

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	25/01/2023 11:58 (SGT)
Reported by	Driver
Date of Accident	24/01/2023 02:44 (SGT)
Exact Location of Accident	Johor Bahru, Johor, Malaysia
Additional Location Information	MALAYSIA JOHOR CUSTOM
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE1532G
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD NOOR BIN KAMARUDDIN
NRIC No	S8633110A
Email Address	MAMATNUYUL@GMAIL.COM
Mobile Phone No	(Phone) +65-91078850
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	1989

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131384047

DRIVER

Name of Driver	NURULHUDA BINTE OMAR
NRIC No	S8743390J
Date Of Birth	18/12/1987
Occupation	Outdoor

Date Of Driving Pass	17/12/2007
Driving experience	15 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97571871
Alt. Phone Number	-
Email Address	SAGGITARIAUS_NURUL@YAHOO.COM.SG
Address	APT BLK 737 TAMPINES STREET 72
Address complement	#06-36
Postcode	520737
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	DRIZZLING
Road Surface	Wet

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)	7
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	MUHAMMAD NOOR BIN KAMARUDDIN
Gender	Male

PASSENGER 2

Name	OMAR S/O MOHD IBRAHIM
Gender	Male

PASSENGER 3

Name	JAINAB BTE ABU BAKAR
Gender	Female

PASSENGER 4

Name	MUHAMMAD NIYAZ AMANI
Gender	Male

PASSENGER 5

Name	MUHAMMAD NAFIS ADIL
Gender	Male

PASSENGER 6

Name	NUR NAFISAH ADELIA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.: G/20230124/7016.

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	SNB1557C
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NURULHUDA BINTE OMAR
Gender	Female
Phone No	(Phone) +65-97571871
Address	APT BLK 737 TAMPINES STREET 72
Address Complement	#06-36
Post Code	520737
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLE1532G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	JAINAB BINTE ABU BAKAR
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLE1532G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	OMAR S/O MOHD IBRAHIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLE1532G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	MR SINWAN
Phone	(Phone) +65-87482298
Email	-

SKETCH PLAN

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 willful 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. The 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.
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.

Policyholder's Signature / Date & Time

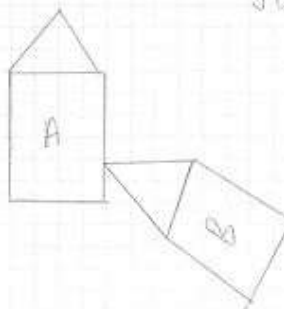
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SLE 1530G

B: SNB 1557C



Describe Circumstances of the Accident

On 24/01/2023 at about 0240hrs, I was driving my car CLEVER at Malaysia SS custom heading back to Singapore. At that time, traffic was slow and extremely congested. It was drizzling. As I was slowly inching my car forward, I saw vehicle SNB1976 front left side had side scrape with the right rear side of my car. This is from my side mirror view. I placed my car in park to align and check. Before I could align, the vehicle Driver ENB1976 slammed the rear of my car hard causing loud bang and more damages to my car.

Declaration

I/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

 26/01/23



**SINGAPORE
POLICE FORCE**



G/20230124/7016

1 of 2

POLICE REPORT (NP299)

Report No. G/20230124/7016

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 24/01/2023 13:21		Vide Report No.		Station Diary No.	
Name Of Informant NURULHUDA BINTE OMAR		Address 737 TAMPINES STREET 72 #06-36 SINGAPORE 520737			
ID Type / ID No. NRIC NO / S8743390J		Contact No. Home/Office: Mobile: 97571871			
Nationality SINGAPORE CITIZEN		Email Address saggitarious_nurul@yahoo.com.sg			
Occupation Civil servant		Sex Female	Age 35	Date of Birth 18/12/1987	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 24/01/2023 02:45 - 24/01/2023 02:45		Location Of Incident JOHOR (MALAYSIA)			

Brief details.

On 24/01/2023 at about 0240hrs I was driving my husband car SLE1532G at Malaysia JB custom heading back to Singapore. At that time, the traffic was very slow and extremely congested. As I was inching my car slowly to move forward, I saw vehicle SNB1557C left front side and my car rear right side had side swipe with each other. I stopped my vehicle and as I was about to alight to check, the male chinese driver SNB1557C had on purpose accelerate his car and collide with the rear of my car causing a loud bang and more damages to my car. I have witnessed from vehicle SMP9862G. I am lodging this report for my record and insurance claiming 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: 24/01/2023 13:21
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20230124/7016

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230124/7016

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: 24/01/2023 13:21
Officer In-Charge Of Case:	Classification Of Case: