

## 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	27/11/2017 11:07
Date Of Accident	25/11/2017 16:00
Exact Location Of Accident	PIE EXIT TO PAYA LEBAR RD (SLIP RD)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GZ4744R
Insured/Policyholder	
Name Of Registered Owner	RIHANA TRADING
Co Reg No	53252333D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81491945
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 D
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5081646090-01
Cover Note Number	-
Driver	
Name of Driver	MOHAMED ISMAIL ABDUL SALAM GANIYUR RAHMAN
Passport No/FIN	G0028830L
Date Of Birth	27/01/1967
Occupation	OUTDOOR
Date Of Driving Pass	29/10/2009
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81491945
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 112 ALJUNIED CRES #01-140
Postcode	380112
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO BICYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	CYCLIST
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)	

#### Details of Witness

Name	
Phone Number	

Email Address

## Accident 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' 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

Payu Lebar Road

PIE Exit Payu Lebar Rd

A = 52 4744 R

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## DECLARATION

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



Policyholder's Signature  
Date & Time:

M A Sanyal

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

Handwritten signature of Reporting Centre Personnel.

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



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20171125/2101

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

1 of 3

Report No. T/20171125/2101

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2017 18:48		Vide Report No.: E/20171125/0135		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: MOHAMED ISMAIL ABDUL SALAM GANIYUR RAHMAN		Address: APT BLK 112 ALJUNIED CRESCENT #01-140 HDB- GEYLANG SINGAPORE 380112		
ID Type / ID No.: FIN NO / G0028830L		Contact No.: Home/Office: Mobile: 81491945		
Nationality: INDIAN		Email:		
Sex: Male	Age: 50	Date of Birth: 27/01/1967	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: MANAGING DIRECTOR		Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/11/2017 16:00	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY (PAYA LEBAR WAY)				
PIE(TUAS) INTO PAYA LEBAR				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: MOVING VEHICLE CYCLIST			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ4744R	Lorry				Slightly Damaged	0

## Details of Person Involved

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20171125/2101

2 of 3

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

Report No. T/20171125/2101

## CONTINUATION OF REPORT

Driver			
Name	MOHAMED ISMAIL ABDUL SALAM GANIYUR RAHMAN		ID No. G0028830L
Related Vehicle	NIL		Contact No. 81491945
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 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 ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING FROM BEDOK HEADING BACK TO ALJUNIED. AS I WAS DRIVING ALONG THE SLIP RD OF PIE(TUAS) INTO PAYA LEBAR, I INTEND TO TURN LEFT. I STOPPED AT THE ZEBRA CROSSING AS THERE WERE 3 CYCLIST WERE CROSSING. I CHECKED AND WAS LOOKING OUT ANY PEDESTRIAN BEFORE MOVING OFF, AS I WAS MOVING FORWARD SLOWLY, SUDDENLY A CYCLIST JUST DASHED ACROSS AND I HAD ENOUGH TIME TO REACT. I IMMEDIATELY APPLIED MY BRAKES BUT TO NO AVAIL. THE CYCLIST HIT ONTO MY WINScreen LEAVING A CRACK THERE. I RUSHED OUT FROM MY VEHICLE TO CHECK ON THE LADY CYCLIST'S CONDITION. SHE COULD STAND UP AND WERE STILL ABLE TO MOVE AROUND. I CALLED THE AMBULANCE AS I WAS WORRIED AND AT THE STATE OF SHOCKED. WE DID EXCHANGED PATICULARS. AMBULANCE CAME TO SCENE TO ASSIST. SHE WAS CONVEYED TO CHANGI GENERAL HOSPITAL. I WAS TOLD BY THE TPO TO LODGE A TRAFFIC ACCIDENT REPORT AND TO SEE IO AT TPHQ.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20171125/2101

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

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Report No. T/20171125/210

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:  
TP /  
NICHOLAS HO YE HAO

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt LEE GUANG HUI  
Contact No.: 65476138

Authentication Stamp  
NP168

Signature Of Informant:

*M A. Samy*

Date/Time:  
25/11/2017 18:48

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature: *[Signature]*



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





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