

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 20/06/2022 11:36 (SGT)
Date of Accident 19/06/2022 15:30 (SGT)
Exact Location of Accident Jln Eunus, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ466X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner F&B PARTY BAR
Company Reg No 53404723L
Email Address claims@cartimes.com.sg
Mobile Phone No (Phone) +65-96249307
Alternative Phone No +65-96249307

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SI21V13563/VPL/R02
Cover Note Number -

DRIVER

Name of Driver ADILAH JAMES ABDULLAH
NRIC No S8612086J

Date Of Birth	07/05/1986
Occupation	Outdoor
Date Of Driving Pass	28/06/2018
Driving experience	4 YEARS
Gender	Female
Mobile Number	(Phone) +65-96249307
Alt. Phone Number	-
Email Address	claims@cartimes.com.sg
Address	APT BLK 876A TAMPINES AVENUE 8 #04-209
Address complement	-
Postcode	521876
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ZARIAH HUSSIAN
Gender	Male

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	GBK1774L
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KAMAL BIN ABDULLAH
NRIC No	S7404577D
Contact Number	(Phone) +65-91143974
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	ADILAH JAMES ABDULLAH
Gender	Female
Phone No	(Phone) +65-96249307
Address	APT BLK 876A TAMPINES AVENUE 8 #04-209
Address Complement	-
Post Code	521876
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN AND BACK PAIN
Injured person in which vehicle?	SMQ466X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ZARIAH HUSSIAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN AND BACK PAIN.
Injured person in which vehicle?	SMQ466X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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.



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to Police Report.

