

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report carefully 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 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. 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.

### ACCIDENT STATEMENT

Date of Submission ..... 22/05/2023 19:48 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 21/05/2023 08:00 (SGT)  
Exact Location of Accident ..... Tampines, Singapore  
Additional Location Information ..... 612A TAMPINES NORTH DRIVE 1 PICK UP/DROP OFF POINT  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNC2804C  
INSURED/POLICYHOLDER  
Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD IZWAN BIN MOHAMAD SANIB  
NRIC No .....  
Email Address .....  
Mobile Phone No .....  
Alternative Phone No .....

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
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 ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5124053073-01

### DRIVER

Name of Driver ..... SHARIFAH ADIBAH BINTE SYED ZAINAL  
NRIC No .....  
Date Of Birth .....  
Occupation ..... Indoor

Accident report **SA18235M000G**

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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 ..... SHARIFAH ADIBAH BINTE SYED ZAINAL  
Gender .....  
Phone No .....  
Address .....  
Address Complement .....  
Post Code .....  
Approximate Age Years Old .....  
Injuries Sustained .....  
Injured person in which vehicle? ..... SNC2804C  
Were seat belts worn? .....  
Was this injured conveyed to hospital by ambulance? .....

Date Of Driving Pass .....  
Driving experience .....  
Gender ..... Female  
Mobile Number ..... (Phone) .....  
Alt. Phone Number .....  
Email Address .....  
Address .....  
Address complement .....  
Postcode .....  
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 - Roundabout  
Weather Conditions ..... Clear  
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) ..... 1  
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 .....

### 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 POLICE REPORT T/20230522/7033

### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SNA2059Y  
Vehicle Manufacturer .....  
Vehicle Model .....  
Vehicle Variant .....

Accident report **SA18235M000G**

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### SKETCH PLAN

### IMPORTANT NOTICE

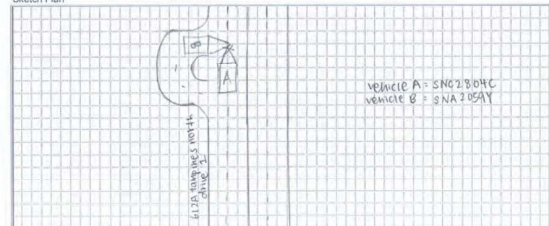
1. Please report carefully the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the 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 be 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' lawyer/solicitor 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 any 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/postal 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' lawyer/solicitor firms, may be 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 lawyer/solicitor 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



1

Describe Circumstance of the Accident

Refer to attached police report  
T/2022 0522 / 4033

Declaration

We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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



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





IMAGES #4



IMAGES #5



IMAGES #6



IMAGES #7





## POLICE REPORT



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

1 of 3  
Report No. T/20230522/7033

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2023 13:14 Vide Report No.: G/20230521/7076 Station Utility No.:

## Informant's Particulars

Name of Informant: SHARIFAH ADIBAH BINTE SYED ZAINAL  
Address: [REDACTED]  
ID Type / ID No.: [REDACTED]  
NRIC NO.: [REDACTED]  
Nationality: SINGAPORE CITIZEN  
Sex: Female Age: [REDACTED] Date of Birth: [REDACTED]  
Race: Malay  
Occupation: Educator  
Type of Informant: Driver  
Language: English  
Driving Licence Information: Class: [REDACTED] Date of Expiry: [REDACTED]

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	21/05/2023 08:10	Roundabout
Location: TAMPINES NORTH DRIVE 1				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On		Anyone conveyed by ambulance: No		

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNC2804C	Car					0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## POLICE REPORT #2



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

2 of 3  
Report No. T/20230522/7033

## CONTINUATION OF REPORT

Driver			
Name	SHARIFAH ADIBAH BINTE SYED ZAINAL	ID No.	[REDACTED]
Related Vehicle	SNC2804C (Car)	Contact No.	[REDACTED]
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details

It was a road traffic accident that occurred near the pick up point of Tampines Greenview, Tampines North Drive 1, Block 612A.  
I was the driver, without passengers in the car, in my own private vehicle.  
I was heading out of the carpark when the accident occurred.

A car moving off from the pick up point was driving onto the main road that I was driving on. I was going straight.  
Driver has, at the same time, failed to stop to check his blind spots. This was apparent from the footage of my car's dashcam.  
He collided into my car, at the left frontal area, causing damage to the headlight area.  
The car is dented at the area of impact.

The driver then reversed his car into a nearby lot to avoid obstruction to the road while we discussed for settlement.  
Both parties have amicably agreed to go through their personal insurance claim and workshop for car repairs.  
IC and driver's license were exchanged for documentation purposes.

I was in shock from the accident. Went to a GP the same day of accident to get check.  
Got referred to KKH to have a thorough check as I am 26 weeks pregnant.  
Went to the same GP again on 22 May 2023 as I was experiencing some strain and pain in my neck, lower back and under belly.  
I was given 4 days MC by the GP from 21 May 2023 to 24 May 2023.



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408066  
Tel No. 65470000



3 of 3  
Report No. T/20230522/7033

## CONTINUATION OF REPORT

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:  
22/05/2023 13:14

Officer In Charge Of Case:  
TP / TP15 /  
TAN JEOK LENG LESLIE  
Contact No.: 65476151

Classification Of Case:

T/P15B



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT [CHAPTER 128]  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (MOTORVEHICLES) ACT, 2016 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1999 (MALAYSIA)

Certificate Number: 5124053079-01 Cover: 01/04/2023

1. Motor Vehicle Registration Number of Vehicle: 1. UNCL88AC  
2. Chassis Number: 1. 0422016455  
3. Name of Policyholder: 1. MUHAMMAD IZWAN BIN MUHAMMAD SANIB  
4. Effective Date of Insurance: 1. 01 Oct 2022  
5. Expiry Date of Insurance: 1. 01 Oct 2023

3. Persons or Classes of Persons entitled to drive  
(a) The Policyholder.  
(b) Any other person who is driving on the policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or his/her business.  
This Policy does not cover:  
(b) Use for racing, race-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(d) Use for any purpose in connection with the Motor Vehicle.  
\* Limitations referred to in Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act [Chapter 128] and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be insured under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 4):  
EXCESS (SECTION 2): \*  
WINDSCREEN EXCESS:  
ADDITIONAL EXCESS:  
REPAIR AT DRIVER'S PREFERRED WORKSHOP:  
INSURE WITH COE:  
NCD PROTECTION:  
ROADSIDE ASSISTANCE AND WELLNESS COVER:  
TRANSPORT ALLOWANCE:  
EXCESS WAIVER:  
PRIMARY DRIVER:  
NAMED DRIVER (1):  
NAMED DRIVER (2):  
HIRE PURCHASE COMPANY:  
SUM INSURED:

1. N/A  
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1. TECK WEI CREDIT PTE. LTD. (0000072499)  
2. 12 Aug 2022 13:14 MY

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive