

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	08/06/2023 17:27 (SGT)
Reported by	Actual Driver
Date of Accident	07/06/2023 12:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	THE BRIDGE AFTER WOODLANDS CHECKPOINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6968U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JUARIAH BTE ANWARI
NRIC No	SXXXX742H
Email Address	zaini3475@yahoo.com.sg
Mobile Phone No	(Phone) +65-96703900
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00004332301

DRIVER

Name of Driver	MOHD ZAINI BIN SUKRI
NRIC No	SXXXX118E
Date Of Birth	08/11/1966
Occupation	Outdoor

Date Of Driving Pass	24/10/1998
Driving experience	24 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82996748
Alt. Phone Number	-
Email Address	zaini3475@yahoo.com.sg
Address	APT BLK 216 PETIR ROAD
Address complement	# 07-409
Postcode	670216
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 - Head to Rear
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)	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	-

PASSENGER 1

Name	JUARIAH BTE ANWARI
Gender	Female

PASSENGER 2

Name	COUSIN
Gender	Male

PASSENGER 3

Name	COUSIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

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 WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL4297D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MIREN SEVARAJAH
NRIC No	SXXXX636H
Contact Number	(Phone) +65-90853866
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

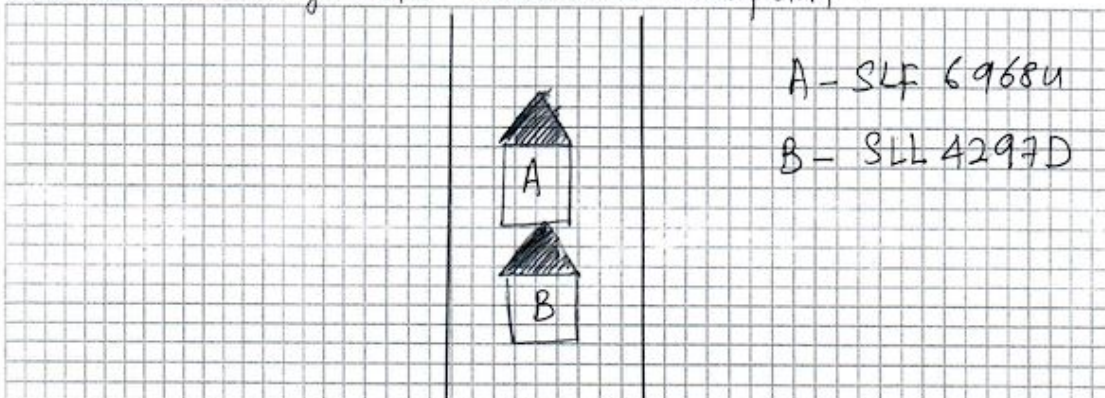
Name of injured person	MOHD ZAINI BIN SUKRI
Gender	Male
Phone No	(Phone) +65-82996748
Address	APT BLK 216 PETIR ROAD
Address Complement	# 07-409
Post Code	670216
Approximate Age Years Old	-
Injuries Sustained	BACKPAIN & GIDDINESS
Injured person in which vehicle?	SLF6968U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
(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: 8/6/23
 Driver's Signature (If driver is not the policyholder) / Date & Time: 8/6/23
 Witnessed by Reporting Centre Personnel: 8/6/2023
 Sketch Plan: The Bridge After woodlands checkpoint.



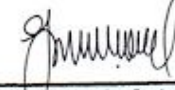


Describe the Circumstance of the Accident

On the above stated date and time, I was driving along the bridge after woodlands checkpoint. As I was moving according to the lane, suddenly vehicle B hit the rear portion of my vehicle and he stopped. Due to the impact, my car slightly moved in front but there was no vehicle in front of me. I stopped and came out of my vehicle and we exchanged particulars. There were 3 passengers in my car and no injuries to my passengers, only myself is not well due to this collision.

Declaration

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

 <u>8/6/23</u>	 <u>8/6/23</u>	 <u>8/6/2023</u>
Policyholder's Signature / Date & Time	Actual Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

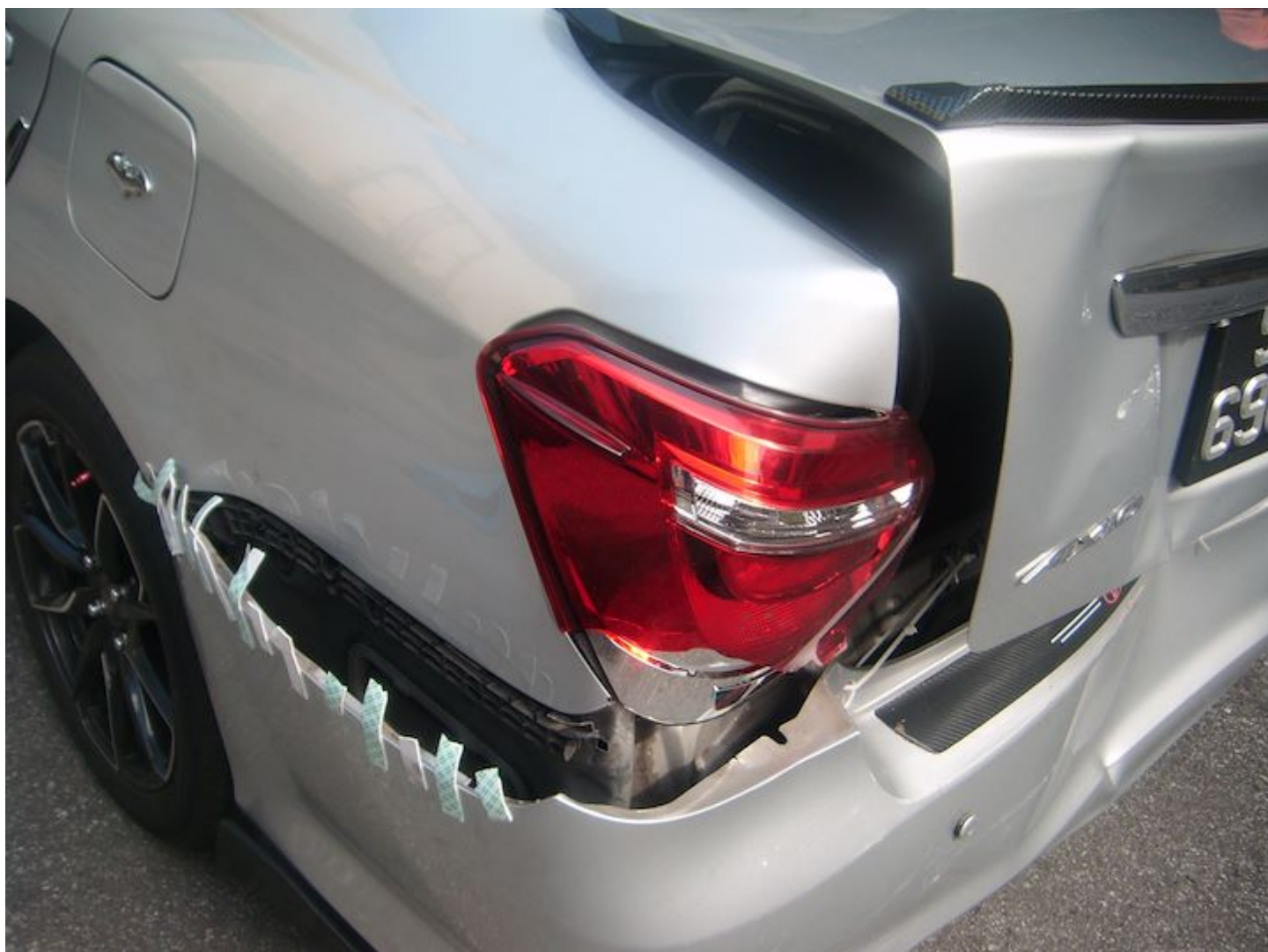






























CONFIDENTIAL

NOTICE OF COMPLIANCE

This is to inform that Mr / Ms Mohd Zaini Bin Sukri (HP: 82996748)
 NRIC/FIN S1770118E, residing at Apt Blk 216 Petir Road #07-409 S(670216) has
 reported to police a non-injury traffic accident which occurred at the bridge after
Woodlands checkpoint.

on 07/06/2023 at 1250 hrs am/pm involving the following vehicles:

- I SLF6968U
- II SLL4297D
- III _____
- IV _____

2. If the accident was reported to Police within 24 hours of its accident occurrence,
 he/she therefore has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer : SC/SGT Yap Li Ting YAP (SPF)
 Date : 07/06/2023
 Time : 2129 hrs
 S/D Ref : 65
 Police Post/Unit : Bukit Panjang NPC

Bukit Panjang NPC
 1 Segar Road #01-05
 Singapore 677738
 Tel : 6892 9999

Original - To be issued to informant
 Duplicate - To be retained at NPC or Police Post





1 Woodlands Rd #01-23 Junction 10 Singapore 677899
Tel : 6219 9298

RCB No : 201207344D

MEDICAL CERTIFICATE

Certificate No : MC/80772

Date Of Visit : 07 June 2023

Patient Reg No : 17054

This is to certify that :

MOHD ZAINI BIN SUKRI

NRIC : XXXXX118E

is unfit for work for 2 days

from 8/6/2023 to 9/6/2023.


NuHEALTH MEDICAL CENTRE
1 Woodlands Road #01-23
Junction 10
Singapore 677899
Tel No.: 6219 9298

DR TAY JUN SHENG

Note : This certificate is not valid for absence from court.

Date Printed : 7/6/2023 8:47:56 PM