

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 First Submission	27/08/2024 17:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/08/2024 13:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ4401T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HUSSAIN BIN ABDUL HAMID
NRIC No	SXXXX336E
Email Address	husmilah@yahoo.com
Mobile Phone No	(Phone) +65-92474070
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	VEZEL 1.5X A
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	1496
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121329838-02

DRIVER

Name of Driver	HUSSAIN BIN ABDUL HAMID
NRIC No	SXXXX336E
Date Of Birth	05/04/1952
Occupation	Outdoor
Driving Pass Date	21/12/1976
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	47 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92474070
Alt. Phone Number	-
Email Address	husmilah@yahoo.com
Address	866 TAMPINES STREET 83 #08-239 S 520866
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	Hit and run / Vandalism / Damaged whilst parked
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)	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

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	File size too large

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN1964D
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)	-

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


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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

Refer to Police Report = T/20240827/7081

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel





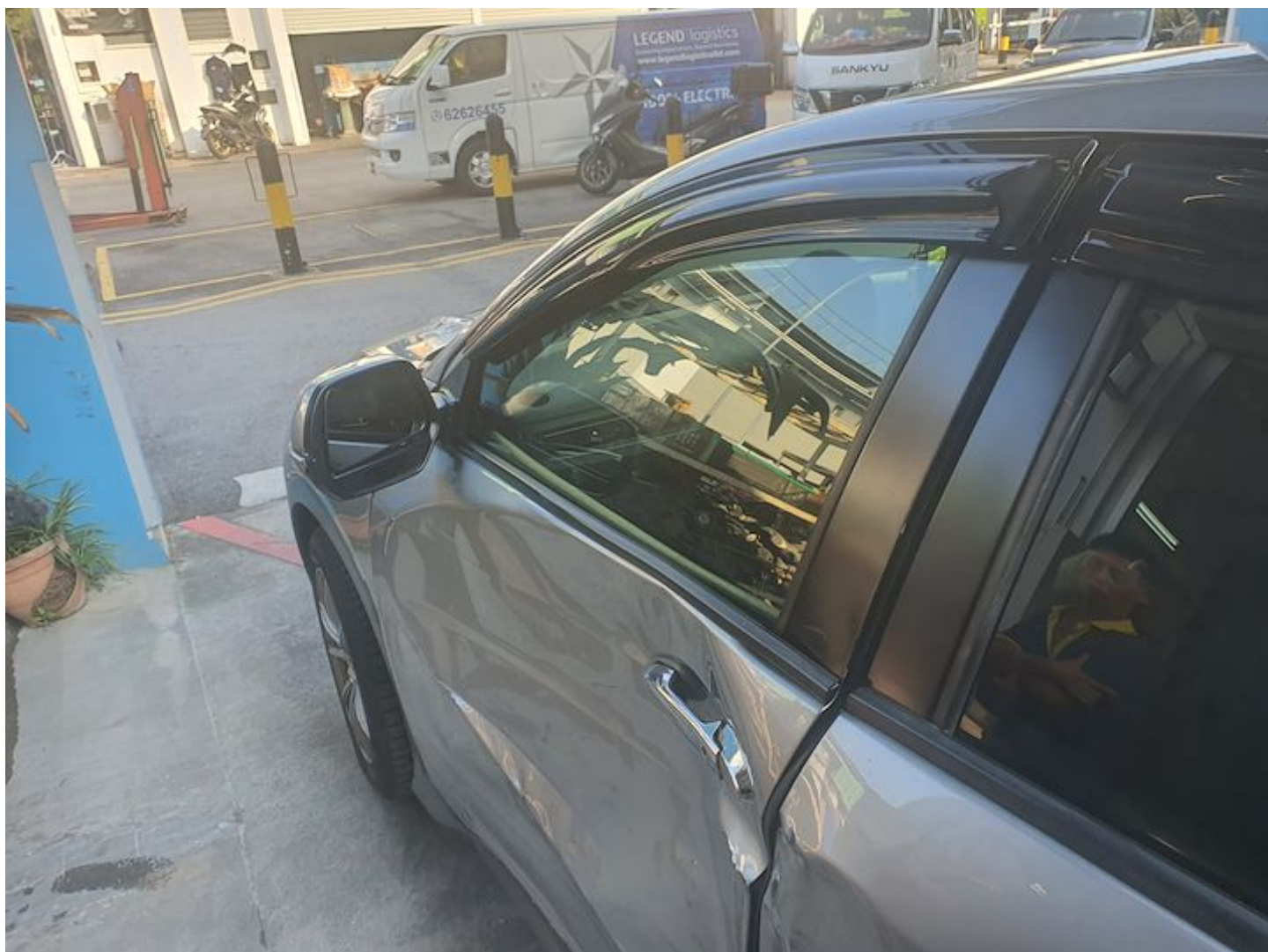










