

## 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 15:27
Date Of Accident	20/12/2017 11:30
Exact Location Of Accident	PIE (TUAS) BEFORE KALLANG BAHRU EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT8052A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5095734727
Cover Note Number	

### Driver

Name of Driver	NASIRUDDIN BIN NOORHADIN
NRIC No	S8735202A
Date Of Birth	02/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	31/03/2009
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84487969
Fax Number	
Contact Number	OFFICE-84487969
Email Address	NOEMAIL

Address	BLK 453B FERNVALE ROAD #15-515
Postcode	792453
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?	YES
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	<b>ROAD:</b> 21A TEBING LANE , <b>POSTCODE:</b> 828837 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20171220/2076.

#### 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	SKG4681R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name NASIRUDDIN BIN NOORHADIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLT8052A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.



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.:

# Accident Sketch Plan

## SKETCH PLAN

Sketch Plan grid showing vehicle positions and details:

- Vehicle A: JLT 8032A
- Vehicle B: JKG 4681R
- Location: PTE (Tues) before walking
- Direction: North East

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. 7/20171220/2076.

## 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:

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171220/2076

1 of 3

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20171220/2076

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2017 14:20		Vide Report No.:		Station Diary No.: 46
<b>Informant's Particulars</b>				
Name of Informant: NASIRUDDIN BIN NOORHADIN		Address: APT BLK 453B FERNVALE ROAD #15-515 SINGAPORE 792453		
ID Type / ID No.: NRIC NO / S8735202A		Contact No.: Home/Office: Mobile: 84487969		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 30	Date of Birth: 02/11/1987	Type of Informant: Driver	
Race: Malay		Language:		Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/12/2017 11:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Towards Tuas, before Kallang Bahru exit.				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SKG4681R	Car	NISSAN	Teana	Blue	Slightly Damaged	0
SLT8052A	Car	TOYOTA	Prius	Black	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT8052A	NTUC Income Insurance Co-Operative Limited	5095734727	13/11/2017	12/11/2018

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171220/2076

2 of 3

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20171220/2076

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Too Chai Lai	ID No.	S6839940H
Related Vehicle	SKG4681R (Car)	Contact No.	91178949
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
<b>Driver</b>			
Name	NASIRUDDIN BIN NOORHADIN	ID No.	S8735202A
Related Vehicle	SLT8052A (Car)	Contact No.	84487969
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ PUNGGOL DAMAI PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	20/12/2017	Date Discharge	20/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On the 20/12/2017 at about 1130hrs, I was driving my vehicle registration number SLT8052A along PIE towards Tuas along Lane one, the vehicles in front of me all slowed down and brake as such I did so too. However the vehicle a dark blue Nissan Teana registration plate number SKG4681R which was driving behind me could not brake on time as such the vehicle hit onto my vehicle rear. Both of us got down from our vehicle and exchange particulars. The said driver informed me that he tried to do a hard braking but his car skidded and there was not enough time. There after I went to Prohealth Medical Group @ Punggol Damai Pte Ltd to see a doctor because I felt pain in my left biceps and neck. I suffered from sprain on my neck and sprain on my left bicep. I was given 3 days of medical certificate from 20/12/2017 to 22/12/2017. My car rear bumper had dents and scratches and was broken. I have in car camera.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20171220/2076

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

3 of 3

Report No. T/20171220/2076

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: F / Sr Staff Sgt HANNAH BINTE ADAM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/12/2017 14:20
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	



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**ProHealth Medical Group @ Punggol Damai Pte Ltd**

Bik 612 Punggol Drive #01-05 Singapore 820612

Tel : 6509 1580 Fax : 6509 1581

GST Reg No. 201212054H

RCB No : 201212054H

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**MEDICAL CERTIFICATE**

Certificate No : MC/72375

Date Of Visit : 20/12/2017

Patient Ref No : 8236

This is to certify that :

**NASIRUDDIN BIN NOORHADIN**

**NRIC : S8735202A**

is unfit for work for 3 days

from 20/12/2017 to 22/12/2017

**DR (MDM) ENDRINA SALAZAR**

MCR 13512G

MBCHB.BAO

MMed(FM)

FAMILY PHYSICIAN

**PROHEALTH MEDICAL GROUP@**

**PUNGGOL DAMAI PTE LTD**

Bik 612 Punggol Drive

#01-05 Singapore 820612

Tel: 6509 1580 Fax: 6509 1581

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**DR ENDRINA SALAZAR**

MBCHB. BAO, MMED (FAMILY MEDICINE)

FAMILY PHYSICIAN

Note : This certificate is not valid for absence from court.

Date Printed : 20/12/2017 1:33:21 PM

Accident Photo



Accident Photo



Accident Photo





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