

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 10/01/2023 16:26 (SGT)
Reported by Both
Date of Accident 10/01/2023 08:35 (SGT)
Exact Location of Accident Boon Lay Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV2354X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WARISAN BIN ISMAIL
NRIC No SXXXX996A
Email Address warisanismail.wi@gmail.com
Mobile Phone No (Phone) +65-96434201
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model RAIZE
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 996

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Policy Number / Cover Note Number DMPPHQ22-004807

DRIVER

Name of Driver NUR HANIS INSYIRAH BINTE RAZALI
NRIC No SXXXX497A
Date Of Birth 24/12/1988
Occupation Indoor

Date Of Driving Pass	19/06/2015
Driving experience	7 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91521714
Alt. Phone Number	-
Email Address	warisanismail.wi@gmail.com
Address	BLK 227 CHOA CHU KANG CENTRAL #03-195
Address complement	-
Postcode	680227
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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	WARISAN BIN ISMAIL
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

PLEASE REFER TO POLICE REPORT T/20230110/7024

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG2422Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	WARISAN BIN ISMAIL
Gender	Male
Phone No	(Phone) +65-96434201
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMV2354X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NUR HANIS INSYIRAH BINTE RAZALI
Gender	Female
Phone No	(Phone) +65-91521714
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMV2354X
Were seat belts worn?	Yes
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 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

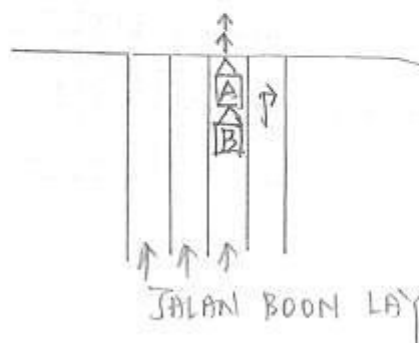
Sketch Plan


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

 10/01/2023
Witnessed by Reporting Centre Personnel

BOON LAY AVE TOWARDS
JURONG WEST CENTRAL
[A] SMV 2334X

[B] SLG 2422Z




Describe Circumstances of the Accident

Ref to Police Report 7/2023 0110/7024

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























**SINGAPORE
POLICE FORCE**

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



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Report No. T/20230110/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2023 12:35	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: WARISAN BIN ISMAIL		Address: 227 CHOA CHU KANG CENTRAL #03-195 SINGAPORE 680227	
ID Type / ID No.: NRIC NO / S8019996A		Contact No.: Home/Office: Mobile: 96434201	
Nationality: SINGAPORE CITIZEN		Email: WARISANISMAIL.WI@GMAIL.COM	
Sex: Male	Age: 42	Date of Birth: 17/07/1980	Type of Informant: Passenger
Race: Malay		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/01/2023 08:35	Type of Location: X-Junction
Location: BOON LAY AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLG2422Z	Car	HONDA	Vezei	Blue	Slightly Damaged	0
SMV2354X	Car	TOYOTA	Raize	Black	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20230110/7024

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

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Report No. T/20230110/7024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG2422Z	China Taiping			
SMV2354X	EQ INSURANCE COMPANY LTD.	DMPPHQ22-004807	15/06/2022	21/09/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NUR HANIS INSYIRAH BTE RAZALI	ID No.	S8851497A
Related Vehicle	SMV2354X (Car)	Contact No.	91521714
Hospital/Clinic	BLESS MEDICAL CENTRE	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	10/01/2023	Date	10/01/2023
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	WARISAN BIN ISMAIL	ID No.	S8019996A
Related Vehicle	SMV2354X (Car)	Contact No.	96434201
Hospital/Clinic	BLESS MEDICAL CENTRE	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	10/01/2023	Date	10/01/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 10th January 2022, my wife, Nur Hanis Insyirah Bte Razali (S8851497A), was driving me, Warisan Bin Ismail (S8019996A), to work in our vehicle SMV2354X (Toyota Raize). We driving along Jalan Boon Lay to our destination at Enterprise Road. We were driving along the first lane and my wife slowed down when the light turned amber at the intersection where Jalan Boon Lay intersect with Boon Lay Avenue and Jurong West Central 1 (near Shell Station). We stopped at the stop line as the traffic light turned red. A Honda Vezel (SLG2422Z) driven by Sia Tong Lai (S8870398G) failed to stop and collided the rear of our vehicle. The impact was quite strong. We came down inspected our respective vehicle, exchanged driver particulars and since the other driver agree it was his mistake, we agreed to claim under insurance. My wife and I proceeded to go to Bless Medical Clinic to seek medical advise. My wife had pain on her neck, shoulders, upper back and back of her head, while I had pain on my neck, shoulder, upper back and nausea. The incident was recorded in



**SINGAPORE
POLICE FORCE**

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



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CONTINUATION OF REPORT

our in-car video camera.



**SINGAPORE
POLICE FORCE**

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



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Report No. T/20230110/7024

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 / TP1B /
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 12:35

Classification Of Case: