

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	17/11/2017 13:20
Date Of Accident	16/11/2017 09:45
Exact Location Of Accident	ALONG WEST COAST HIGHWAY FLYOVER OF JALAN BUROH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP1110D
Insured/Policyholder	
Name Of Registered Owner	800 SUPER WASTE MGMT PTE LTD
Co Reg No	198601155H
Email Address	SUPER800@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63663800

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85UH5A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5076090997-01
Cover Note Number	01/01/17 - 31/12/17

Driver

Name of Driver	SULUKI BIN JAMID
NRIC No	S1741071G
Date Of Birth	21/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	09/03/2000
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90815113
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 350 COPORATION DRIVE #01-534
Postcode	610350
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NPP
Police Station Address	ROAD: 158 YUNG LOH ROAD #01-58 , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA4511L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	YEO SWEE KIAT
NRIC/Passport Number	S1727987D
Contact Number	
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 SULUKI BIN JAMID
Approximate Age
Injuries Sustain
Injured person in which vehicle? YP1110D
Were seat belts worn?
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name YEO SWEE KIAT
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBA4511L
Were seat belts worn?
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

VEHICLE NO.: YP 1110D
INSURER : NTUC
DATE & TIME: 16/11/17 @ 09:45am

IMPORTANT NOTICE

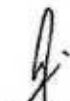
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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. 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.
7. 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.
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.
- (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: 17/11/17, 2:53 PM



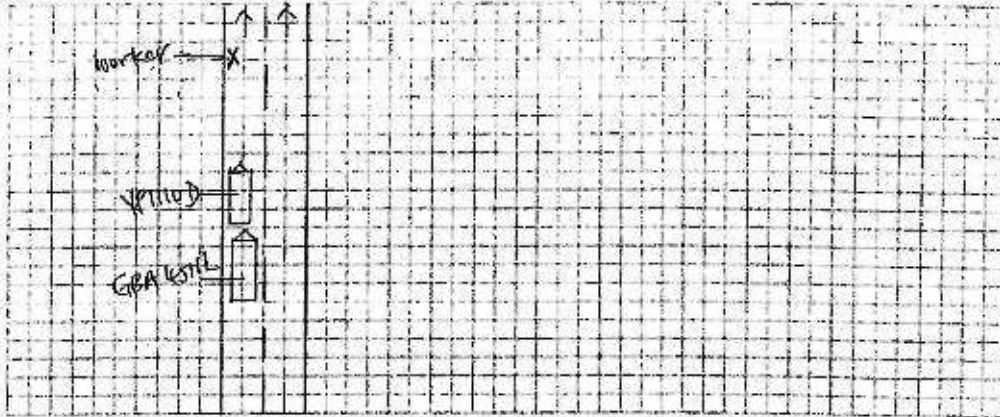
Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature

Name: (YS)
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20171116/2097
T/20171117/2063

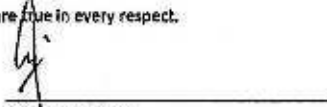
DECLARATION

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



Policyholder's Signature

Date & Time: 17/9/17 2:57 PM



Driver's Signature

(If driver is not the policyholder)

Date & Times:



Reporting Centre Personnel's Signature

Name: _____

NRNG/FIN No.:

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() Claim Own Policy (X) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()



**SINGAPORE
POLICE FORCE**



T/20171116/2097

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

1 of 3

Report No. T/20171116/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2017 15:17		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: SULUKI BIN JAMID			Address: APT BLK 350 CORPORATION DRIVE #01-534 SINGAPORE 610350		
ID Type / ID No.: NRIC NO / S1741071G			Contact No.: Home/Office: Mobile: 90815113		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 21/10/1966	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/11/2017 09:45	Type of Location: Straight Road
Location: Along Road 1 WEST COAST HIGHWAY FLYOVER OF JALAN BUROH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP1110D	Lorry					0
	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999



T/20171116/2097

3 of 3

Report No. T/20171116/2097

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 /
Sgt 2 PERRY P NG WEE PHONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RAZIZ BIN TAHAR
Contact No.: 65476200

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
16/11/2017 15:17

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20171116/2097

2 of 3

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20171116/2097

CONTINUATION OF REPORT

Driver			
Name	SULUKI BIN JAMID		ID No. S1741071G
Related Vehicle	YP1110D (Lorry)		Contact No. 90815113
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	16/11/2017	Date Discharge	16/11/2017
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	Unknown		ID No. NIL
Related Vehicle	(Lorry)		Contact No. NIL
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 the 16/11/2017 at about 0945hrs, I was driving my company vehicle (YP1110D) along West Coast Highway on top of Flyover Jalan Buroh.

As I was moving slowly behind one of my cleaning worker who has been assigned to clean the drainage of the said road, suddenly I felt an impact from the rear of my vehicle. I was unable to move after the collision and was conveyed to the Ng Teng Fong General Hospital by the ambulance.

I am not sure about the registered number of the said lorry who had collided onto mine. No in-car camera and no CCTV around the vicinity. I was discharged on the same day and granted with 07days of MC.

PR AMENDMENT



**SINGAPORE
POLICE FORCE**



T/20171117/2063

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3
Report No. T/20171117/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2017 13:50		Vide Report No.: T/20171116/2097		Station Diary No.: 74	
Informant's Particulars					
Name of Informant: SULUKI BIN JAMID			Address: APT BLK 350 CORPORATION DRIVE #01-534 SINGAPORE 610350		
ID Type / ID No.: NRIC NO / S1741071G			Contact No.: Home/Office: Mobile: 90815113		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 21/10/1966	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/11/2017 09:45	Type of Location: Straight Road
Location: Along Road 1 WEST COAST HIGHWAY FLYOVER OF JALAN BURUH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
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 Passenger
GBA4511L	Lorry	TOYOTA	DYNA 150 MANUAL	White		0
YP1110D	Lorry	ISUZU	NPR85UH5A	White	Seriously Damaged	0

Details of Person Involved

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

PR AMENDMENT



**SINGAPORE
POLICE FORCE**



T/20171117/2063

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20171117/2063

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:

F /

Sgt 3 WONG GUAN JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200

Signature Of Informant:

Date/Time:

17/11/2017 13:50

Classification Of Case:

Authentication Stamp

NP168

PR AMENDMENT



**SINGAPORE
POLICE FORCE**



T/20171117/2063

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20171117/2063

CONTINUATION OF REPORT

Driver			
Name	SULUKI BIN JAMID	ID No.	S1741071G
Related Vehicle	YP1110D (Lorry)	Contact No.	90815113
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	16/11/2017	Date Discharge	16/11/2017
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

I am the above mentioned person. On 17/11/17 at about 1330hrs, I am in Yishun North NPC to make amendment to NP 168 reference T/20171116/2097.

On the 16/11/2017 at about 0945hrs, I was driving my company vehicle (YP1110D) along West Coast Highway on top of Flyover Jalan Buroh. As I was moving slowly behind one of my cleaning worker who has been assigned to clean the drainage of the said road, suddenly I felt an impact from the rear of my vehicle. I was unable to move after the collision and was conveyed to the Ng Teng Fong General Hospital by the ambulance. I am not sure about the registered number of the said lorry who had collided onto mine. No in-car camera and no CCTV around the vicinity. I was discharged on the same day and granted with 07days of MC.

