

# 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 ..... 21/06/2022 17:05 (SGT)  
Reported by ..... -  
Date of Accident ..... 21/06/2022 08:45 (SGT)  
Exact Location of Accident ..... Mandai, Singapore  
Additional Location Information ..... MANDAI ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJQ509S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD RIDZWAN BIN ABDUL RASHID  
NRIC No ..... S8632076B  
Email Address ..... muhd.ridzwan.rashid@gmail.com  
Mobile Phone No ..... (Phone) +65-86122795  
Alternative Phone No ..... +65-86122795

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Cerato  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Policy Number / Cover Note Number ..... MT/00602039/03

### DRIVER

Name of Driver ..... NUR SYAZWANI BINTE RAZALI  
NRIC No ..... S8607843J  
Date Of Birth ..... 16/03/1986  
Occupation ..... Indoor

Date Of Driving Pass .....	28/03/2013
Driving experience .....	9 YEARS AND 3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-86126492
Alt. Phone Number .....	-
Email Address .....	muhd.ridzwan.rashid@gmail.com
Address .....	BLK 683C WOODLANDS DRIVE 62 #02-159
Address complement .....	-
Postcode .....	733683
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999
Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN/ TP REPORT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLF4313Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	JIANG SHANJIAO
NRIC No .....	S2710148H
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJP9991C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KWEK XIAO HAO( GUO XIAOHAO)
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

# SKETCH PLAN

## IMPORTANT NOTICE

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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 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

A055Q50A5  
B05JP99A1C  
C0SLF4313Y

MANDAI Road

## Describe Circumstances of the Accident

On 21/6/2022 @ around 08.45 hours i was driving along mandai road heading to my office located at 210 Mandai Road. After cross traffic junction front car SLF4313Y slow down and brake and i brake accordingly as it was a slow moving traffic approaching another T-junction. SJP9991C from rear hit my car SJQ509S and my car SJQ509S roll forward and hit the front car which was at stationary position 2-.



## Declaration

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

 21/6/22 @ 11Am 



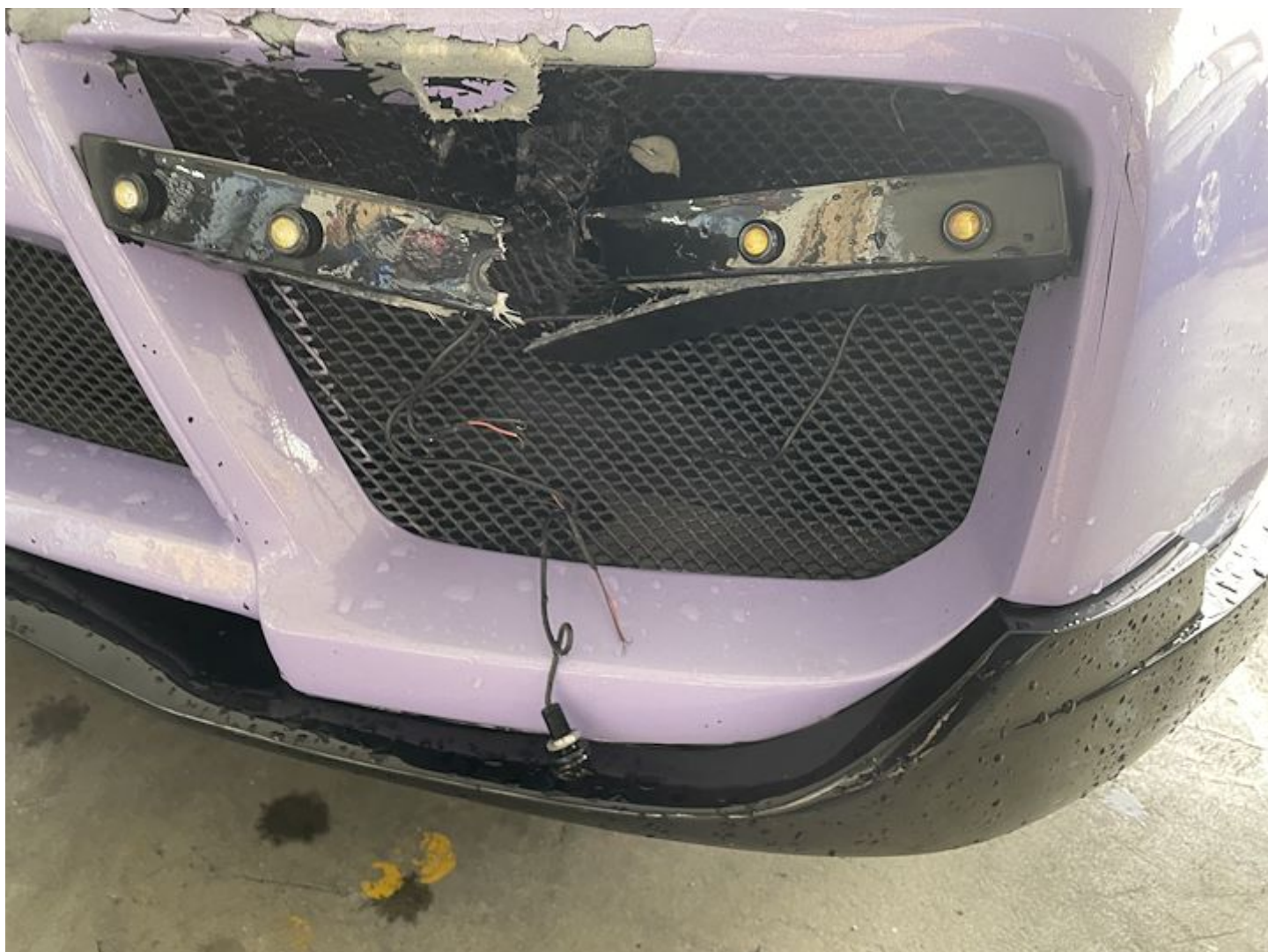
























**SINGAPORE  
POLICE FORCE**



T/20220621/2048

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Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20220621/2048

