

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	21/11/2017 14:51
Date Of Accident	20/11/2017 18:15
Exact Location Of Accident	JUNC BUANGKOK GREEN & BUANGKOK DRIVE TWDS SENGKANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJF1830P
Insured/Policyholder	
Name Of Registered Owner	J&L CAR RENTAL PTE LTD
Co Reg No	201705208G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8X A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093481803
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SYAIDI BIN IBRAHIM
NRIC No	S8424712Z
Date Of Birth	16/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2010
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97800566
Fax Number	
Contact Number	OFFICE-97800566
EEmail Address	NOEMAIL

Address	BLK 134 YISHUN STREET 11 #05-165
Postcode	760134
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171121/2078.

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	SKW6006T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
------	--

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJC9668E

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKF5302J

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name MUHAMMAD SYAIDI BIN IBRAHIM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJF1830P

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN


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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:


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


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

Accident Sketch Plan

SKETCH PLAN

Vehicle A: SF1830P
 Vehicle B: SKL6008T
 Vehicle C: JJC9668E
 Vehicle D: SKL5702J

junction triangle area
 & single lane
 towards single lane
 road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2017/1121/2078.

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 & Time:

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20171121/2078

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20171121/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2017 13:42	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: MUHAMMAD SYAIDI BIN IBRAHIM			Address: APT BLK 134 YISHUN STREET 11 #05-165 SINGAPORE 760134		
ID Type / ID No.: NRIC NO / S8424712Z			Contact No.: Home/Office: Mobile: 97800566		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 16/08/1984	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/11/2017 18:15	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BUANGKOK GREEN BUANGKOK DRIVE JUNCTION OF BUANGKOK GREEN AND BUANGKOK DRIVE, HEADING TOWARDS SENGKANG EAST ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: CHAIN COLLISION BETWEEN 4 CARS				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJC9668E	Car C	TOYOTA	WISH 1.8 A	Silver	Slightly Damaged	1
SJF1830P	Car ③-A	HONDA	STREAM 1.8X A	Grey	Slightly Damaged	0
SKF5302J	Car D	MERCEDES BENZ	C 180 KOMPRESS OR	Silver	No Damage	0
SKW6006T	Car 4 B	MERCEDES BENZ	A180 (R17)	Blue	Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20171121/2078

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20171121/2078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD SYAIDI BIN IBRAHIM	ID No.	S8424712Z
Related Vehicle	SJF1830P (Car)	Contact No.	97800566
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/11/2017	Date Discharge	20/11/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 20th of November 2017 at around 1815hrs, I was driving along Buangkok Green heading towards Sengkang East Road direction. I was driving a rental vehicle (SJF1830P). I had stopped at the T-junction of Buangkok Green and Buangkok Drive. I had stopped behind two vehicles, bearing registration plate numbers SJC9668E & SKF5302J respectively. At that point of time, the traffic light had showed a red stop signal and that the road surface was quite wet as it was still raining. While waiting for the traffic light to turn green, all of a sudden, I felt an impact from the rear of my vehicle. The impact was so great that it surged my vehicle forward and hit onto the vehicle in front of mine, which was SJC9668E. The vehicle (SJC9668E) then surged forward and hit onto the vehicle which was in front of it (SKF5302J). It resulted in a 4-car chain collision.

I then got out of my vehicle and discovered that the vehicle that had hit me from the rear was a vehicle bearing registration plate number SKW6006T. I then gathered the particulars of all the drivers involved. The particulars are as follows:

- 1) Goh Chien Loong, G8330276W, owner of SKW6006T
- 2) Mohammad Kamal Bin Daud, S1558135B, owner of SJC9668E
- 3) Oh Chwee Wah, S1184842G, owner of SKF5302J

The driver of SKW6006T mentioned that to settle with insurance claims. The damages are as follows:

- 1) SJF1803P - damage on both rear and front bumpers
- 2) SKW6006T - damage on front bumper
- 3) SJC9668E - damage on rear bumper

However, I am unable to see any form of visible damage on vehicle SKF5302J. I wish to state that the vehicle that I was driving was a rental vehicle, not from Grab but from a 3rd party car company. I also wish to state that there were no in-car camera installed in my vehicle and that the driver of SJC9668E mentioned that there were passengers inside his vehicle, however, he didn't specifically say how many passengers. The rest of the cars involved only had the driver. After which, I then went to Tan Tock Seng Hospital to sought treatment as I felt some pain shoulder back area and I was granted 3 days of MC from 20th of November 2017 till 22nd of November 2017.

Police Report



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T/20171121/2078

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Report No. T/20171121/2078

CONTINUATION OF REPORT

Police Report



**SINGAPORE
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T/20171121/2078

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9 Eunos Crescent #01-2687 SINGAPORE
400009
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Report No. T/20171121/2078

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:
G /
Sgt 2 MUHAMMAD ARIF BIN HAIRUDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
21/11/2017 13:42

Classification Of Case:



Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 308433
TEL: (65) 6256 6011

MEDICAL CERTIFICATE	ORIGINAL	TTSH17262222
NAME: MUHAMMAD SYAIDI BIN IBRAHIM		NRIC: S8424712Z

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **3** day(s) from **20-Nov-2017** to **22-Nov-2017** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **20-Nov-2017 21:49** to **20-Nov-2017 22:59**

20-Nov-2017
Date

GOH MING HUI STACEY
(62053Z)
Issued by

Emergency Department
Location

Signature



A member of National Healthcare Group
Adding years of healing life

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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