

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	01/12/2017 15:19
Date Of Accident	30/11/2017 18:30
Exact Location Of Accident	KPE TOWARDS ECP BEFORE FORT ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL6310Y
Insured/Policyholder	
Name Of Registered Owner	WHEELWAY
Co Reg No	53348097C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-1.4 GT TSI (A)

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	5088304004
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AZRAM BIN ABDUL AZIZ
NRIC No	S8227359Z
Date Of Birth	26/08/1982
Occupation	INDOOR
Date Of Driving Pass	13/01/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97526404
Fax Number	
Contact Number	
Email Address	AZRAM@LIVE.COM.SG

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? 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) 4

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CHANGKAT NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7819999 - FAX NO: 67832722

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER POLICE REPORT T/20171130/2179

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: PLS GET FROM WORKSHOP

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJF1085Z

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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the date, time and date 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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issuance and existence 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 lodging of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to supply of the report being made available afterwards.

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 claim 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 obligations 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 the purpose(s) of:
 - (i) my Personal Information may be used to contact me and/or my workshop, to send correspondence, notices or reports (including from my insurer's lawyer/law firm) and/or to provide me with services and/or information;
 - (ii) my Personal Information may be used to contact and allow to complete claims through the Insurers' lawyers/law firms and/or to investigate and/or handle my claims; and/or
 - (iii) my Personal Information may be used to contact and allow to complete claims through the Insurers' lawyers/law firms and/or to investigate and/or handle my claims.
- (c) The information collected under (a) and (b) may be shared with:
 - (i) all of Insurers and/or any other third parties that assist in evaluating, investigating, settling or managing (third) 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:

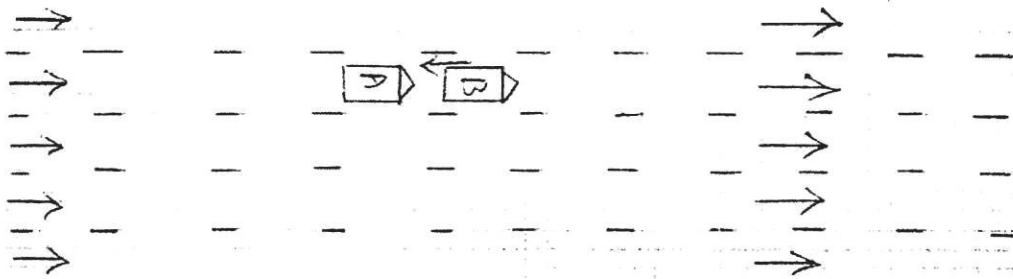
Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

Swan Tan

Sketch Plan Pg. 2

SKETCH PLAN

KPE (ECP) before Fort road Exit



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SKL 6310 Y
(B) SJF 1085 Z

Refer to Police Report

Report No: -

T/20171130/2179

[Handwritten signature]

DECLARATION

We declare the foregoing particulars to be true and correct.

Police Officer's Signature
Date & Time



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

Reporting Officer's Signature
Name
Date & Time

[Handwritten signature]



**SINGAPORE
POLICE FORCE**



T/20171130/2179

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20171130/2179

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2017 22:45		Vide Report No.:		Station Diary No.: 22	
Informant's Particulars					
Name of Informant: MUHAMMAD AZRAM BIN ABDUL AZIZ			Address: APT BLK 477C UPPER SERANGOON VIEW #02-582 SINGAPORE 533477		
ID Type / ID No.: NRIC NO / S8227359Z			Contact No.: Home/Office: Mobile: 97526404		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 26/08/1982	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: TECHNICAL PROFESSIONAL			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/11/2017 18:30	Type of Location: Flyover
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY near ford road exit towards ECP				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Rear to Head			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Year	Colour	Damage
SJF1085Z	Car					0
SKL6310Y	Car				Slightly Damaged	3

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



**SINGAPORE
POLICE FORCE**



T/20171130/2179

2 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261.
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20171130/2179

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD AZRAM BIN ABDUL AZIZ	ID No.	S8227359Z
Related Vehicle	SKL6310Y (Car)	Contact No.	97526404
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 30/11/2017 at 1830hrs, as I was stationary along KPE tunnel near fort road exit towards ECP due to the traffic jam. A blue vehicle(SJF1085Z) rolled backwards towards my vehicle. I then horned at the driver to alert him however the rear of his vehicle collided onto the front of my vehicle. after which I had signaled him to move to the side however he just sped off without exchanging particulars.



**SINGAPORE
POLICE FORCE**



T/20171130/2179

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3


Report No. T/20171130/2179

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 / Staff Sgt YEO HAO KIAT
Signature Of Interpreter: Not applicable
 Charge Of Case: SN 107 SINGAPORE BIN ABDUL HAGUE 65474885 Singapore Police Force NP168

Signature Of Informant:
Date/Time: 30/11/2017 22:45
Classification Of Case:

65474885