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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 09/05/2022 16:54 (SGT) Date of Accident 06/05/2022 16:45 (SGT) Exact Location of Accident Singapore Additional Location Information LORONG SARINA Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SMC6052R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner RAUDHAH BINTE MOHD SHARIFUDDIN NRIC No S7928666D Email Address RAUDARIZA@DUCK.COM Mobile Phone No (Phone) +65-96779094 Alternative Phone No +65-96779094

VEHICLE PARTICULARS

Manufacturer

Model City 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 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5119280139-01 Cover Note Number

DRIVER

Name of Driver RAUDHAH BINTE MOHD SHARIFUDDIN NRIC No S7928666D

Date Of Birth 19/09/1979 Occupation Indoor Date Of Driving Pass 19/07/1999 Driving experience 22 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-96779094 Alt. Phone Number +65-96779094 Email Address RAUDARIZA@DUCK.COM Address BLK 221 PASIR RIS ST 21 #02-114 Address complement Postcode 510221 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **ROKIAH BINTE BUANG** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? 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 SEE ATTACHED 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**

SHD3044M

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category Tax	i
Name of Driver	
Contact Number	
Address -	
Address complement	
Postcode -	
Insurance Company Name -	
Nature Of Damage -	
Details of property damaged in accident VEH	HICLE B
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person RAUDHAH BINTE MOHD SHARIFUDDIN Gender Female Phone No (Phone) +65-96779094 Address BLK 221 PASIR RIS ST 21 #02-114 #02-114 Address Complement Post Code Approximate Age Years Old 510221 Injuries Sustained Injured person in which vehicle? SMC6052R Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

INJURED 2 Name of injured person **ROKIAH BINTE BUANG** Gender Female Phone No (Phone) +65-97558556 Address BLK 221 PASIR RIS ST 21 #02-114 Address Complement Post Code
Approximate Age Years Old
Injuries Sustained 510221 Injuries Sustained Injured person in which vehicle? SMC6052R Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Formmust 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 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.
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Associat 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)

lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may are permitted to collect, use, disokise 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 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.

