

## 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 16:16
Date Of Accident	16/12/2017 05:15
Exact Location Of Accident	CTE(CITY) NEAR LAMP POST 271F
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG4950B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FAST TRACK LIMO SERVICE
Co Reg No	53326357C
Email Address	FMJABIR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92222003
Alternative Phone No	OFFICE-92222003

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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	5089912359
Cover Note Number	07/04/2017 - 06/04/2018

### Driver

Name of Driver	MOHAMED JABIR S/O FAKEER MOHAMED
NRIC No	S8070802E
Date Of Birth	15/05/1980
Occupation	INDOOR
Date Of Driving Pass	10/10/2007
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92222003
Fax Number	
Contact Number	
EEmail Address	FMJABIR@GMAIL.COM

Address	BLK 82 WHAMPOA DRIVE #12-971
Postcode	320082
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED POLICE REPORT (T/20171218/2036)

#### 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	SH6485C
Vehicle Make/Model/Colour	TAXI
Details Of Properties	FRONT PORTION
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	MOHAMED JABIR S/O FAKEER MOHAMED
Approximate Age	
Injuries Sustain	SHOULDER,BACK,NECK
Injured person in which vehicle?	SJG4950B
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	BLK 82 WHAMPOA DRIVE #12-971
Postcode	320082

## Sketch Plan

NTUC Income Motor Service Centre

Report No. MT: \_\_\_\_\_

D.O.A. \_\_\_\_\_

Vehicle No. 5JG498R

Make / Model: 7/11sh

Report Date: 12/18/2017 Start Time: 4:32 PM

Reporting Type: TP End Time: \_\_\_\_\_

### SKETCH PLAN

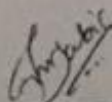
#### IMPORTANT NOTICE

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#### 6. Consent under the Personal Data Protection Act (PDPA)

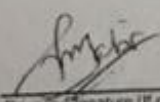
I understand, acknowledge, agree and consent that:

- (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 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 reasonable required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, law or court orders.



Policyholder's Signature  
Date & Time: \_\_\_\_\_





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

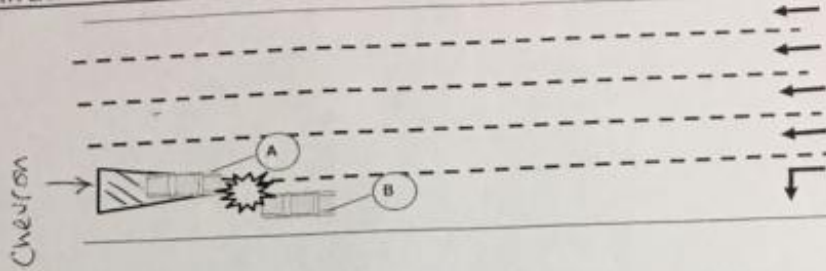
12/18/2017 16:20



Reporting Centre Personnel's Signature  
Name: Chen Junliang  
MFC Fin No: S990765

## Sketch Plan #2

### SKETCH PLAN



CTE(CITY) NEAR LAMP POST 271F

Vehicle A: SJG4950B

Vehicle B: SH6485C

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED POLICE REPORT (T/20171218/2036)

### DECLARATION

We declare the foregoing particulars are true in every respect.



12/18/2017 16:20

Policyholder's Signature  
Date & Time:

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

12/18/2017 16:20

Reporting Centre Personnel's Signature  
Name: Chen JunLiang  
NRIC Fin No: S990765



**SINGAPORE  
POLICE FORCE**



T/20171218/2036

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20171218/2036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/12/2017 11:08	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MOHAMED JABIR S/O FAKEER MOHAMED			Address: APT BLK 82 WHAMPOA DR #12-971 HDB- KALLANG/WHAMPOA/NOVENA SINGAPORE 320082		
ID Type / ID No.: NRIC NO / S8070802E			Contact No.: Home/Office: Mobile: 92222003		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 15/05/1980	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/12/2017 05:15	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY  10KM Lamp Post Number: 271F				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6485C	Car				Seriously Damaged	0
SJG4950B	Car				Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20171218/2036

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20171218/2036

**CONTINUATION OF REPORT**

Driver			
Name	MOHAMED JABIR S/O FAKEER MOHAMED	ID No.	S8070802E
Related Vehicle	NIL	Contact No.	92222003
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