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/06/2022 14:14	Vide Report No.:	Station Diary No.: 64
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**Informant's Particulars**

Name of Informant: NUR SYAZWANI BINTE RAZALI			Address: APT BLK 683C WOODLANDS DRIVE 62 #02-159 SINGAPORE 733683		
ID Type / ID No.: NRIC NO / S8607843J			Contact No.: Home/Office:                      Mobile: 86126492		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 36	Date of Birth: 16/03/1986	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: OPERATION EXECUTIVE			Driving Licence Information: Class:	Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/06/2022 08:45	Type of Location: Straight Road
Location:  MANDAI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	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
SJP9991C	Car				Slightly Damaged	0
SJQ509S	Car				Slightly Damaged	0
SLF4313Y	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999



T/20220621/2048

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Report No. T/20220621/2048

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KWEK XIAO HAO	ID No.	S8024894F
Related Vehicle	SJP9991C (Car)	Contact No.	96409747
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
<b>Driver</b>			
Name	NUR SYAZWANI BINTE RAZALI	ID No.	S8607843J
Related Vehicle	SJQ509S (Car)	Contact No.	86126492
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
<b>Driver</b>			
Name	JIANG SHANJIAO	ID No.	S2710148H
Related Vehicle	SLF4313Y (Car)	Contact No.	97586058
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

**Brief Details.**

On the 21/06/2022 at about 0845hrs I got into a chain collision traffic accident along Mandai Road Towards BKE. My vehicle SJQ509S is the second vehicle and the vehicle ahead of me is SLF4313Y and the vehicle behind me is SJP9991C.

It was after a traffic light along Mandai road and my vehicle is just accelerated, subsequently the vehicle ahead of mine stop and I immediately brake stop my vehicle, subsequently the vehicle behind my hit into my vehicle and my vehicle moved forward and hit into the vehicle ahead of mine. No police attended to us.

**SINGAPORE  
POLICE FORCE**

T/20220621/2048

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Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20220621/2048

**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:

L /

Other XIE SIBIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/06/2022 14:14

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20220621/2048

Police Station Of Origin:  
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Tel No: 1800-7679999

3 of 4

Report No. T/20220621/2048

**CONTINUATION OF REPORT**

I felt pain on my left knee cap, both my hands, neck and inner upper lips. I then went to the Dr Nah & Lee Family Clinic and was given 5 days of MC (MC/10206) from 21/06/2022 to 25/06/2022.

Dr Nah & Lee Family Clinic  
780 Woodlands Crescent #01-03 Singapore 730780  
Tel : 6250 1528 Fax : 6250 1779

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MEDICAL CERTIFICATE

Certificate No : MC/10206  
Date Of Visit : 21/06/2022  
Patient Ref No : 155  
This is to certify that :  
NUR SYAZWANI BINTE RAZALI  
NRIC : S8607843J

is unfit for work for 5 days  
from 21/06/2022 to 25/06/2022.

DR JOSHUA NAH  
MBBS (S'PORE)  
MCR NO: 13200D

  
DR NAH KWANG MENG

Note : This certificate is not valid for absence from court.  
Date Printed : 21/06/2022

**Dr Nah & Lee Family Clinic**  
 780 Woodlands Crescent #01-03 Singapore 730780  
 Tel : 6250 1528 Fax : 6250 1779

Gst Reg No. 201500144K

**TAX INVOICE**

NUR SYAZWANI BINTE RAZALI

Invoice No : PI/161730

Date : 21/06/2022

Attended By : DR NAH KWANG MENG

Items :			Amount
<u>CONSULTATION</u>			
CONSULTATION (NORMAL HOURS)	1		\$18.00
<u>MEDICATION</u>			
KEFENTECH PLASTER 9'S	2	PKT	\$18.00
ANAREX TAB	30	tabs	\$12.00
ORAL AID LOTION 6ML	1	bot	\$7.50
HIRUDOID CREAM 14GM	1	tube	\$12.00
<u>ADJUSTMENT</u>			
ADJUSTMENT FOR GST	1		-\$0.02

Paid By : **\$72.20** Cash

**Dr Nah & Lee Family Clinic**  
 780 Woodlands Crescent #01-03  
 Singapore 730780  
 Tel: 6250 1528 Fax: 6250 1779

Sub Total : \$67.48  
 7% GST : \$4.72  
 Grand Total : \$72.20  
 Amount paid : \$72.20  
 Amount outstanding : \$0.00

Dr Nah & Lee Family Clinic