

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 13/05/2022 16:58 (SGT)
Date of Accident 13/05/2022 09:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information AYE TOWARDS TUAS JURONG TOWN HALL RD EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ5307S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CL LEASING PTE LTD
Company Reg No 201321410W
Email Address JIAFENG@CLLEASING.COM.SG
Mobile Phone No (Phone) +65-87207700
Alternative Phone No +65-87207700

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 Commercial vehicle
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5111566598-02
Cover Note Number -

DRIVER

Name of Driver DIAN FAIQAH BINTE YUNUS
NRIC No S9719717B

Date Of Birth	14/06/1997
Occupation	Indoor
Date Of Driving Pass	04/01/2022
Driving experience	4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90902185
Alt. Phone Number	-
Email Address	JIAFENG@CLLEASING.COM.SG
Address	BLK 614 WOODLANDS AVENUE 4 #02-495
Address complement	-
Postcode	730614
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HAZULIANA
Gender	Female

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

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	SHC4897S
Vehicle Manufacturer	-

Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
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) -

SKETCH PLAN

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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:

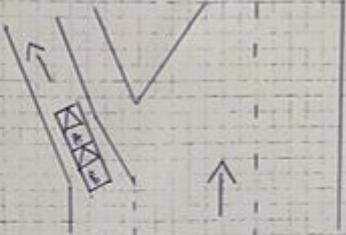


Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/05/2022



Reporting Centre Personnel's Signature
Name: M. G. H. A. M. M. A. D.
NIC/FIN No.: 914645

A-5M253075
B-3HC48475



AYE TOWERS TUNGS
JURONG TOWN MALL EXIT

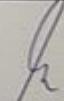
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION
I/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: 13/05/2022


Reporting Centre Personnel's Signature
Name: MO ETIMMAD
NIC/FIN No: C944845


**SINGAPORE
POLICE FORCE**


T/20220513/7010

1 of 3

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

Report No. T/20220513/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2022 11:23	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: DIAN FAIQAH BINTE YUNUS		Address: 614 WOODLANDS AVENUE 4 #02-495 SINGAPORE 730614	
ID Type / ID No.: NRIC NO / S9719717B		Contact No.: Home/Office: Mobile: 90902185	
Nationality: SINGAPORE CITIZEN		Email: FAIQAH_ROXY97@HOTMAIL.COM	
Sex: Female	Age: 24	Date of Birth: 14/06/1997	Type of Informant: Driver
Race: Javanese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 3A	Date of Expiry:

General information of the Accident

Injury Others	Drink Drive: No	Date/Time of Accident: 13/05/2022 09:20	Type of Location: Bend
AYER RAJAH EXPRESSWAY			
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled	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	Conditio	No of
SHC4897S	Car				Seriously Damaged	0
SMZ5307S	Car				Seriously Damaged	1

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SINGAPORE POLICE FORCE

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

T/20220513/7010
2 of 3
Report No. 1/20220513/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Passenger			
Name	HAZULIANA BTE HASSAN	ID No.	S1749536D
Related Vehicle	SMZ5307S (Car)	Contact No.	98735154
Hospital/Clinic	MEDICAL UNION CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/05/2022	Date	13/05/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	DIAN FAIQAH BIN	ID No.	S9719717B
Related Vehicle	SMZ5307S (Car)	Contact No.	90902185
Hospital/Clinic	MEDICAL UNION CLINIC	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	13/05/2022	Date	13/05/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was travelling towards Pandan Gardens via AYE Jurong Town Hall exit. I was making a left turn and I slowed down to give way to oncoming traffic. Suddenly I felt a big impact from the rear of my vehicle. I got off and found out that I was involved in a two vehicle traffic accident.

I wish to mention that my mother was also on board the vehicle I was driving.

My mother and I visited Medical Union Clinic and were both given 3 days MC. I feel pain in my neck, shoulders, lower back, right thigh. My mother feels pain in her back and neck.



**SINGAPORE
POLICE FORCE**



T/20220513/7010

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

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Report No. 1/20220513/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

NP168

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

Date/Time:
13/05/2022 11:23

Classification Of Case: