper. We were all given 3 days MC.

**SINGAPORE  
POLICE FORCE**

T/20220418/2037

3 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20220418/2037

**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:

J /  
SGT 3 NUR HAKIM BIN  
LOQMAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/04/2022 13:08

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

Classification Of Case:

NP168





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN07224I001Q Vehicle Registration No: SJQ7748Y

Name (as shown in NRIC): NUB NADIA BINTE KAMAL BUDIN NRIC/FIN/Passport No: S9127101Z

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: 620 BUKIT PANJANG RING RD #02-820 Singapore ( 670620 )

Contact (Tel): \_\_\_\_\_ Mobile No.: 93684416

Email Address: NADIA-KAMAL@HOTMAIL.CO.UK

Date of Accident: 16/04/2022 Time of Accident: 12:30

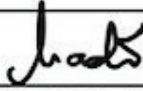
Place of Accident: 451 CLEMENTI AVE 3 CARPARK

Insurance Company: NTUC Income Insurance Co-operative Limited

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Change Third Party Vehicle Number.

  
 Policyholder / Driver's Signature  
 Date: 18/04/2022

  
 Reporting Centre Personnel's Signature  
 Name: Ash Kamal  
 NRIC/FIN No.: S994396  
 Date: 18/04/2022