

## 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	18/12/2017 11:14
Date Of Accident	17/12/2017 14:15
Exact Location Of Accident	BASEMENT CARPARK AT RWS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX7883M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD HAFIZ BIN KAMALUDDIN
NRIC No	S9219177Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97847904
Alternative Phone No	OFFICE-97847904

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	GETZ-1.4 5DR (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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094013345 (CLASSIC)
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SYARIFUDDIN BIN KAMALUDDIN
NRIC No	S9047083C
Date Of Birth	07/12/1990
Occupation	INDOOR
Date Of Driving Pass	18/12/2012
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97847904
Fax Number	
Contact Number	OFFICE-97847904
EMail Address	NOEMAIL

Address	128 PENDING ROAD #04-322
Postcode	S670128
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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 ON 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?	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)	3

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATACHED POLICE REPORT. ATTENDED BY : SUSAN

#### 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	SHD4952K
Vehicle Make/Model/Colour	COMFORT 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	
Phone Number	

Email Address

**DETAILS OF INJURED PERSON 1**

Name	TONG CHEE KEONG KEITH
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT
Injured person in which vehicle?	SGX7883M
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## Sketch Plan Pg. 1

### SKETCH PLAN

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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.

**IDAC BUKIT BATOK (VAC)**  
511 Bukit Batok Street 23  
Singapore 659545  
Tel: 6560 3312 Fax: 6569 0722  
Email: vacbb@singnet.com.sg

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11.20 AM

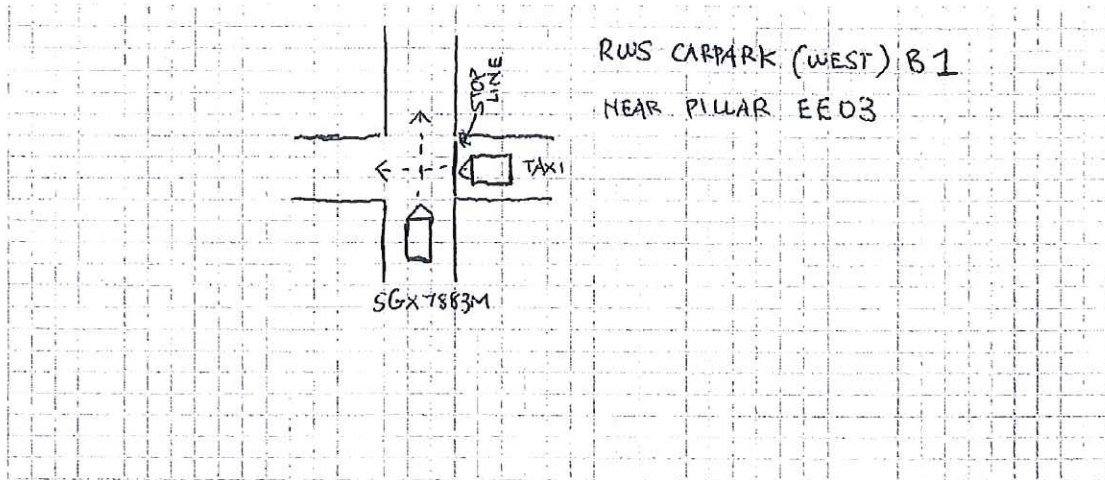
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

1-8 DEC 2017

18/12/2017

**Sketch Plan #2 Pg. 1**

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Entire.

**DECLARATION**

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

Policyholder's Signature  
Date & Time:

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

Date & Time: 11:20am  
18/12/2017

18 DEC 2017

**IDAC BUKIT BATOK (VAC)**  
511 Bukit Batok Street 23  
Singapore 659545  
Tel: 6560 3312 Fax: 6569 0722  
Email: vacbb@singnet.com.sg

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





# SINGAPORE POLICE FORCE



T/20171217/2079

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No. T/20171217/2079

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/12/2017 17:54		Vide Report No.: D/20171217/0083		Station Diary No.: 68	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD SYARIFUDDIN BIN KAMALUDDIN			Address: APT BLK 128 PENDING ROAD #04-322 SINGAPORE 670128		
ID Type / ID No.: NRIC NO / S9047083C			Contact No.: Home/Office: Mobile: 97847904		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 07/12/1990	Type of Informant: Driver		
Race: Malay-Indian			Language:		Institution / School Name:
Occupation: VIDEO SPECIALIST			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/12/2017 14:15	Type of Location: Car Park
Location: Along Road 1 SENTOSA GATEWAY RESORT WORLD SENTOSA WEST CAR PARK LEVEL B1 INTERSECTION				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX7883M	Car	HYUNDAI	GETZ	Red	Slightly Damaged	2
SHD4952K	TAXI	HYUNDAI		Blue	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
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T/20171217/2079

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1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

2 of 3

Report No. T/20171217/2079

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MUHAMMAD SYARIFUDDIN BIN KAMALUDDIN	ID No.	S9047083C
Related Vehicle	SGX7883M (Car)	Contact No.	97847904
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	TONG CHEE KEONG KEITH	ID No.	S8714337F
Related Vehicle	SGX7883M (Car)	Contact No.	96362587
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 17/12/2017 at about 1415hrs, I was driving V1(SGX7883M) at the carpark of Resort World Sentosa when I saw suddenly V2(SHD4952K) which was traveling from right to left at a fast speed. V2 did not stop at the white stop line. I applied my emergency brakes but could not avoid collision and hit onto the left side of the taxi. There were two passengers in my car. One of my passenger was conveyed to hospital. I have no in car camera in my car. Traffic police was at scene and advised me to lodge a traffic accident report reference D/20171217/0083 under TP IO Sufian, Tel:65476247. The car belongs to my brother namely Muhd Hafiz, HP:81805192.



**SINGAPORE  
POLICE FORCE**



T/20171217/2079

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Tel No: 1800-8929999

3 of 3

Report No. T/20171217/2079

**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 MUHAMMAD FIRDAUS BIN SAHROL

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/12/2017 17:54

Officer In Charge Of Case:  
TP / GIT /

Classification Of Case:

Contact No.:

SN 117

Authentication Stamp

NP16A

Signature :

Singapore Police Force