

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	20/12/2017 10:51
Date Of Accident	02/12/2017 02:50
Exact Location Of Accident	ALONG TRAFFIC JUNCCTION OF RIVER VALLEY RD & ZION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD4011M
Insured/Policyholder	
Name Of Registered Owner	NIGHT9SKY CAR HIRE
Co Reg No	53342669C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82234462

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	
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	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPU17A00052000
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FUAD KAMRODEN
NRIC No	S8413899A
Date Of Birth	09/05/1984
Occupation	INDOOR
Date Of Driving Pass	14/03/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90128494
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 468 JURONG WEST ST 41 #02-465
Postcode	640468
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , 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: T/20171203/2106.

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	SHB3140D
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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.

NIGHT9SKY CAR HIRE
Reg. No: 53342669C

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.:

preciso

SKETCH PLAN

Please refer to Attached sketch
Plan, Police Report No. T/2017/1203/2105

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement Please Refer To Police
Report No: T/2017/1203/2105.

DECLARATION

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

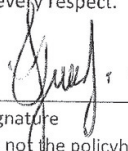
NIGHT9SKY CAR HIRE

Reg. No: 53342669C

Policyholder's Signature
Date & Time:



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

 19/12/2017
1400 hrs.

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

1 Dec. 2017 10:01

No. 4353 P. 1


**SINGAPORE
POLICE FORCE**


T/20171203/2105

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20171203/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2017 23:25		Vide Report No.: E/20171202/0042		Station Diary No.: 102	
Informant's Particulars					
Name of Informant: MUHAMMAD FUAD KAMRODEN			Address: APT BLK 468 JURONG WEST STREET 41 #02-465 SINGAPORE 640468		
ID Type / ID No.: NRIC NO / S8413899A			Contact No.: Home/Office: Mobile: 90128494		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 09/05/1984	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			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: 02/12/2017 02:50	Type of Location: X-Junction
Location: Along Road 1 RIVER VALLEY ROAD ZION ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
SGD4011M	Car	NISSAN	LATIO	Gold	Seriously Damaged	2
SHB3140D	Car	HYUNDAI	I40	Yellow	Slightly Damaged	3

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

19. Dec. 2017 10:01

No. 4353 P. 2


**SINGAPORE
POLICE FORCE**


T/20171203/2105

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20171203/2105

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD FUAD KAMRODEN	ID No.	S8413899A
Related Vehicle	SGD4011M (Car)	Contact No.	90128494
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	02/12/2017	Date Discharge	03/12/2017
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 02/12/2017 at about 0249hours, I was driving my Grab car bearing plate number SGD4011M along River Valley Road at the cross junction towards Zion Road. I was driving at the second lane of the four-lane road and I was making a right turn. At that point of time, the green arrow was in my favour thus I was already turning right when suddenly I felt an impact from the rear right of the car.

I then stopped my car, went down to make a check on my car and that was when I realised that a Yellow City Cab bearing plate number SHB 3140D had collided with my car. I then continued to take pictures however when I wanted to exchange particulars with the other taxi driver, he refused. I then called 999 about it.

At about 0256hours, I received a call from Traffic Police and the officer informed me that if no one was injured, to just take the plate number and to lodge a Police report.

At about 0303hours, suddenly the taxi driver collapsed and there were three off-duty paramedic who came to assist and conducted CPR on him. At that point of time, they informed that he has faint breathing and no pulse. The ambulance then came shortly after and conveyed the taxi driver to the hospital.

During the accident, I had two passengers on board my car and they are willing to become my witnesses however I do not have their details with me.

I wish to state that this is the first time such incident had happened. I had an in-car camera installed however I am unsure if it was in recording mode. There is CCTV located around the vicinity. My car is currently in TP compound. My car sustained damages on the rear right portion and I am unsure of the total cost of damages. I sustained injuries on my lower back all the way to the upper neck area. I also received seven days MC.

15 Dec. 2017 10:01

No. 4353 P. 3



**SINGAPORE
POLICE FORCE**



T/20171203/2105

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20171203/2105

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/
Staff Sgt NUR SYAFIQAH BINTE ABDUL
LATIFF

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 LIM HONG LEE
Contact No.: 65476438

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
03/12/2017 23:25

Classification Of Case:

Sketch Plan #6 Pg. 1

19. Dec. 2017 10:01

No. 4353 P. 4.