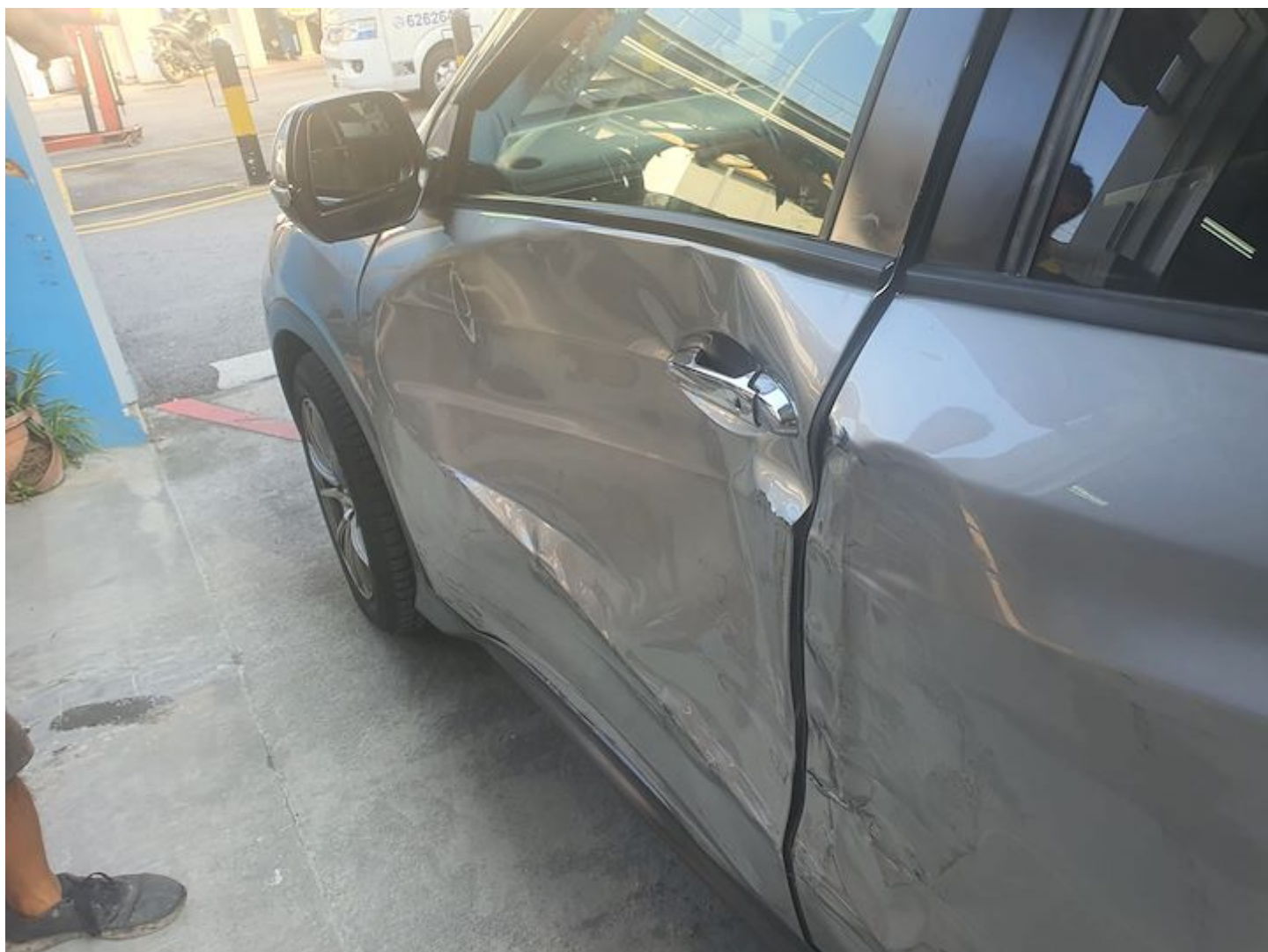






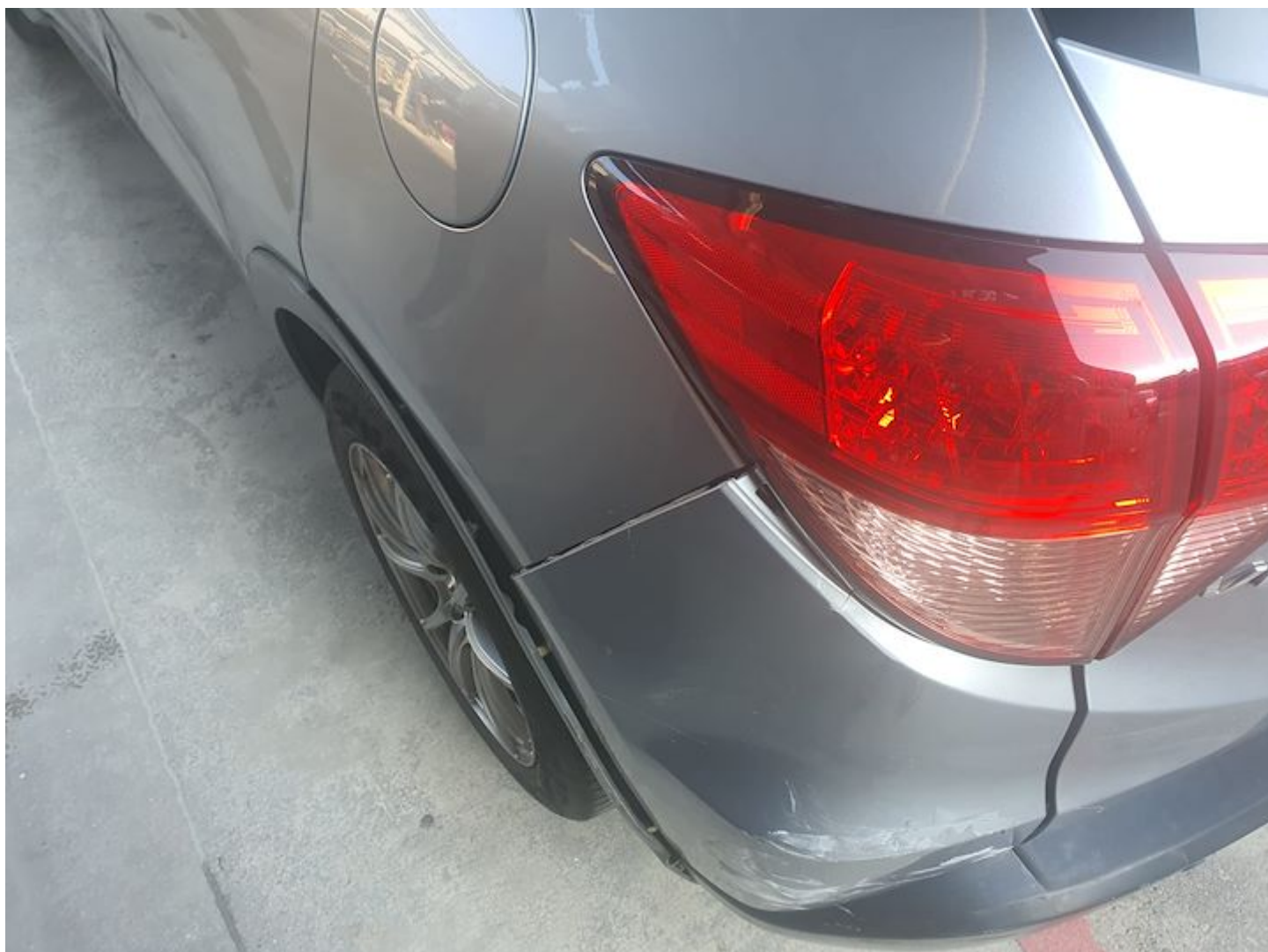


















**SINGAPORE
POLICE FORCE**



T/20240827/7081

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

1 of 3

Report No. T/20240827/7081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2024 16:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HUSSAIN BIN ABDUL HAMID			Address: 866 TAMPINES STREET 83 #08-239 SINGAPORE 520866		
ID Type / ID No.: NRIC NO / S0065336E			Contact No.: Home/Office: Mobile: 92474070		
Nationality: SINGAPORE CITIZEN			Email: husmilah@yahoo.com		
Sex: Male	Age: 72	Date of Birth: 05/04/1952	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: NEA			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive:	No	Date/Time of Accident:	27/08/2024 13:30	Type of Location:	Straight Road
Location: UPPER SERANGOON ROAD							
Weather: Clear		Road Surface: Dry					
Traffic Flow: One Way		Traffic Control: Traffic Light - Working			Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side						Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN1964P	Motorcycle					0
GV3772L	Lorry	OTHERS				3
SLQ4401T	Motor car	HONDA	VEZEL 1.5X A	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLQ4401T	NTUC Income Insurance Co-Operative Limited	5121329838-03	11/07/2024	10/07/2025



**SINGAPORE
POLICE FORCE**



T/20240827/7081

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

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Report No. T/20240827/7081

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HUSSAIN BIN ABDUL HAMID	ID No.	S0065336E
Related Vehicle	SLQ4401T (Motor car)	Contact No.	92474070
