

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 22/06/2022 10:47 (SGT)
Date of Accident 18/06/2022 19:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information ORCHARD ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC2839P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner UMAR BIN TAHIR
NRIC No SXXXX818J
Email Address WARDAHZAINALABIDIN@GMAIL.COM
Mobile Phone No (Phone) +65-88699712
Alternative Phone No +65-88699712

VEHICLE PARTICULARS

Manufacturer Honda
Model CIVIC 1.8L A
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 1601

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5124732051
Cover Note Number -

DRIVER

Name of Driver WARDAH BINTE ZAINALABIDIN
NRIC No SXXXX975A

Date Of Birth	03/08/1993
Occupation	Indoor
Date Of Driving Pass	24/07/2014
Driving experience	7 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88699712
Alt. Phone Number	-
Email Address	WARDAHZAINALABIDIN@GMAIL.COM
Address	BLK 861 WOODLANDS ST 83 #06-164
Address complement	-
Postcode	S730861
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	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	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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MUHAMMAD ASHRAF BIN BAHARI
Gender	Male

PASSENGER 2

Name	DANIAR BINTE RAHIM
Gender	Female

PASSENGER 3

Name	WAFA BINTE ZAINALABIDIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER POLICE REPORT : E/20220619/7012

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ8081L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
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	DANIAR BINTE RAHIM
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMC2839P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	WAFABINTE ZAINALABIDIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMC2839P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	WARDABINTE ZAINALABIDIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMC2839P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 making 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A - smc 2839P
B - GBJ 8081L

Refer Police Report No. T/20220621/2028

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

Witnessed by Reporting Centre
Personnel











**SINGAPORE
POLICE FORCE**



E/20220619/7012

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POLICE REPORT (NP299)

Report No. E/20220619/7012

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 19/06/2022 14:13	Vide Report No.	Station Diary No.
Name Of Informant WARDAH BINTE ZAINALABIDIN	Address 861 WOODLANDS STREET 83 #06-164 SINGAPORE 730861	
ID Type / ID No. NRIC NO / S9327975A	Contact No. Home/Office:	Mobile: 88699712
Nationality SINGAPORE CITIZEN	Email Address WARDAHZAINALABIDIN@GMAIL.COM	
Occupation Police officer	Sex Female	Age 28
Institution/School Name	Date of Birth 03/08/1993	Race Malay
Date/Time Of Incident 18/06/2022 19:40 - 18/06/2022 19:45	Location Of Incident ORCHARD ROAD	

Brief details.

On 18.06.2022 at around 1940hrs I was driving along Orchard Road. I was driving my vehicle, SMC2839P on the fourth lane (with straight and turn left sign on the road). While turning left into Buyong Road the vehicle on my left GBJ8081L which was on the 'left turn only lane' went straight and hit the front left side of my vehicle. I have 3 passengers in my vehicle. I had call for police assistance as the driver refused to exchange particulars. Auxiliary police from Istana, TP and LTA enforcement was at scene to advice both parties accordingly. I am lodging this report for record purposes.

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: 19/06/2022 14:13
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20220621/2028

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Report No. T/20220621/2028

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2022 12:10	Vide Report No.: E/20220619/7012	Station Diary No.: 33
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Informant's Particulars

Name of Informant: WARDAH BINTE ZAINALABIDIN		Address: APT BLK 861 WOODLANDS STREET 83 #06-164 SINGAPORE 730861	
ID Type / ID No.: NRIC NO / S9327975A		Contact No.: Home/Office: Mobile: 88699712	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 28	Date of Birth: 03/08/1993	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Police officer		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/06/2022 19:40	Type of Location:
Location: ORCHARD ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

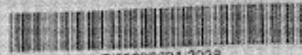
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ8081L	Van					6
SMC2839P	Car				Slightly Damaged	3

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**




T/20220621/2028

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999


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Report No. T/20220621/2028

CONTINUATION OF REPORT

Passenger			
Name	MUHAMMAD ASHRAF BIN BAHARI	ID No.	S9600173H
Related Vehicle	SMC2839P (Car)	Contact No.	92349724
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	WARDAH BINTE ZAINALABIDIN	ID No.	S9327975A
Related Vehicle	SMC2839P (Car)	Contact No.	88699712
Hospital/Clinic	UNIHEALTH 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/06/2022	Date Discharge	21/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	DANIAR BINTE RAHIM	ID No.	S7104503Z
Related Vehicle	SMC2839P (Car)	Contact No.	97734046
Hospital/Clinic	UNIHEALTH 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/06/2022	Date Discharge	21/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	WAFA BINTE ZAINALABIDIN	ID No.	S9608399H
Related Vehicle	SMC2839P (Car)	Contact No.	96513584
Hospital/Clinic	UNIHEALTH 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/06/2022	Date Discharge	21/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999


T/20220621/2028

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Report No. T/20220621/2028

CONTINUATION OF REPORT

Brief Details.
I have lodged an epc report reference E/20220619/7012. I would like to add on the details of the MC and also the particulars of my passengers.