

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 23/10/2024 16:51 (SGT)
Reported by Actual Driver
Date of Accident 22/10/2024 18:15 (SGT)
Exact Location of Accident Collyer Quay, Singapore
Additional Location Information COLLYER QUAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNK2575X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner OTJEN RENTAL AND SERVICES
Company Reg No 53376767M
Email Address OTJENRENTALANDSERVICES@GMAIL.COM
Mobile Phone No
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1800
Vehicle Fuel HYBRID
First Registration Date 23/07/2018
Chassis no ZWR800329136
Effective Date/Time of Ownership 09/05/2023 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 53376767M

DRIVER

Name of Driver	HARMAN BIN OMAR
NRIC No	
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	04/06/1996
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	28 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	-
Address complement	
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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

AS PER POLICE REPORT ATTACHED

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	SMB1422U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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

IMPORTANT NOTICE

1. This form must be completed by the Policyholder and/or the Authorised Driver.
2. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may lead to the Insurers' refusal to repudiate policy liability.
3. The completion and submission of this form by the Policyholder and/or the Authorised Driver is a condition of the insurance policy.
4. Any false reporting may be referred to the Police for investigation.
5. The 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.
6. By the lodgment 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.
7. **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;
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature _____
Date _____
& Time _____

[Signature]

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

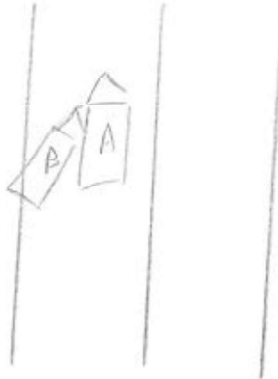


Reporting Centre Personnel's Signature _____
Name _____
NRIC No. _____

SKETCH PLAN

A) SNK2575X

B) SMB1422U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report attached.

* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

DECLARATION

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



[Signature]



Reporting Centre Person's Signature
Date

Driver's Signature
Date

Reporting Centre Person's Signature
Date

















**SINGAPORE
POLICE FORCE**



T/20241023/7083

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

1 of 3

Report No. T/20241023/7083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2024 15:23		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HARMAN BIN OMAR			Address:		
ID Type / ID No.: NRIC NO /			Contact No.: Home/Office:		Mobile:
Nationality: SINGAPORE CITIZEN			Email: HRMNOMAR@GMAIL.COM		
Sex: Male	Age:	Date of Birth:	Type of Informant: Driver		
Race: Javanese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2024 18:15	Type of Location: Straight Road
Location: COLLYER QUAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMB1422U	Bus (Passenger)					0
SNK2575X	Motor car					0

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



**SINGAPORE
POLICE FORCE**



T/20241023/7083

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

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Report No. T/20241023/7083

CONTINUATION OF REPORT

Driver			
Name	WANG FEI		ID No.
Related Vehicle	SMB1422U (Bus (Passenger))		Contact No.
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	HARMAN BIN OMAR		ID No.
Related Vehicle	SNK2575X (Motor car)		Contact No.
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight

Brief Details.

On Tuesday, 22/10/24, around 6.15pm, i was driving a purple Toyota Noah, SNK2575X, along Collyer Quay after the junction towards Finlayson Green. I was at the right most lane and have changed lane into the centre lane. Almost all of my car is already in the centre lane. The SMRT bus 970, plate SMB1422U, on my left and tried to change into my lane. The side of the bus, near the driver side front wheel grazed onto the side of my car. The bus driver continued on a bit and further grazed my rear passenger side door. The bus driver didn't seem to want to stop until i stopped in front of the bus and indicated to him.



**SINGAPORE
POLICE FORCE**



T/20241023/7083

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

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Report No. T/20241023/7083

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: 23/10/2024 15:23
Officer In Charge Of Case: TP / AEIT / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168

