

VEHICLE NO: SKP8746P.

MAKE & MODEL: VW TOURAN.

AUTO / MANUAL

DATE OF ACCIDENT	02, 07, 24.	*C.C.
TIME OF ACCIDENT	1515	AM / PM.
LOCATION OF ACCIDENT	761 YISUN ST 72.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	LPL LEASING.	
EMAIL	DERRICK23TAN@HOTMAIL.COM.	Office. MOBILE 98334443
NRIC	53355094M	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	ALLIANZ.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	SP2030245880.	
NAME OF DRIVER	AS ABOVE / IF NO. ABDUL MASHID BIN JAFFAR DIK.	
NRIC	58508886F.	
DATE OF BIRTH	21 / 03 / 85	
ANY PASSENGER	YES / NO : DRIVER ONLY.	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	18 / 02 / 08.	
GENDER	Male / Female	
CONTACT NO.	Mobile. 86752952.	Office.
EMAIL	ABDRI1985C@HOTMAIL.COM	
ADDRESS	761 YISUN ST 72 #02-132 SCARLETT.	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER.
RELATIONSHIP	Employee / If No, Hire.	
WEATHER CONDITION	Clear / Raining / Other.	
ROAD SURFACE	Dry / Wet / Other.	
ANY INJURIES	No / If yes, Who? DRIVER - VEH A - SERIOUS.	
CONVEYED BY AMBULANCE	No / If yes, Who?	
POLICE REPORT	No / If yes, Where? PD HQ.	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO.	CB74314.	Any Passenger.
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger.
VEHICLE D NO.		Any Passenger.
VEHICLE E NO.		Any Passenger.
VEHICLE F NO.		Any Passenger.
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Who is Reporting	Driver / Owner / Both	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO.	

IMPORTANT NOTICE

SKETCH PLAN

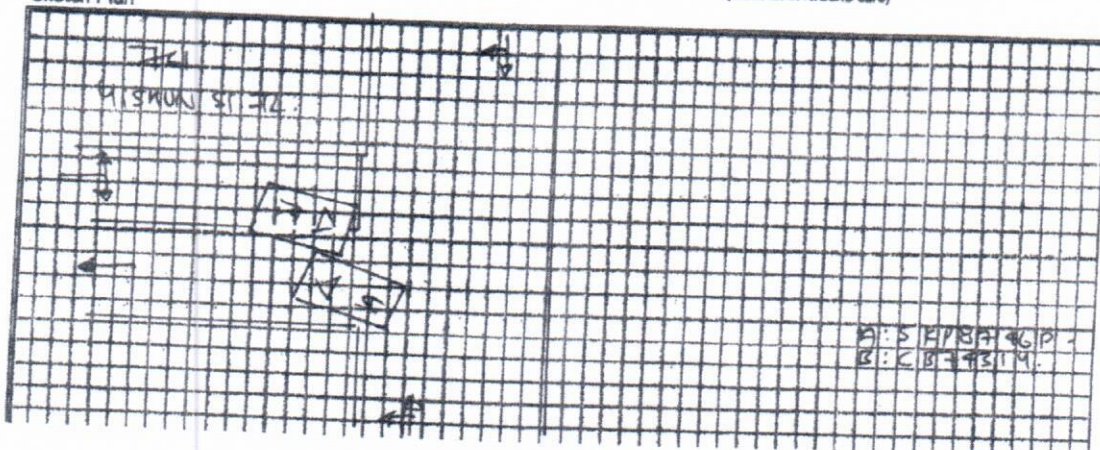
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 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 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/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
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

POLICE REPORT.

Declaration

I/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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20240703/7089

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

1 of 3

Report No. T/20240703/7089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2024 16:27		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABDUL RASHID BIN JAFFARDIK			Address: 749 YISHUN STREET 72 #02-132 SINGAPORE 760749		
ID Type / ID No.: NRIC NO / S8508886F			Contact No.: Home/Office: Mobile: 86792952		
Nationality: SINGAPORE CITIZEN			Email: ABDRJ1985@GMAIL.COM		
Sex: Male	Age: 39	Date of Birth: 21/03/1985	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Private Hirer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/07/2024 15:15	Type of Location:
Location: YISHUN STREET 72				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKP8746P	Motor car				Seriously Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20240703/7089

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

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Report No. T/20240703/7089

CONTINUATION OF REPORT

Driver				
Name	ABDUL RASHID BIN JAFFARDIK		ID No.	S8508886F
Related Vehicle	SKP8746P (Motor car)		Contact No.	86792952
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious	

Brief Details.

On the stated date and time, i was driving my vehicle SKP8746P along yishun street 72 open space carpark around my place area. I was wearing my seatbelt.

I was travelling towards the exit of the carpark.

As i was making a left turn, i noticed a minibus travelling towards me on the opposite direction. There was a stop line on his side.

Suddenly, the minibus abruptly drove into my lane, colliding onto my vehicle front right portion. The impact was huge which caused my left knee to knock against the dashboard. My right arm also knocked against my driver side door. My right leg was also in pain due to the huge impact as i was stepping onto the brake during the impact. I was shocked by what happened.

Upon alighting, i realised Minibus CB7431Y had moved into my lane and collided onto my vehicle front right portion. his vehicle front right portion was badly damaged. My vehicle front right portion was also badly damaged. The driver of CB7431Y apologized to me and admitted to me that it was his fault. He told me he could not see my car and so he moved into my lane as he was about to turn right.

i took some photos and left the scene shortly.

The following morning, i woke up feeling pain on my neck and lower back area. The pain on my left knee, right arm and right leg also got worse. I had to limp while walking as my right leg was in so much pain. I decided to seek medical treatment at Healthway Medical(Yishun) near my place.

I was given 3 days MC for injuries caused by the accident.

I will be seeking follow up treatment if the pain persists.



**SINGAPORE
POLICE FORCE**



T/20240703/7089

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Tel No: 65470000

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Report No. T/20240703/7089

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

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

Date/Time:
03/07/2024 16:27

Classification Of Case:

NP168