

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 Actual 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	15/09/2022 17:32 (SGT)
Reported by	Both
Date of Accident	14/09/2022 13:00 (SGT)
Exact Location of Accident	Pickering St, Singapore
Additional Location Information	PICKERING STREET TOWARDS CHURCH STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ9872K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NOR SUHAILI BTE SHARIF
NRIC No	SXXXX989Z
Email Address	suhaili.sharif88@gmail.com
Mobile Phone No	(Phone) +65-90125726
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129356597

DRIVER

Name of Driver	NOR SUHAILI BTE SHARIF
NRIC No	SXXXX989Z
Date Of Birth	15/04/1988
Occupation	Indoor

Date Of Driving Pass	23/09/2011
Driving experience	11 YEARS
Gender	Female
Mobile Number	(Phone) +65-90125726
Alt. Phone Number	-
Email Address	suhaili.sharif88@gmail.com
Address	785D WOOLDANDS RISE
Address complement	12-52
Postcode	734785
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	Collision - Major/Minor Rd
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)	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	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002369999
Alt. Police Station Phone No	(Fax) +65-62204360
Police Station Address	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

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	SND415A
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG MING YI
Contact Number	(Phone) +65-86664999
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	NOR SUHAILI BTE SHARIF
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SJZ9872K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

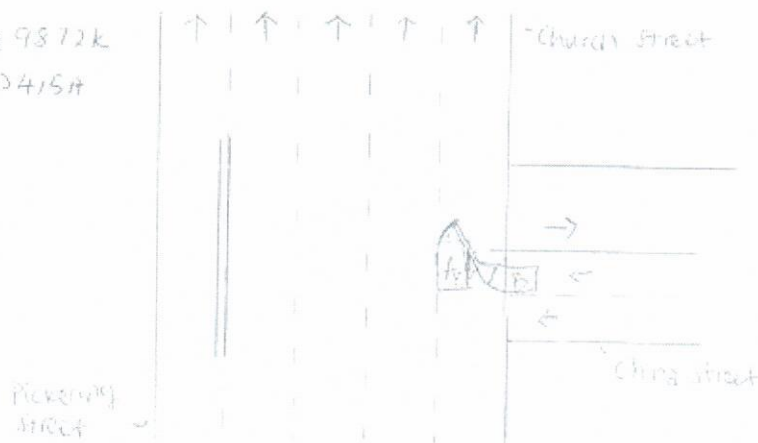
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A - SJE 9872K
Vehicle B - JND 415A



Describe Circumstances of the Accident

Please refer to police report.

T/202-20914/2077

Declaration

I/We declare the foregoing particulars are true in every respect

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220914/2077

Police Station Of Origin:
Bukit Merah East N.P.C
391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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Report No. T/20220914/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2022 19:27	Vide Report No.:	Station Diary No.: 118
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Informant's Particulars

Name of Informant: NOR SUHAILI BINTE SHARIF			Address: APT BLK 785D WOODLANDS RISE #12-52 SINGAPORE 734785		
ID Type / ID No.: NRIC NO / S8812989Z			Contact No.: Home/Office: Mobile: 90125726		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 34	Date of Birth: 15/04/1988	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: CIVIL SERVANT			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/09/2022 13:00	Type of Location: T-Junction
Location: PICKERING STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ9872K	Car	KIA	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR	Blue	Slightly Damaged	0
SND415A	Car				No Damage	0



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Tel No: 1800-2369999

CONTINUATION OF REPORT



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Report No. T/20220914/2077

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ9872K	NTUC Income Insurance Co-Operative Limited	5129356597	13/08/2022	12/08/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NOR SUHAILI BINTE SHARIF	ID No.	S8812989Z
Related Vehicle	SJZ9872K (Car)	Contact No.	90125726
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	14/09/2022	Date Discharge	14/09/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ANG MING YI	ID No.	S9132999I
Related Vehicle	SND415A (Car)	Contact No.	86664999
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 14 September 2022 at around 1.00pm, I was driving my car SJZ9872K along Pickering Street towards Church Street when another car SND415A came out suddenly from China Street and hit onto my vehicle. Due to the collision, there were dents and scratches on the driver side door. There was no traffic police who attended to the incident.

Due to the collision, I suffered from neck and head pain and I was given 3 days MC. That is all.

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391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999



T/20220914/2077

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Report No. T/20220914/2077

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:

A /
STAFF SGT MUHAMMAD
FARHAN BIN AMIRWEJAYA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/09/2022 19:27

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

NP168