ider's Signature "Date & Time 9 May 22, 11.10am

Sketch Plan

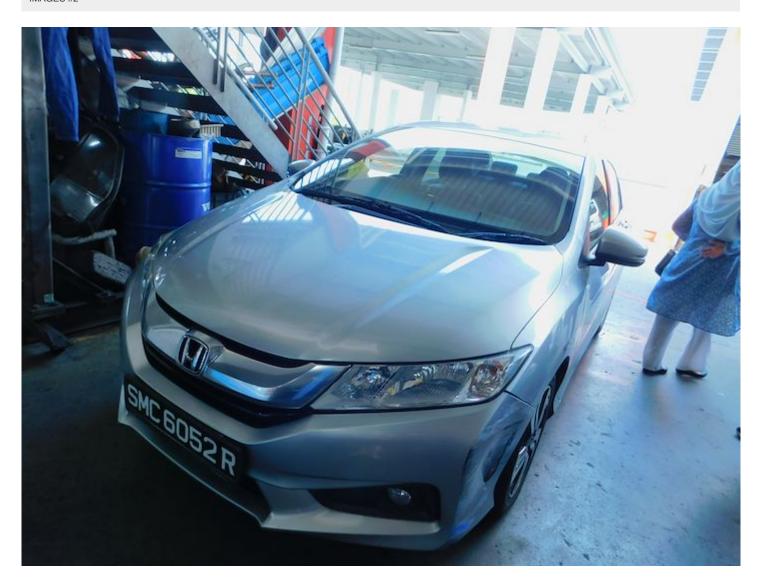
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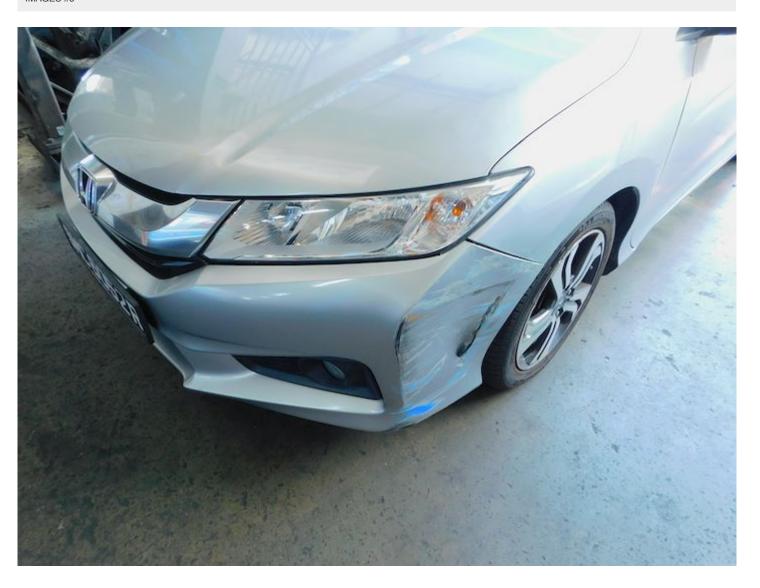
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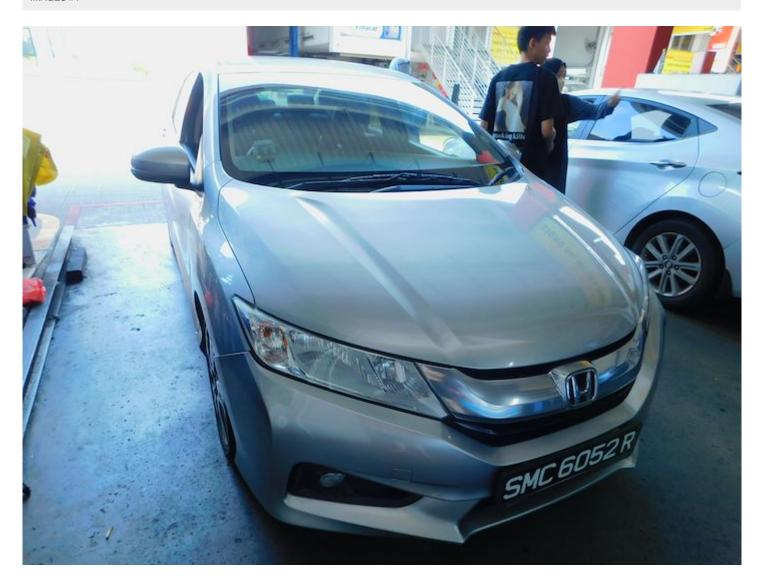
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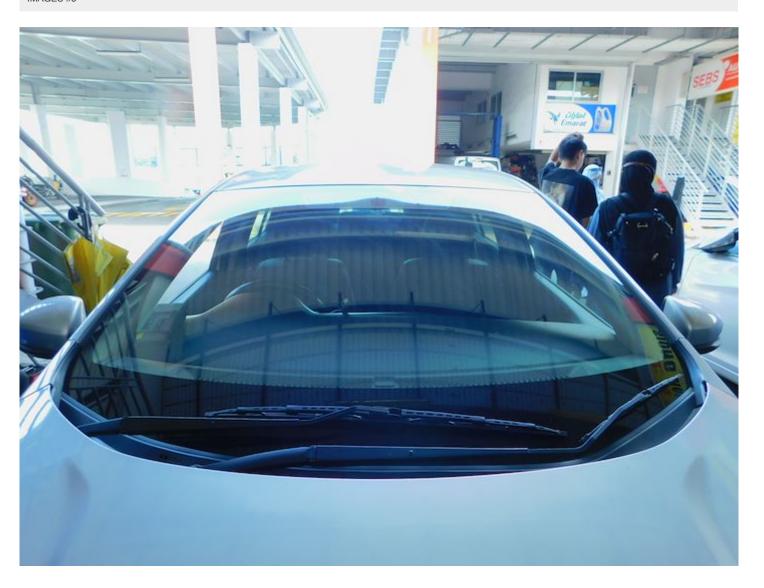
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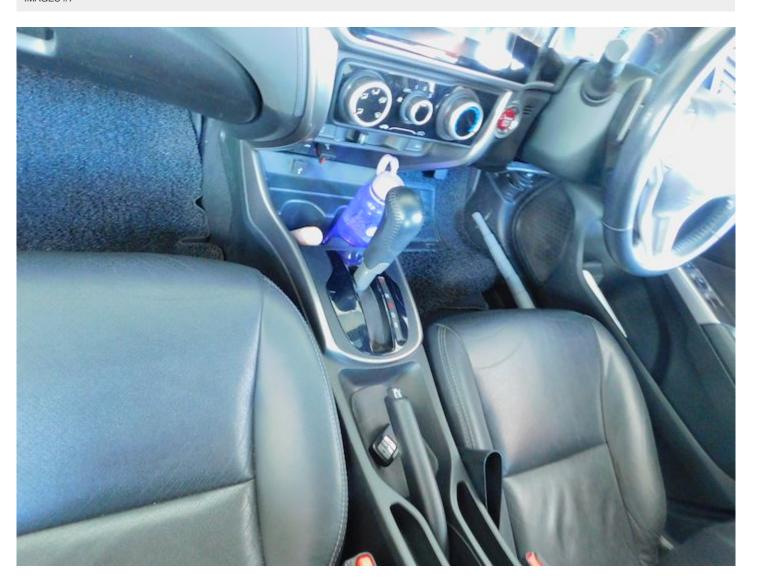