Jalan Eunor

Vehicle A - SMD 466X

Vehicle B - GBK 1774 L

Describe Circumstances of the Accident

Refer to Police Report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

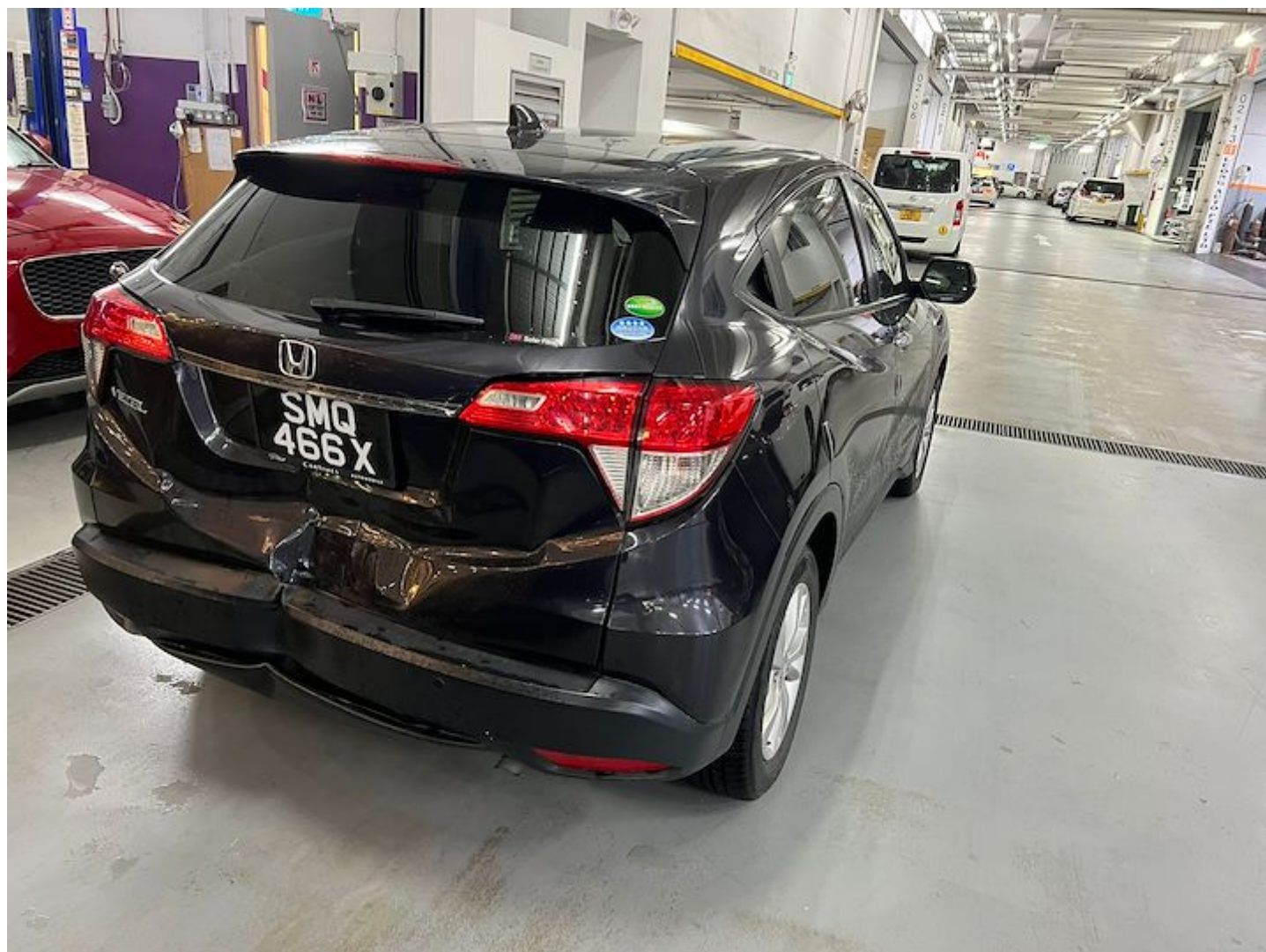


Witnessed by Reporting Centre Personnel





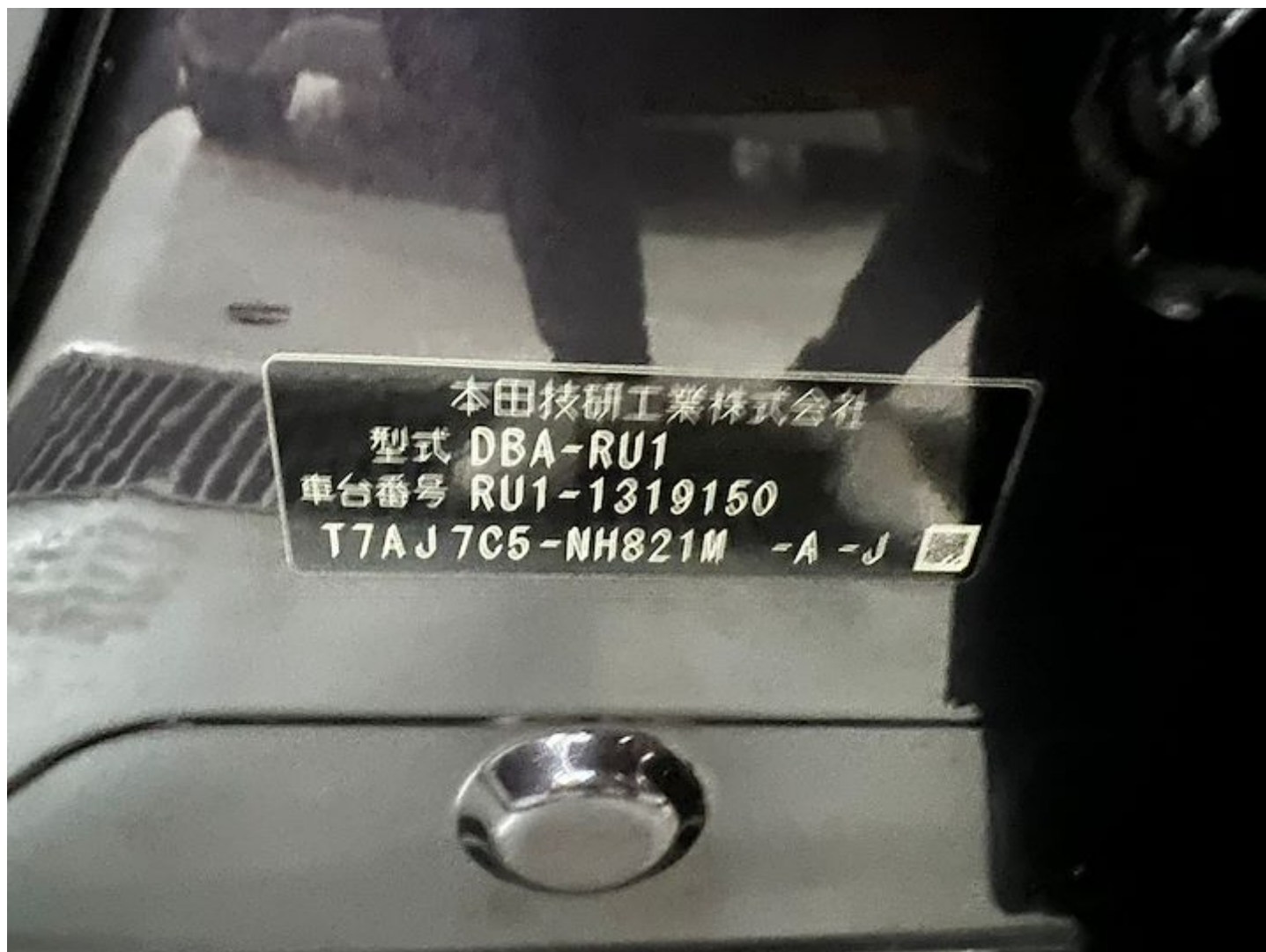




















**SINGAPORE
POLICE FORCE**



T/20220619/7024

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

1 of 3

Report No. T/20220619/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2022 23:12		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ADILAH JAMES ABDULLAH			Address: 876A TAMPINES AVENUE 8 #04-209 SINGAPORE 521876		
ID Type / ID No.: NRIC NO / S8612086J			Contact No.: Home/Office: Mobile: 96249307		
Nationality: SINGAPORE CITIZEN			Email: deela07@hotmail.com		
Sex: Female	Age: 36	Date of Birth: 07/05/1986	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: FINANCE AND SUPPORT OFFICE MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2022 15:30	Type of Location: Y-Junction
Location: JALAN EUNOS				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
GBK1774L	Van	TOYOTA				0
SMQ466X	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20220619/7024

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

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Report No. T/20220619/7024

CONTINUATION OF REPORT

Driver			
Name	ADILAH JAMES ABDULLAH		ID No. S8612086J
Related Vehicle	SMQ466X (Car)		Contact No. 96249307
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	19/06/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	ZARIAH HUSSIAN		ID No. S1713689E
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	19/06/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 19.06.2022 at about 3.30pm, I was driving my car (SMQ466X) from PIE exit Eunos slip road towards Jalan Eunos on extreme right lane. I slow down as I approached the Y junction. As I stopped to check the traffic flow, suddenly I felt an impact from behind and realised that vehicle (GBK1774L) didn't stop in time and collided onto the rear part of my car. My mother and I felt uncomfortable. After the incident, we went to see the doctor and were given 3 days medial leave. I hereby lodge this report to claim against vehicle GBK1774L insurance for my accident damages. There is no video footage of the accident as the memory card is spoilt.



**SINGAPORE
POLICE FORCE**



T/20220819/7024

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

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Report No. T/20220819/7024

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 / TPB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

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

Date/Time:
19/06/2022 23:12

Classification Of Case:

