

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 Authorised 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 ability
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 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 Report	15/08/2016 17:48
Date Of Accident	14/08/2016 06:00
Exact Location Of Accident	INFRT OF BLK 420 CLEMENTI AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2858X
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Insured/Policyholder

Name Of Registered Owner	SHAJAHAN S/O PEER MOHD
NRIC No	S1745044A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98579363
Alternative Phone No	Others-98579363

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4 A
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
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5080556300
Cover Note Number	

Driver

Name of Driver	ISHAN ALI BIN SHAJAHAN
NRIC No	S9419679E
Date Of Birth	30/05/1994
Occupation	Indoor
Date Of Driving Pass	21/01/2013
Driving Experience	3 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-93212348
Fax Number	
Contact Number	
EEmail Address	ishan397@hotmail.com

Address	BLK 125 BUKIT BATOK CENTRAL #14-397
Postcode	650125
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Children
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	Collision- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	6

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Bukit Panjang
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20160815/2075

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC7227L
Vehicle Make/Model/Colour	TOYOTA TOYOTA HIACE HIROOF AUTO 14 SEATER
Details Of Properties	
Name of Driver	MOHAMAD NASAR BIN ALI
NRIC/Passport Number	
Contact Number	81866911
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	ISHAN ALI BIN SHAJAHAN
Approximate Age	
Injuries Sustain	CUT ON THE HEAD

Injured person in which vehicle? SLC2858X
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SHAHAUTHEEN BIN ABDUL RAHIM
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLC2858X
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No
Address
Postcode

DETAILS OF INJURED PERSON 3

Name TAUFIK ARFAD S/O NAGOOR GANT
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLC2858X
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No
Address
Postcode

DETAILS OF INJURED PERSON 4

Name SYED AJIBKHAN BIN NOOR TAJUDEEN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLC2858X
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No
Address
Postcode

DETAILS OF INJURED PERSON 5

Name MOHAMAD NAWSHAD ALI S/O SAVALHAMITHU
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLC2858X
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No
Address
Postcode

DETAILS OF INJURED PERSON 6

Name MUHAMMAD SAEEDTHUDEN BIN MOHAMED RAFI
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLC2858X
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No
Address
Postcode

Sketch Plan

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/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

BLK H20

(A) SL C 2858X

(B) PC 7227L

Clementi Ave 1.

Sketch Plan #2

Describe Circumstances of the Accident

Refer To Police Report

No: T/20160815/2075

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20160815/2075

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20160815/2075

CONTINUATION OF REPORT

Driver			
Name	ISHAN ALI BIN SHAJAHAN	ID No.	S9419679E
Related Vehicle	SLC2858X (Car)	Contact No.	93212348
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/08/2016	Date Discharge	14/08/2016
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MOHAMAD NASAR BIN ALI	ID No.	S8103086C
Related Vehicle	NIL	Contact No.	81866911
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	NIL	Degree of Injury	NIL

Brief Details.

On 14th August 2016 at about 0600hrs, I was driving vehicle SLC2858X together with 5 other passengers with me. At that point of time, I was driving near Blk 420 Clementi Ave 1 when I stopped my vehicle along the left side of the road to alight my passenger. I would like to state that my hazard light was switched on. However, while my vehicle was at stationery, before my passenger alights, I felt an impact from the rear of my vehicle. I alighted from my vehicle and discovered that a passenger van bearing PC7227L had collided onto the rear of my vehicle.

Due to the impact, I had a cut on my head, one of my passenger had a slight cut on the eyebrow, and quite a number had backaches. Thus I went to seek medical treatment on the same day at NUH and was given 3 days of medical leave. Ambulance and Traffic Police were at scene vide D/20160814/0053. Due to the accident, my vehicle was seriously damaged while the other vehicle was slightly damaged.

I do not have an in-built CCTV in my vehicle. The other passengers in my vehicle had and in the midst of seeking medical treatment due to the accident.

I am currently staying 7 Dairy Farm Heights #10-13 Singapore 677669.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20160815/2075

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20160815/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2016 14:03		Vide Report No.:		Station Diary No.: 101	
Informant's Particulars					
Name of Informant: ISHAN ALI BIN SHAJAHAN			Address: APT BLK 125 BUKIT BATOK CENTRAL #14-397 SINGAPORE 650125		
ID Type / ID No.: NRIC NO / S9419679E			Contact No.: Home/Office: Mobile: 93212348		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 30/05/1994	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: SPF NSF		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/08/2016 06:00	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI AVENUE 1 Along Clementi Ave 1 near Blk 420				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
PC7227L	PASSENGER VAN	TOYOTA	HIACE	White	Slightly Damaged	0
SLC2858X	Car	HONDA	ODYSSEY	Black	Seriously Damaged	5

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20160815/2075

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20160815/2075

CONTINUATION OF REPORT

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Police Report



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T/20160815/2075

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Tel No: 1800-8929999

3 of 3

Report No. T/20160815/2075

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

Sr Staff Sgt MUHAMMAD FAISAL BIN HUSSIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/08/2016 14:03

Officer In Charge Of Case:

TP / AEIT /

SSI 2 Siti Marsita Bte Bohari

Contact No: 65476219

SN 117

Classification Of Case:

Authentication Stamp

NP168

Signature:

Singapore Police Force