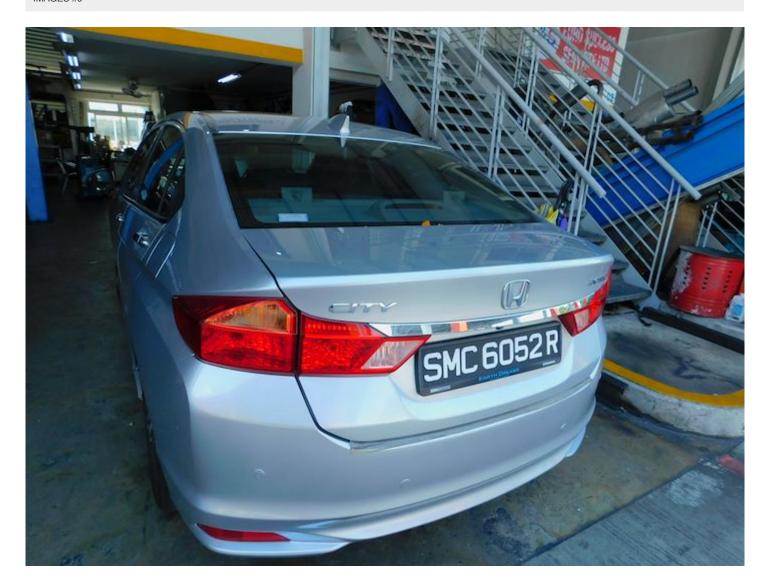






















1 of 3 Report No. T/20220509/7007

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 9/05/2022 10:51		Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars			
Name of Informant: Address: RAUDHAH BINTE MOHD 221 PASIR RIS STREET 21 SHARIFUDDIN			21 #02-114 SINGAPORE 510221		
ID Type / ID No.: NRIC NO / S7928666D		66D	Contact No.: Home/Office: Mobile: 96779094		
Nationality SINGAPO	y: DRE CITIZ	EN	Email: RAUDARIZA@DUCK.COM		
Sex: Female	Age: 42	Date of Birth: 19/09/1979	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name;	
Occupation:			Driving Licence Informatio Class:	n: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2022 16:45	Type of Location T-Junction
Location: LORONG SA Weather:	RINA	Road Surface:		Road Canad Limits
Clear		Dry	5	Road Speed Limit: 60 Km/h
		Dry Traffic Control: Not Controlled	Т	

