

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	20/02/2023 18:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/02/2023 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS CENTRE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG7066L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDUL ALAUDDIN BIN ABDUL KARIM
NRIC No	S9640639H
Email Address	ABDUL_ALAUDDIN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-89014119
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129862474

DRIVER

Name of Driver	ABDUL ALAUDDIN BIN ABDUL KARIM
NRIC No	S9640639H
Date Of Birth	15/11/1996
Occupation	Indoor

Date Of Driving Pass	24/08/2022
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89014119
Alt. Phone Number	-
Email Address	ABDUL_ALAUDDIN@HOTMAIL.COM
Address	622C PUNGGOL CENTRAL #02-288
Address complement	-
Postcode	823622
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 - 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	NURUL FATEHA BINTE MASDUKI
Gender	Female

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

REFER TO 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	SJT3521U
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	NURUL FATEHA BINTE MASDUKI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNG7066L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ABDUL ALAUDDIN BIN ABDUL KARIM
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNG7066L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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.
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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' 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.

Ar
Policyholder's Signature / Date & Time

Ar 20/02/2023 1624h
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Please refer the police report = T/20230220/7055.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



20/02/2023 1624hrs

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

Witnessed by Reporting Centre Personnel





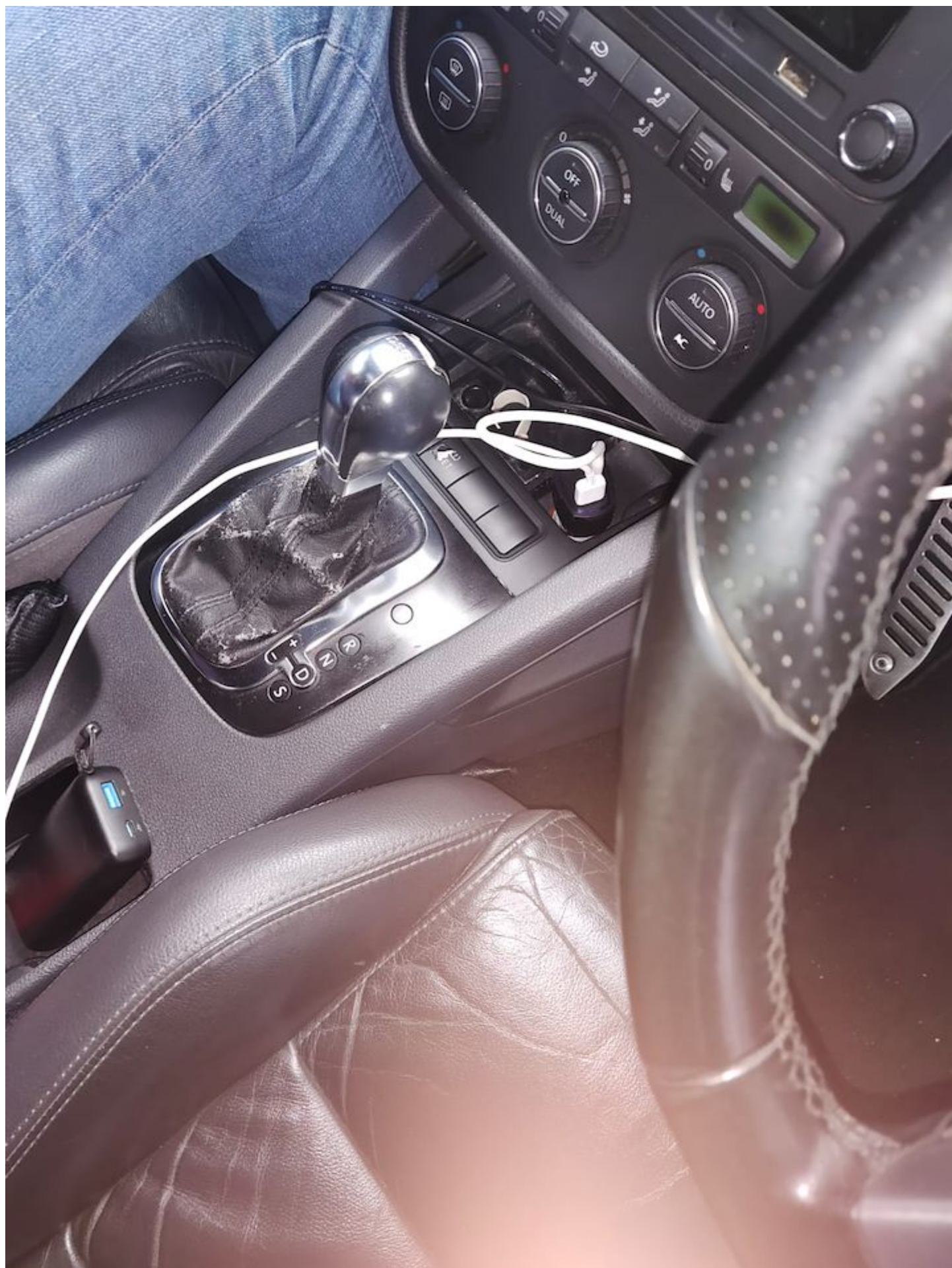
















**SINGAPORE
POLICE FORCE**



T/20230220/7055

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

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Report No. T/20230220/7055

CONTINUATION OF REPORT

Sketch 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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
20/02/2023 15:15

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20230220/7055

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

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Report No. T/20230220/7055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2023 15:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABDUL ALAUDDIN BIN ABDUL KARIM			Address: 622C PUNGGOL CENTRAL #02-288 SINGAPORE 823622		
ID Type / ID No.: NRIC NO / S9640639H			Contact No.: Home/Office: Mobile: 89014119		
Nationality: SINGAPORE CITIZEN			Email: ABDUL_ALAUDDIN@HOTMAIL.COM		
Sex: Male	Age: 26	Date of Birth: 15/11/1996	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Safety Coordinator			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: 18/02/2023 12:00	Type of Location: Straight Road
