

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	11/01/2023 13:14 (SGT)
Reported by	Driver
Date of Accident	10/01/2023 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AMK AVE 6 (TOWARDS MARYMOUNT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ9048Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD BAHAR BIN ABDUL LATIFF
NRIC No	SXXXX197Z
Email Address	mas8ahar1971@gmail.com
Mobile Phone No	(Phone) +65-90571902
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	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00263402100

DRIVER

Name of Driver	SAHURI BINTE JOHARI
NRIC No	SXXXX304I
Date Of Birth	24/12/1974
Occupation	Indoor

Date Of Driving Pass	29/02/2008
Driving experience	14 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90125266
Alt. Phone Number	-
Email Address	shalynna6196@gmail.com
Address	897A WOODLANDS DRIVE 50
Address complement	# 02-150
Postcode	730897
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	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

PLEASE REFER TO THE ATTACHED POLICE REPORT-T/20230110/7020

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	SMJ6079C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HAN FUJIN
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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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

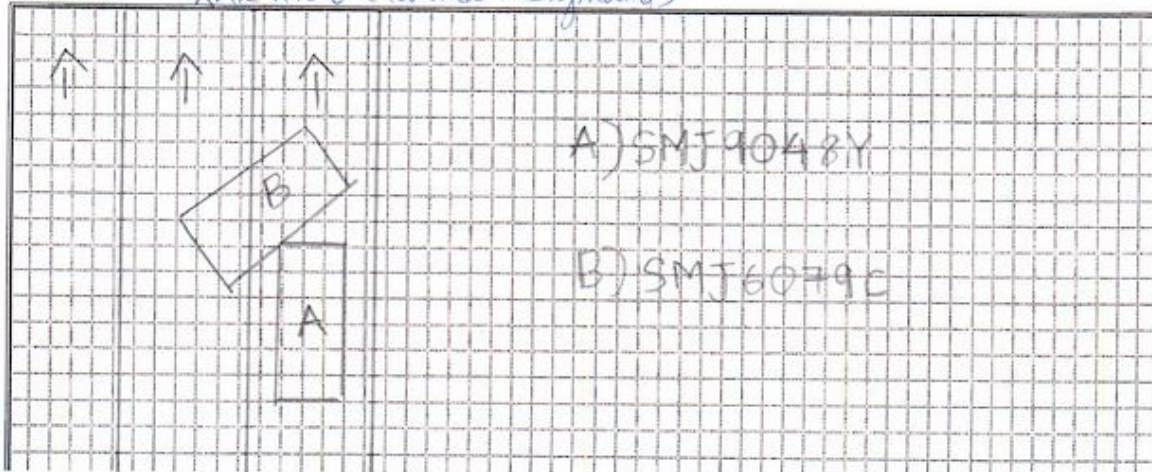
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 16/1/23
Policyholder's Signature / Date & Time

 11/1/23
Driver's Signature (if driver is not the policyholder) / Date & Time

 11/1/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan ANK AVE 6 (Towards Menyaman)



Describe Circumstance of the Accident

Refer to Police Report T/20300110 / 7020

Declaration

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

 10/1/23
Policyholder's Signature / Date & Time

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

 11/1/23
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230110/7020

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

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Report No. T/20230110/7020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SAHURI BINTE JOHARI	ID No.	S74433041
Related Vehicle	SMJ9048Y (Car)	Contact No.	90125266
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/01/2023	Date	10/01/2023
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED TIME AND DATE,