Vahiala Nia	T	Make	Madel	Color	Conditio	NIA of
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHD3044M	Car					0
SMC6052R	Car	HONDA	CITY 1.5 SV CVT	Silver	Seriously Damaged	1

Details of V	ehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	





2 of 3 Report No. T/20220509/7007

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

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC6052R	NTUC Income Insurance Co-Operative Limited	5119280139-01	29/10/2021	28/10/2022

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pe	edestrian Crossing: NA		
Passenger						
Name	ROKIAH BINTE BUA	ANG		ID No).	SS1242596A
Related Vehicle	SMC6052R (Car)				act No.	97558556
Hospital/Clinic	OUR FAMILY CLINIC & SURGERY PTE LTD			Class Drivin Licen Expin	ng ce &	Class: NIL Date of Expiry: NIL
Date	07/05/2022		Date	09/05		5/2022
No. of Days gran	ted Medical Leave	03	Degree o	of Serio		us
Driver						
Name	RAUDHAH BINTE N	10HD SH	ARIFUDDIN	ID No).	S7928666D
Related Vehicle	SMC6052R (Car)			Conta	act No.	96779094
Hospital/Clinic	OUR FAMILY CLINIC & SURGERY PTE LTD			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	07/05/2022		Date		09/05	5/2022
No. of Days gran	ted Medical Leave	03	Degree o	f	Serio	us

Brief Details.

On the 6 May 2022 @ 1645Hrs, I was travelling along Lorong Sarina merging into Sims Ave East. Suddenly when i was turning i felt a huge impact from my front passenger side and I saw vehicle B (SHD3044M) knock and still forcing me to nearly hit the kerb.





3 of 3 Report No. T/20220509/7007

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: 09/05/2022 10:51
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
NP168	





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220509/7042

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 9/05/2022 16:15		Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars			
Name of Informant: RAUDHAH BINTE MOHD SHARIFUDDIN			Address: 221 PASIR RIS STREET 21 #02-114 SINGAPORE 510221		
ID Type / ID No.: NRIC NO / S7928666D			Contact No.: Home/Office: Mobile: 96779094		
Nationality SINGAPO		EN	Email: RAUDARIZA@DUCK.COM		
Sex: Female	Age: 42	Date of Birth: 19/09/1979	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation	on:		Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2022 16:45	Type of Location: T-Junction
Location: LORONG SA	RINA			
Weather:		Road Surface: Dry		Road Speed Limit:
Clear		Diy		50 Km/h
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHD3044M	Car					0
SMC6052R	Car	HONDA	CITY 1.5 SV	Silver		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	





2 of 3 Report No. T/20220509/7042

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC6052R	NTUC Income Insurance Co-Operative Limited	5119280139-01	29/10/2021	28/10/2022

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	RAUDHAH BINTE MOHD SHARIFUDDIN		ID No.		S7928666D	
Related Vehicle	SMC6052R (Car)			Contact No.		96779094
Hospital/Clinic	OUR FAMILY CLINIC & SURGERY PTE LTD		Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL	
Date	07/05/2022		Date		09/05	5/2022
No. of Days granted Medical Leave		03	Degree o	Degree of Serio		us

Brief Details.

I would like to amend my report as my explanation was unclear on how the situation happened. Reference to my previous report no. Xxxxxxx

I was driving along Lorong Sarina at lane most right. Beside my vehicle was vehicle B (SHD3044M) on my left. We both made a right turn towards Sims Ave East. While turning, I was at the most right my right of lane when I turn should be turning towards the most right lane (lane 1).

Vehicle B(SHD3044M) was turning at the same time with me but the driver hit onto my front left as he turned into my lane (lane 1) most right and kept forcing me into the Kerb





3 of 3 Report No. T/20220509/7042

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: 09/05/2022 16:15
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
NP168	