AT THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS DRIVING ALONG THE CTE, MAKING MY WAY HOME. I WAS ON THE EXTREME RIGHT LANE. THE ROAD WAS PRETTY CLEAR, I SUDDENLY FELT DIZZY, SO I DECIDED TO STOP AT THE LEFT SIDE OF THE EXPRESSWAY TO DRINK WATER AND WASH MY FACE, TRYING TO MAKE MYSELF FEEL BETTER BEFORE I CONTINUE MY JOURNEY HOME. HOWEVER, ABOUT 1 OR 2 MINS AFTER I STOPPED, THE TAXI MENTIONED ABOVE, COLLIDED INTO THE REAR LEFT SIDE OF MY VEHICLE CAUSING MY CAR TO TURN 90 DEGREES TO THE RIGHT, AND MY HEAD HIT THE WINDOW. I WAS FEELING VERY DIZZY AFTER THE ACCIDENT. A PASSERBY HELPED US CALL THE AMBULANCE AND THE BOTH OF US WERE ACTUALLY CONVEYED BY AMBULANCE TO TAN TOCK SENG HOSPITAL. I RECEIVED 3 DAYS MC AS A RESULT. THAT'S ALL.



**SINGAPORE  
POLICE FORCE**



T/20171218/2036

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20171218/2036

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:  
TP /  
S SIVAVIKNESH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

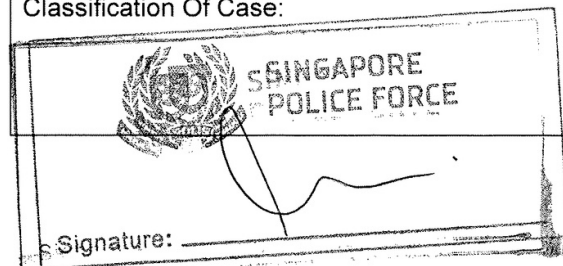
Contact No.:

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
18/12/2017 11:08

Classification Of Case:

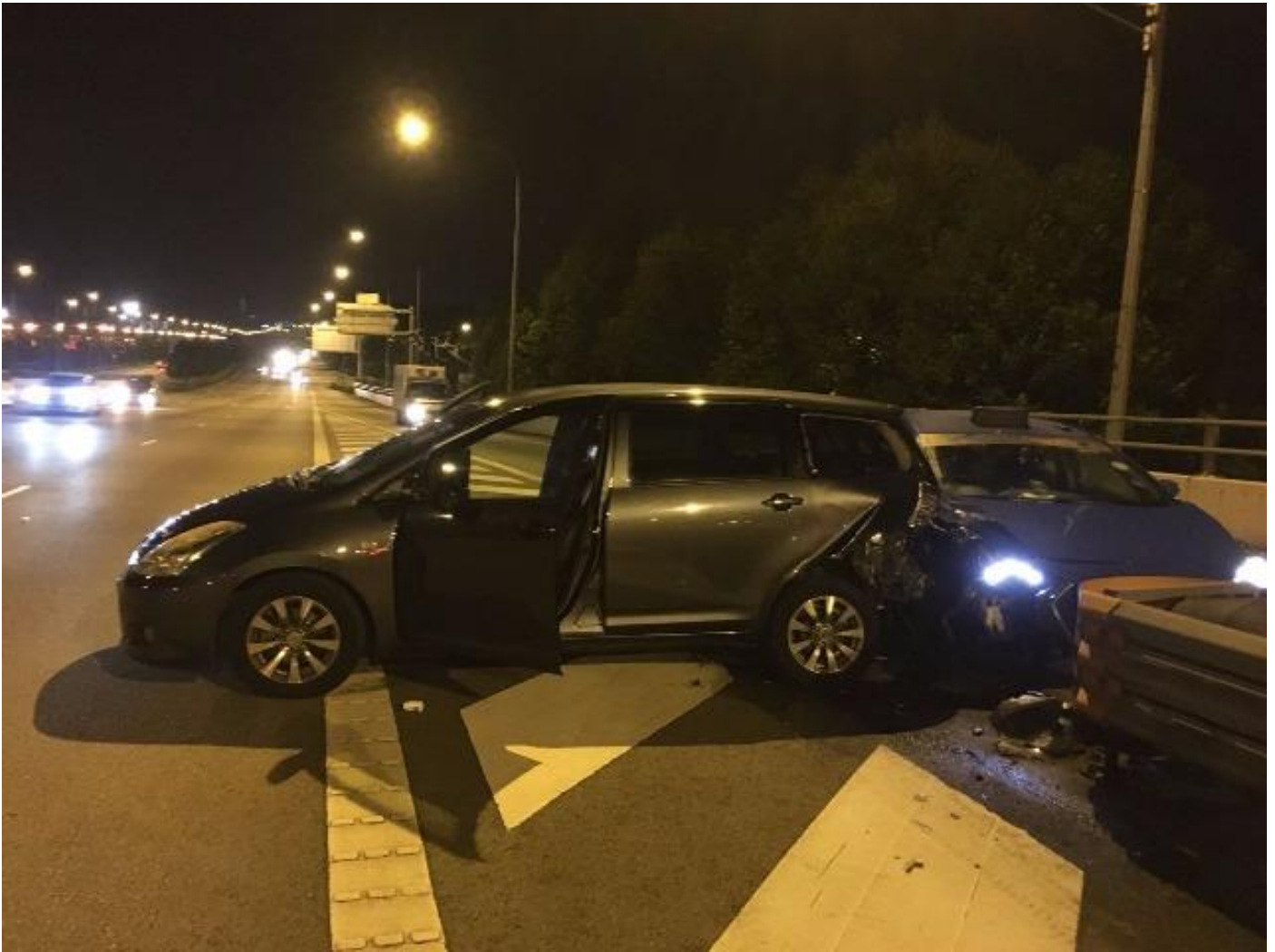




Accident Photo



Accident Photo



Accident Photo



Accident Photo





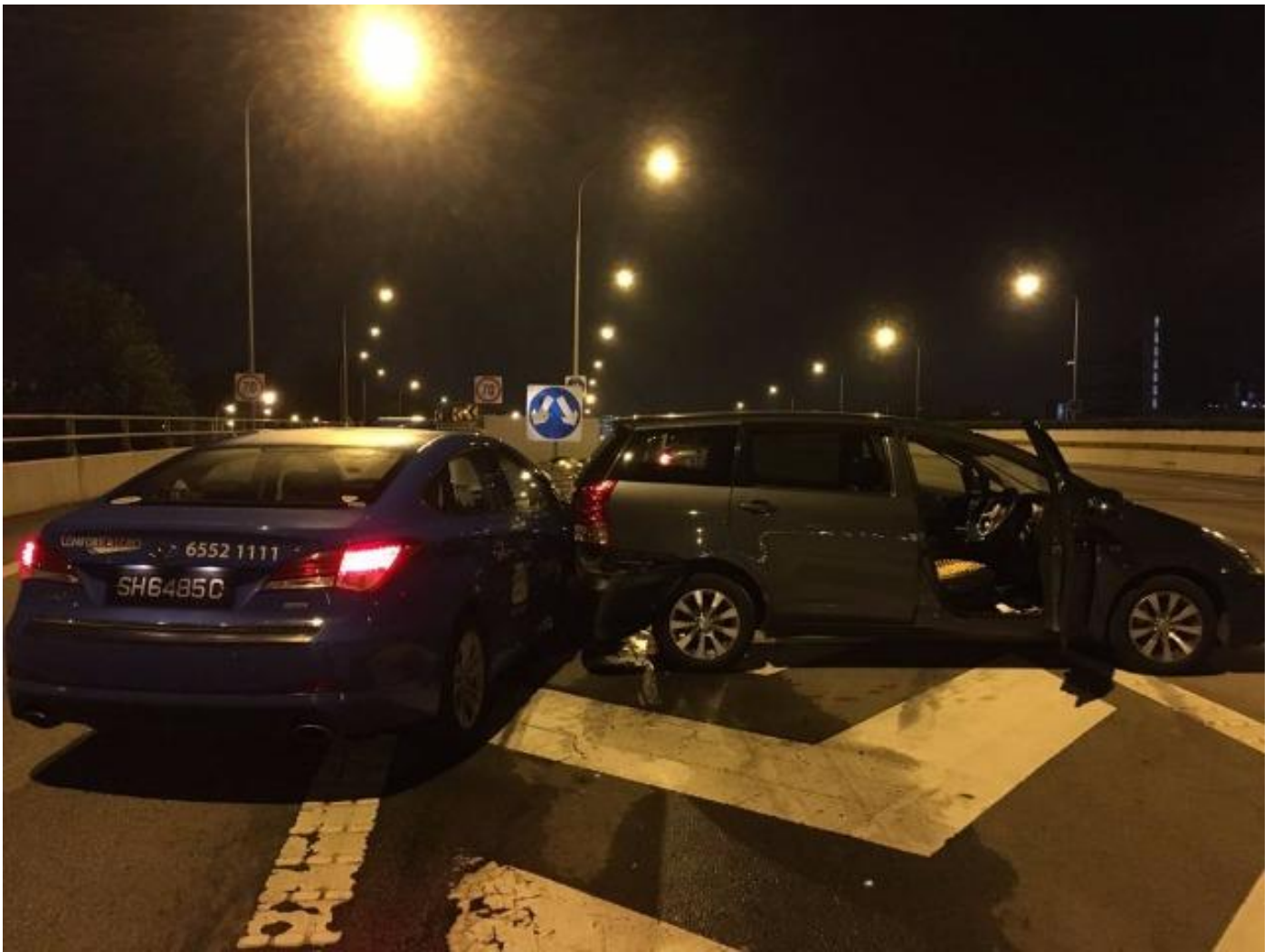