Location: WOODLANDS CENTRE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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	Conditio	No of
SJT3521U	Car					0
SNG7066L	Car	VOLKSWAGO N	GOLF GTI	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230220/7055

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

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Report No. T/20230220/7055

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNG7066L	NTUC Income Insurance Co-Operative Limited	5129862474	01/09/2022	31/08/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	NURUL FATEHA BINTE MASDUKI		ID No.	S9940882J
Related Vehicle	SNG7066L (Car)		Contact No.	82007343
Hospital/Clinic	FAMILY CARE CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	20/02/2023		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Driver				
Name	ABDUL ALAUDDIN BIN ABDUL KARIM		ID No.	S9640639H
Related Vehicle	SNG7066L (Car)		Contact No.	89014119
Hospital/Clinic	FAMILY CARE CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/02/2023		Date	NIL
No. of Days granted Medical Leave		03	Degree of	Slight

Brief Details.

On the 18/02/2023 (Saturday afternoon) at about 12.00 pm, I was driving my motorcar no. SNG 7066 L along Woodlands Crossing towards the direction of Woodlands Checkpoint as I wanted to go to Johore. I was with a passenger namely Nurul Fateha Binte Masduki, NRIC No. S9940882/J.

As we were travelling along Woodlands Crossing, all of a sudden there was a violent impact from behind that caused our motorcar to jerk and move forward. I came down to check and saw a motorcar no. SJT 3521 U has collided head on to the rear of my motorcar causing damages to the rear of my motorcar. I took down the driver's driving license and told him that I want to claim against his insurance company.

I felt pain on my neck and my lower back and I went to see a doctor on Monday morning and was given 3 days of MC. I enclosed herewith my medical bill and MC. My passenger, Nurul Fateha Binte Masduki will be seeing the doctor for medical treatment on Monday evening



**SINGAPORE
POLICE FORCE**



T/20230220/7055

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

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Report No. T/20230220/7055

CONTINUATION OF REPORT

after she finish her class.

I wish to claim for my personal injuries, cost of repair and consequential loss against the insurance company of motorcar no. SJT 3521 U.



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SY03232K000E Vehicle Registration No: SNG7066L
 Name (as shown in NRIC): ABDUL ALAUDDIN BIN ABDUL KARIM NRIC/FIN/Passport No: SXXXX639H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 622C PUNGGOL CENTRAL #02-288 Singapore (823622)
 Contact (Tel): _____ Mobile No.: 89014119
 Email Address: ABDUL_ALAUDDIN@HOTMAIL.COM
 Date of Accident: 18/02/2023 Time of Accident: 12:00
 Place of Accident: WOODLANDS CENTRE ROAD
 Insurance Company: Income Insurance Limited

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPLOAD POLICE REPORT

 Policyholder / Driver's Signature
 Date:

DAVDA
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: