

## 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 .....	29/05/2023 15:31 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	28/05/2023 12:13 (SGT)
Exact Location of Accident .....	Jurong West Ave 1, Singapore
Additional Location Information .....	TRAFFIC JUNCTION TWDS CORPORATION RD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMW846B
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HASLINDA BINTE MOHAMED SAID
NRIC No .....	S8519307D
Email Address .....	HASLINDA.SAID@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97466727
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 .....	1395

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5134413241

#### DRIVER

Name of Driver .....	HASLINDA BINTE MOHAMED SAID
NRIC No .....	S8519307D
Date Of Birth .....	30/06/1985
Occupation .....	Indoor

Date Of Driving Pass .....	03/10/2008
Driving experience .....	14 YEARS AND 7 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97466727
Alt. Phone Number .....	-
Email Address .....	HASLINDA.SAID@GMAIL.COM
Address .....	BLK 812C CHOA CHU KANG AVE 7 #07-623
Address complement .....	-
Postcode .....	683812
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	MUHAMMAD FAREED BIN AHMAD
Gender .....	Male

#### PASSENGER 2

Name .....	PUTRI HANNAH
Gender .....	Female

#### PASSENGER 3

Name .....	MUHAMMAD WAFIY FIROS
Gender .....	Male

#### PASSENGER 4

Name .....	PUTRI AUNI THAQIFAH
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 POLICE REPORT: T/20230529/7028.

## 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 ..... NOT AVAILABLE. WITH TP WORKSHOP

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... FBN1886G  
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 ..... VEHICLE B  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN**

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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: [Signature]  
 Driver's Signature (if driver is not the policyholder) / Date & Time: [Signature] 29/5/23 12.21pm  
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): \_\_\_\_\_

Sketch Plan: To Cooperation  
 (A) SPW 846B  
 (B) FRN 1886G  
 From Jurong West Ave 1

Describe Circumstance of the Accident


Statement Pls Refer To 7028  
Police Report No: T/ 20230529/7028

**Declaration**

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date & Time

 29/5/23 12:21pm  
Driver's Signature (if driver is not the policyholder) / Date & Time

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





**SINGAPORE  
POLICE FORCE**



T/20230529/7028

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

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Report No. T/20230529/7028

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMW846B	NTUC Income Insurance Co-Operative Limited	5134413241	10/03/2023	09/03/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	HASLINDA BINTE MOHAMED SAID	ID No.	S8519307D	
Related Vehicle	SMW846B (Car)	Contact No.	97466727	
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	
Passenger				
Name	MUHAMMAD FAREED BIN AHMAD SUALEY	ID No.	S8407863H	
Related Vehicle	SMW846B (Car)	Contact No.	87422685	
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	
Passenger				
Name	PUTRI HANNAH BATRISYIA BINTE MUHAMMAD FAREED	ID No.	T1912117D	
Related Vehicle	SMW846B (Car)	Contact No.	NIL	
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	



**SINGAPORE  
POLICE FORCE**



T/20230529/7028

Police Station Of Origin:  
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Tel No: 65470000

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Report No. T/20230529/7028

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	MUHAMMAD WAFIY FIRAS BIN MUHAMMAD FAREED	ID No.	T1719180I
Related Vehicle	SMW846B (Car)	Contact No.	NIL
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
<b>Passenger</b>			
Name	PUTRI AUNI THAQIFAH BINTE MUHAMMAD FAREED	ID No.	T1431759C
Related Vehicle	SMW846B (Car)	Contact No.	NIL
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.**

ON 28/05/2023 AT 1213HRS, I WAS DRIVING MY CAR (SMW 846B) ALONG JURONG WEST AVE 1 TOWARDS CORPORATION ROAD. UPON REACHING THE TRAFFICE JUNCTION AHEAD THE TRAFFICE LIGHT WAS GREEN ON MY FAVOUR SO I PROCEED TO TURN RIGHT BUT THERE WAS PEDESTRIAN CROSSING SO I THEN SLOW DOWN AND STOP WAIT FOR THE PEDESTRIAN LANE CLEAR. SUDDENLY I FELT A JERK FROM BEHIND AND I SAW FROM MY RH SIDE MIRROR THEN REALIZED THAT A RED 3 WHEEL MOTORCYCLE (FBN 1886G) COULDN'T STOP IN TIME AND THEN COLLIDED ONTO REAR RH PORTION OF MY CAR. WE TRIED TO MOVE TO OTHER SIDE AND EXCHANGE PARTICULAR WITH THE MOTORCYCLE DRIVER. HOWEVER THE MOTORCYCLE DIDN'T STOP AND JUST DROVE AWAY. MY CAR HAS INSTALLED CAR CAMERA RECORDER AND I WILLING TO SUBMIT MY ACCIDENT VIDEO FOOTAGE FOR INSURANCE CLAIM PURPOSE. HENCE, I HERETO LODGE THIS REPORT TO CLAIM AGAINST THE MOTORCYCLE (FBN 1886G)'S INSURANCE FOR MY ACCIDENT DAMAGES..



**SINGAPORE  
POLICE FORCE**



T/20230529/7028

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

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Report No. T/20230529/7028

## 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: 29/05/2023 12:15
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:

NP168