

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	13/03/2023 10:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/03/2023 17:20 (SGT)
Exact Location of Accident	21 Woodlands Crossing, Singapore 738203
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC9759P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FARADIANA BINTE MOHAMED JALAL
NRIC No	S9214404F
Email Address	FARA.DIANA@HOTMAIL.COM
Mobile Phone No	(Phone) +65-92319465
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC23P00072300

DRIVER

Name of Driver	FARADIANA BINTE MOHAMED JALAL
NRIC No	S9214404F
Date Of Birth	02/05/1992
Occupation	Indoor

Date Of Driving Pass	30/07/2011
Driving experience	11 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92319465
Alt. Phone Number	-
Email Address	FARA.DIANA@HOTMAIL.COM
Address	627 JURONG WEST STREET 65, #10-382
Address complement	-
Postcode	640627
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?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JSP7907
Vehicle Category	Motorcycle

PASSENGER 1

Name	ADI SUFIAN
Gender	Male

PASSENGER 2

Name	ALY STELLA
Gender	Female

PASSENGER 3

Name	ARY SKYLAR
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002659999
Alt. Police Station Phone No	(Fax) +65-62664987
Police Station Address	Blk 158 Yung Loh Road #01-58 Singapore 610158
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN & POLICE REPORT

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 JSP7907
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
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 -
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? JSP7907
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

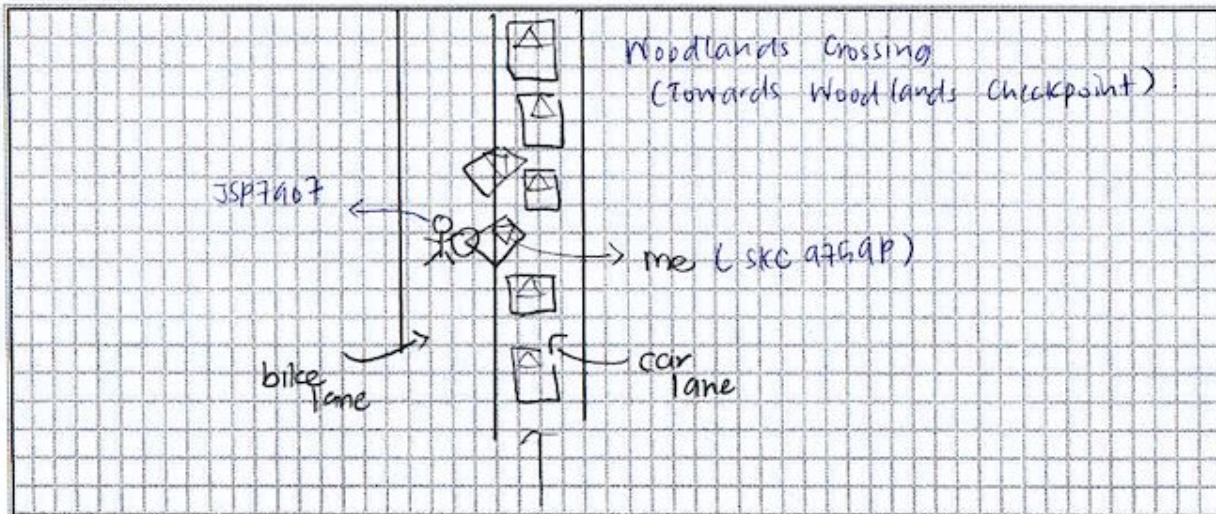
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature / Date & Time


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


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

Sketch Plan



Declaration

Policyholder's Signature / Date & Time

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



















**SINGAPORE
POLICE FORCE**



T/20230312/2049

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

1 of 4
Report No. T/20230312/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2023 16:31		Vide Report No.: L/20230311/0146	Station Diary No.: 20
Informant's Particulars			
Name of Informant: FARADIANA BINTE MOHAMED JALAL		Address: APT BLK 627 JURONG WEST STREET 65 #10-382 SINGAPORE 640627	
ID Type / ID No.: NRIC NO / S9214404F		Contact No.: Home/Office: Mobile: 92319465	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 30	Date of Birth: 02/05/1992	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: CIVIL SERVANT		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/03/2023 17:20	Type of Location: before woodlands checkpoint
Location: WOODLANDS CROSSING				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSP7907	Motorcycle				Slightly Damaged	0
SKC9759P	Car	BMW	X1 SDRIVE18I AT D/AB GAS/D SR NAV 5DR	Brown	Slightly Damaged	4



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T/20230312/2049

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Tel No: 1800-2659999

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Report No. T/20230312/2049

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC9759P	ECICS LIMITED	MPC23P00072300	08/03/2023	07/03/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FARADIANA BINTE MOHAMED JALAL	ID No.	S9214404F
Related Vehicle	NIL	Contact No.	92319465
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/03/2023 at around 1718hrs, I was driving my vehicle, V1: SKC9759P along Woodlands crossing, wanting to enter Woodlands checkpoint itself. As the traffic was very heavy and jam, all the cars were trying to squeeze into the lanes and few moments later I realized that I am driving on the motorcycle lane (left side). Therefore, I quickly signaled right and roll down my window to raise my hand so that I can signal my intention of going in back to the motorcar lane early.

I managed to go in the motorcar lane halfway and was waiting for the front vehicle to move forward so that I can fully get back on the motorcar lane. My husband namely Adi Sufian Bin Sujono was sitting at the passenger seat and affirmed that there is plenty of space for motorcycle to pass by the lane.

While the vehicle was stationery, I suddenly heard a loud bang coming from the rear left of V1. I stopped V1 and quickly made a check. I saw one male subject was lying on the road right beside of his bike, V2: JSP7907. My husband quickly called for ambulance and other motorist called for Traffic police.

Few moments later, ambulance and traffic police came and made their assessment. I did not manage to get the rider's particulars as he was conveyed by the ambulance. The rider claimed that he injured his legs and neck.

I would like to state that there are no camera in V1 and I am not injured.

Damages on V1 and V2 are as follows:

- 1)Cracks on rear left light of V1
- 2)Scratches on rear left bumper of V1
- 3)Cracks on front right cover of V2



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T/20230312/2049

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610158
Tel No: 1800-2659999

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Report No. T/20230312/2049

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20230312/2049

4 of 4

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20230312/2049

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:

J /

SGT 2 MUHAMMAD
SHAH HIDAN AZIM BIN YACOB

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
STAFF SGT NUR HAFIZAH BINTE NORIZAN
Contact No.: 96189347

Signature Of Informant:

Date/Time:

12/03/2023 16:31

Classification Of Case:

NP168