

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	04/12/2017 12:43
Date Of Accident	02/12/2017 16:30
Exact Location Of Accident	SELEGIE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG3572D
Insured/Policyholder	
Name Of Registered Owner	REPUBLIC CAR PTE. LTD.
Co Reg No	201712263W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85498397

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091129051(PREMIUM)
Cover Note Number	

Driver

Name of Driver	MOHAMMAD JUNAIDI BIN SAWIYAN
NRIC No	S9525144G
Date Of Birth	17/07/1995
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address
 Postcode
 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
 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 [OTHER] CCK NPC
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER. POLICE REPORT NO. T/20171203/2029 ATTENDED BY LYNDA

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 SHD4824Y
 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

DETAILS OF INJURED PERSON 1

Name	DRIVER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKG3572D
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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' law yers/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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or
 - (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.



[Handwritten signature]

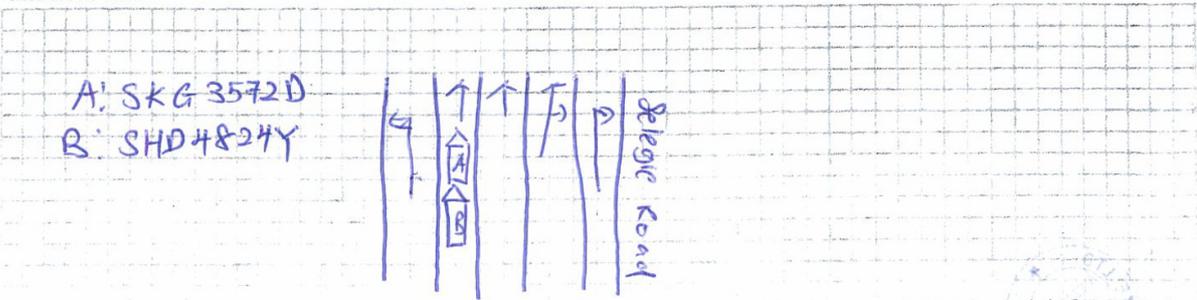
[Handwritten signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident

I was driving along Selexie road when a taxi (SHD4824Y) hit me from the rear after I stop at a traffic light. My vehicle was stationary at that moment.



Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel



SINGAPORE
POLICE FORCE



T/20171203/2029

Police Station Of Origin:
Choa Chu Kang N.P.C
22 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20171203/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2017 09:34	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars			
Name of Informant: MOHAMMAD JUNAIDI BIN SAWIYAN		Address: APT BLK 754 JURONG WEST STREET 74 #03-42 SINGAPORE 640754	
ID Type / ID No.: NRIC NO / S9525144G		Contact No.: Home/Office: Mobile: 85498397	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 22	Date of Birth: 17/07/1995	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Paramedic		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2017 16:30	Type of Location: Straight Road
Location: Along Road 1 SELEGIE ROAD Along Selegie Road towards Sophia Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
SHD4824Y	Car				Slightly Damaged	0
SKG3572D	Car				Slightly Damaged	0

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

Sketch Plan #4 Pg. 1



SINGAPORE
POLICE FORCE



T/20171203/2029

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20171203/2029

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD JUNAIDI BIN SAWIYAN	ID No.	S9525144G
Related Vehicle	SKG3572D (Car)	Contact No	85498397
Hospital/Clinic	CLEMENTI FAMILY & AESTHETIC CLINIC	Class of Driving Licence & Expiry Date	Class 2B,3 Date of Expiry: NIL
Date Treatment	02/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 02/12/2017, at about 1630hrs, I am driving my vehicle(SKG3572D) along Selegie road going towards Sophia road. At that point of time, the traffic light was red and my vehicle(SKG3572D) was in stationary position. Subsequently, I heard a bang from the back of my vehicle(SKG3572D) thus I came out of my vehicle(SKG3572D) and realised that the vehicle(SHD4824Y) front had hit on to my vehicle(SKG3572D) rear. I wanted to exchange particulars with the other driver but he refused and the other driver also said that I had reversed by vehicle thus the accident happened. The other driver also said that he refused to pay me the compensation fee and drove his vehicle(SHD4824Y) off. The other driver was rude and keep saying that I am at fault during this accident. No police nor ambulance was at scene and no government property was damage.

On 02/12/2017, at about 1830hrs, I went to Clementi Family & Aesthetic Clinic to see a doctor and was given a 3 days medicate certificate by the doctor. I am lodging this report for record and insurance claim purposes.

Sketch Plan #5 Pg. 1



SINGAPORE
POLICE FORCE



T/20171203/2029

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20171203/2029

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 SOO AU EN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2017 09:34
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404 	Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