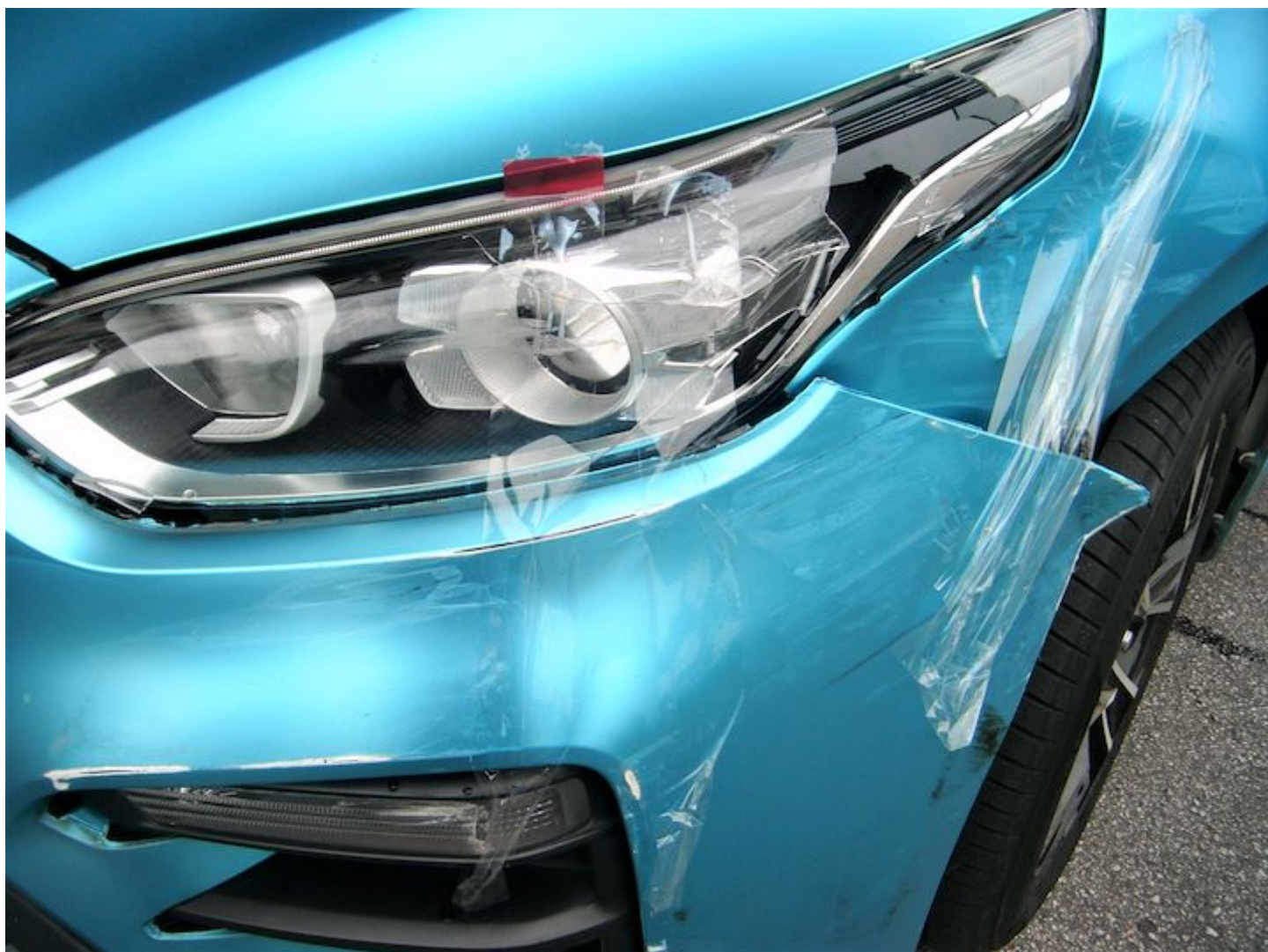
I WAS TRAVELING ALONG ANG MO KIO AVENUE 6 TOWARDS MARYMOUNT , AS I WAS ON LANE 1 A VEHICLE (SMJ6079C) CHANGED ITS LANE FROM LANE 2 TO LANE 1 WHERE I WAS AT WITHOUT CHECKING FOR ONCOMING TRAFFIC AND HAD COLLIDED ONTO THE FRONT OF MY VEHICLE

I CONSULTED MEDICAL ATTENTION AND RECEIVED 3 DAYS MC





































**SINGAPORE
POLICE FORCE**



T/20230110/7020

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

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Report No. T/20230110/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2023 12:03		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SAHURI BINTE JOHARI			Address: 897A WOODLANDS DRIVE 50 #02-150 SINGAPORE 730897		
ID Type / ID No.: NRIC NO / S7443304I			Contact No.: Home/Office: Mobile: 90125266		
Nationality: SINGAPORE CITIZEN			Email: SHALYNNA6196@GMAIL.COM		
Sex: Female	Age: 48	Date of Birth: 24/12/1974	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/01/2023 08:30	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMJ6079C	Car				Slightly Damaged	0
SMJ9048Y	Car					0



**SINGAPORE
POLICE FORCE**



T/20230110/7020

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

2 of 3

Report No. T/20230110/7020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SAHURI BINTE JOHARI	ID No.	S74433041
Related Vehicle	SMJ9048Y (Car)	Contact No.	90125266
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/01/2023	Date	10/01/2023
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED TIME AND DATE,

I WAS TRAVELING ALONG ANG MO KIO AVENUE 6 TOWARDS MARYMOUNT , AS I WAS ON LANE 1 A VEHICLE (SMJ6079C) CHANGED ITS LANE FROM LANE 2 TO LANE 1 WHERE I WAS AT WITHOUT CHECKING FOR ONCOMING TRAFFIC AND HAD COLLIDED ONTO THE FRONT OF MY VEHICLE

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**SINGAPORE
POLICE FORCE**

T/20230110/7020

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

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Report No. T/20230110/7020

CONTINUATION OF REPORTSketch 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 /
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:
10/01/2023 12:03

Classification Of Case: