

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	16/11/2017 17:54
Date Of Accident	27/09/2017 21:25
Exact Location Of Accident	ALONG JALAN BESAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8352L
Insured/Policyholder	
Name Of Registered Owner	SB EXPRESS SERVICE
Co Reg No	53317867C
Email Address	LIMAUKILAT18@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88183355
Alternative Phone No	OFFICE-82255183

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	211CDI/3665
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5084838910
Cover Note Number	

Driver

Name of Driver	MOHAMMAD ADZLI BIN MOHD KAMIL
NRIC No	S7938192F
Date Of Birth	02/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	11/08/2011
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88183355
Fax Number	
Contact Number	OTHERS-82255183
EEmail Address	LIMAUKILAT18@GMAIL.COM

Address	BLK 48 LOWER DELTA ROAD #09-21
Postcode	160048
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	NO COLLISION
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	KIM SENG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 5 BEO CRESCENT , POSTCODE: 169981 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2718999 - FAX NO: 63772527
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20171116/2137

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5666K
Vehicle Make/Model/Colour	TAXI
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	
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Phone Number
Email Address

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.

SB EXPRESS SERVICE

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.:

Sketch Plan #2

SKETCH PLAN

ALONG JALAN BEXAR

A) PA 8352L

B) SHC 5666K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27th September, 1655hrs, I was driving along Jalan Bexar Rd on the way to some passengers, the traffic light opposite Jalan Bexar MRT turn red. So all vehicles including me slowed down to a stop. As the vehicle I'm driving was old, it made super loud noise when braking. The above said Taxi SHC 5666 K was right in front of me. He stopped and came out from his vehicle and started taking photos and claiming I hit him from behind. I was shocked so I follow suit taking pics of both vehicles and the taxi driver. When I look at both our vehicles, my vehicle didn't even touch his taxi. There is no visible damage on the taxi and my vehicle. So after photos, we didn't exchange our particulars, we went off separate ways. I didn't do any report on that day or the following days because I did not involve in any accident.

POLICE REPORT T/20171116/2137

DECLARATION

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

SB EXPRESS SERVICE

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.:

1655hrs
16/11/17

27/11/2017

Rashid Wahid

Sketch Plan #3

 SINGAPORE POLICE FORCE		 T/20171116/2137				
Police Station Of Origin: Kim Seng NPP 5 Beo Crescent SINGAPORE 169981 Tel No: 1800-2718999		1 of 3 Report No. T/20171116/2137				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 16/11/2017 17:58		Vide Report No.:				
		Station Diary No.: 33				
Informant's Particulars						
Name of Informant: MOHAMMAD ADZLI BIN MOHD KAMIL		Address: APT BLK 48 LOWER DELTA ROAD #09-21 SINGAPORE 160048				
ID Type / ID No.: NRIC NO / S7938192F		Contact No.: Home/Office: Mobile: 82235183				
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 37	Date of Birth: 02/12/1979	Type of Informant: Driver			
Race: Malay	Language: English		Institution / School Name:			
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 2B,3 Date of Expiry:				
General Information of the Accident						
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/09/2017 21:25			
Type of Location: Straight Road						
Location: Along Road 1 Traveling Toward Road 2 JALAN BESAR						
Jalan Besar Road towards Bencoolen Street (Near to MRT Station)						
Weather: Clear		Road Surface: Dry	Road Speed Limit:			
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
PA8352L	Van				No Damage	0
SHC5666K	Car				No Damage	0
Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171116/2137

Police Station Of Origin:
Kim Seng NPP
5 Beo Crescent SINGAPORE 169981
Tel No. 1800-2718999

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Report No. T/20171116/2137

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD ADZLI BIN MOHD KAMIL	ID No.	S7938192F
Related Vehicle	PA8352L (Van)	Contact No	82235183
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 27/9/17 at about 2125hrs, I was driving along Jalan Besar towards Bencoolen St on the road opposite Jalan Besar MRT. The traffic lights turn red and as such all the vehicle along the road came to a stop.

As the vehicle (PA8352L) I was driving was old and the brake is faulty, it create loud noises when I tried braking. There was one taxi (SHC5666K) travelling in front of me. The said taxi then stop suddenly and alighted from his taxi. He then started taking photos and claimed that I had hit into him.

I was shocked as I did not hit his vehicle. I then started taking photo of both our vehicle for record purpose in case there was allegation against me. There was no visible damage on both our vehicle. We did not exchange particulars and left subsequently.

I did not lodge any report as there was no damage at all and it was not a accident. I subsequently received a letter from traffic police informing me to lodge a police report.

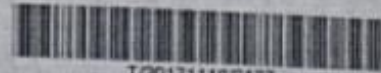
I am lodging as required by the traffic police.

Sketch Plan #5



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Kim Seng NPP
5 Beo Crescent SINGAPORE 169981
Tel No: 1800-2718999



T/20171116/2137

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Report No. T/20171116/2137

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:

E /

Sgt 2 JACKY ONG HOU AN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/11/2017 17:58

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

VP168

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