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

Along UPPER SERENGOON RD on 27.08.2024 at about 13.33pm.

Vehicle A : SLQ4401T
Lorry B : GV3772L
Motor C : FBN1964P

Vehicle A was going straight, and when Lorry B changed lanes, it collided with the left side of Vehicle A. Vehicle A parked the vehicle on the side of the road (with the two-way signal light on) and took photos of the vehicle with the lorry driver.

On 27.08.2024 at about 13.45pm

While I was still exchanging personal information with Lorry B, Vehicle A was collided by Motorcycle C and collided its rear end left side. However, Motorcycle C left directly.



**SINGAPORE
POLICE FORCE**

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



T/20240827/7081

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Report No. T/20240827/7081

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
27/08/2024 16:49

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #13-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S065200205 / GST Reg. No.: M490017715

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SK0N248R000K Vehicle Registration No: SLQ4401T
 Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
 ("Vehicle Driver / Vehicle Owner") (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : _____ Time of Accident : _____
 Place of Accident : _____
 Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend lat & run.

 Policyholder / Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

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MT/RB/PNLOCL/002

GST Reg No: M90372806G

30 May 2024

HUSSAIN BIN ABDUL HAMID
BLK 866 #08-239
TAMPINES STREET 83
SINGAPORE 520866



Dear Customer

Your Motor Insurance policy is due for renewal
Policy number: 5121329838-02
Vehicle number: SLQ4401T

Thank you for insuring with us at Income.

We would like to inform you that your Motor Insurance policy for vehicle number SLQ4401T is due for renewal on 11 Jul 2024.

Kindly refer to the summary of your Motor Insurance renewal below and follow the steps to enjoy the full coverage of your policy.

1. RENEWAL DETAILS

Period of Insurance	: 11 Jul 2024 to 10 Jul 2025	Main Driver	: HUSSAIN BIN ABDUL HAMID
Policy Coverage	: drive CLASSIC	Named Driver (1)	: N/A
Roadside Assistance and Wellness Cover	: No	Named Driver (2)	: N/A
Transport Allowance	: No	Hire Purchase Company	: N/A
Excess Waiver	: No		
Vehicle Model	: HONDA VEZEL	Windscreen excess	: S\$100
Excess (Sect I)	: S\$600	Excess (Sect II)	: N/A
Additional Excess	: N/A	Promo Code	: RENEWS
Premium (inclusive of 9% GST)	: S\$764.64		
Memo A	: N/A		
Agency / Contact number	: TECK WEI CREDIT PTE. LTD. (00000572499) / 64650020		

The Total Premium Payable is after 50% No Claim Discount, 5% Loyalty Discount and with Free NCD Protection Cover.

For a seamless experience, log in to me@income to renew or make changes to your policy.

**EXCLUSIVELY FOR YOU!**

Enhance your protection for added peace of mind with our Roadside Assistance and Wellness Cover at an additional S\$8.72 (inclusive of 9% GST) a year. Find out more on the next page.

Income Insurance Limited | UEN: 202135698W

Income Centre 75 Bras Basah Road Singapore 189557 • Tel: 6788 1777 • Fax: 6338 1500 • Enquiries: income.com.sg/enquiry