Accident Photo



Accident Photo



Accident Photo

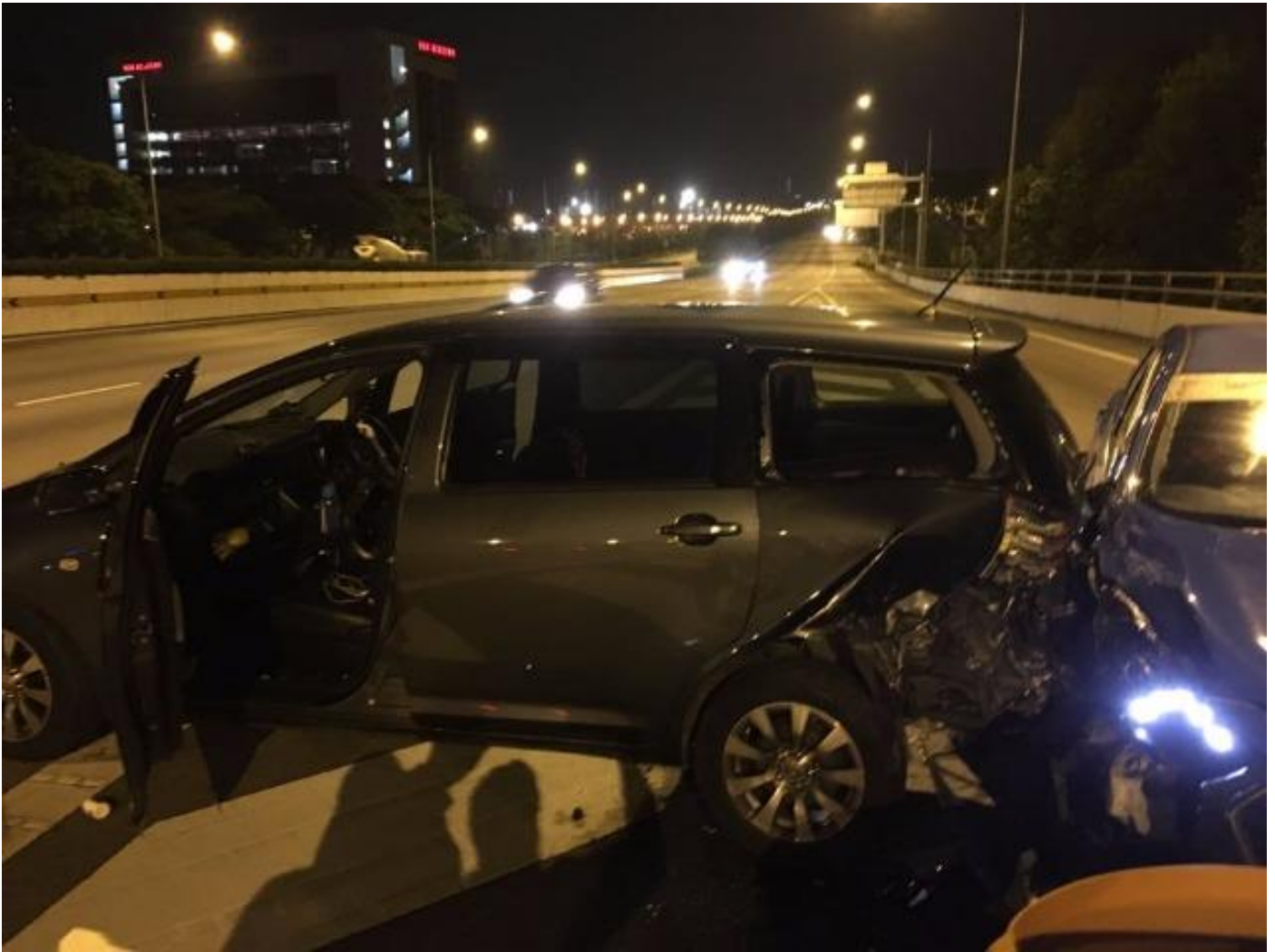


Accident Photo





Accident Photo



Accident Photo

