

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 05/12/2022 17:41 (SGT)
Reported by Both
Date of Accident 03/12/2022 16:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information TAMPINES AVE 10
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM523K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SHAHIDA BINTE SARHID
NRIC No S8428030E
Email Address SHAHIDASHAFIQA57@GMAIL.COM
Mobile Phone No (Phone) +65-97255267
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer BMW
Model 216i
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5117803394-02

DRIVER

Name of Driver SHAHIDA BINTE SARHID
NRIC No S8428030E
Date Of Birth 08/09/1984
Occupation Indoor

Date Of Driving Pass	17/06/2008
Driving experience	14 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97255267
Alt. Phone Number	-
Email Address	SHAHIDASHAFIQA57@GMAIL.COM
Address	59 TAMPINES ST 86 #01-36 S.528509
Address complement	-
Postcode	-
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)	5
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	EMIR ZAYD
Gender	Male

PASSENGER 2

Name	ILYAS KHALID
Gender	Male

PASSENGER 3

Name	IRFAN BAZIL
Gender	Male

PASSENGER 4

Name	IQBAL ZAKIR
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED POLICE REPORT

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 TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SBL1221K
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver DOREEN
Contact Number (Phone) +65-98391051
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 EMIR ZAYD
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 2

Name of injured person ILYAS KHALID
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 3

Name of injured person SHAHIDA BINTE SARHID
Gender Female
Phone No -
Address -
Address Complement -
Post Code -

Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 4

Name of injured person IRFAN BAZIL
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 5

Name of injured person IQBAL ZAKIR
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

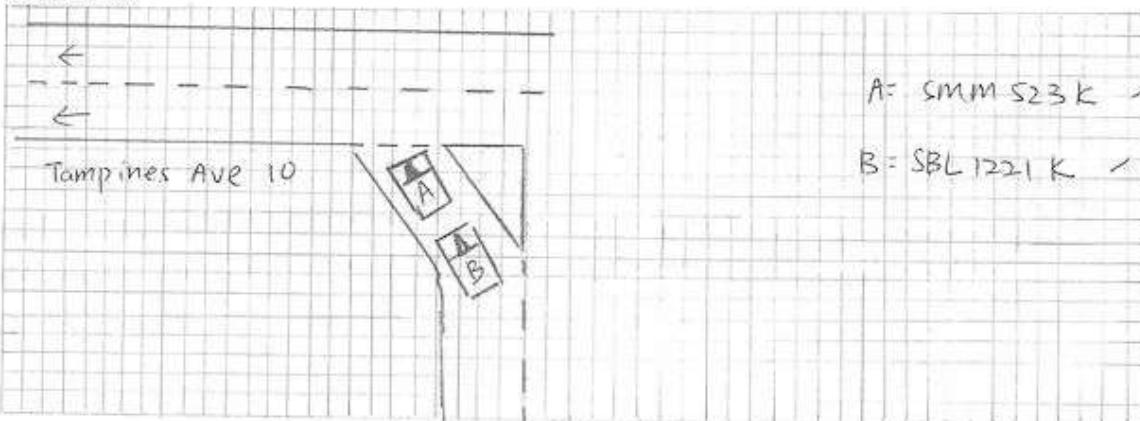
SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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.
 - (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	 Driver's Signature (If driver is not the policyholder) / Date & Time	5/12/22 @ 5pm  Witnessed by Reporting Centre Personnel
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Sketch Plan



A = SMM 523 K ✓

B = SBL 1221 K ✓


Describe Circumstances of the Accident

Refer to Police Report No = T/20221203/2081.

Declaration

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


Policyholder's Signature / Date & Time

 5/12/22 @ 5pm
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20221203/2081

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20221203/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2022 21:19		Vide Report No.:		Station Diary No.: 96
Informant's Particulars				
Name of Informant: SHAHIDA BINTE SARHID		Address: BLK 59 TAMPINES STREET 86 #01-36 SINGAPORE 528509		
ID Type / ID No.: NRIC NO / S8428030E		Contact No.: Home/Office: Mobile: 97255267		
Nationality: SINGAPORE CITIZEN		Email: shahidashafiqah57@gmail.com		
Sex: Female	Age: 38	Date of Birth: 08/09/1984	Type of Informant: Driver	
Race: Javanese		Language:		Institution / School Name:
Occupation: media		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: 03/12/2022 16:45	Type of Location: Bend
Location: TAMPINES AVENUE 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBL1221K	Car	HONDA	HRV 1.5 DX CVT	Blue	No Damage	0
SMM523K	Car	BMW	216i GRAN TOURER	White	Slightly Damaged	5

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMM523K	NTUC Income Insurance Co-Operative Limited	5117803394-02	14/06/2022	13/06/2023



**SINGAPORE
POLICE FORCE**



T/20221203/2081

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20221203/2081

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	EMIR ZAYD BIN MUHAMMAD TARMIZI	ID No.	T1425806F
Related Vehicle	SMM523K (Car)	Contact No.	NIL
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/12/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	ILYAS KHALID BIN MUHAMMAD SHAHREEN	ID No.	T1817103H
Related Vehicle	SMM523K (Car)	Contact No.	NIL
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/12/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SHAHIDA BINTE SARHID	ID No.	S8428030E
Related Vehicle	SMM523K (Car)	Contact No.	97255267
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/12/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20221203/2081

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Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20221203/2081

CONTINUATION OF REPORT

Passenger			
Name	IRFAN BAZIL BIN MUHAMMAD SHAHREEN	ID No.	T1104774I
Related Vehicle	SMM523K (Car)	Contact No.	NIL
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/12/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	IQBAL ZAKIR BIN MUHAMMAD SHAHREEN	ID No.	T1327254E
Related Vehicle	SMM523K (Car)	Contact No.	NIL
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/12/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 03/12/2022 at about 1645hrs, I was driving my car bearing plate number SMM523K along Tampines Ave 10 towards Bartley Road East Flyover. I was going to send my children and my nephew for their football training. As I was driving on the slip road of Tampines Avenue 10 entering into Tampines Avenue 1 I saw a car making a u-turn at the traffic junction.

I applied my brake and stopped just before the parallel broken white lines. Subsequently, a car bearing plate number SBL1221K collided onto the rear of my car. I went down my car to exchange particulars of the other driver and also took photos of the accident. I also informed the other driver that the children were in a state of shock due to the accident.

The impact of the collision caused me, my children and my nephew to have pain on our back, shoulders and neck. We went to the clinic and was given 3 days MC from 03/12/2022 to 05/12/2022.

I would like to state that there were no traffic police and ambulance involved. I have footage of the accident.



**SINGAPORE
POLICE FORCE**



T/20221203/2081

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Report No. T/20221203/2081

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: G/ SGT 2 MUHAMMAD FIRDAUS BIN ABDULLAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2022 21:19
Officer In Charge Of Case: TP / AEIT / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

NP168