

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 16:47
Date Of Accident	19/12/2017 23:30
Exact Location Of Accident	JUNCTION OF YISHUN AVE 1 & YISHUN ST. 41
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFU3333M
Insured/Policyholder	
Name Of Registered Owner	MOHD KAMAL BIN KHAIRI
NRIC No	S6808978F
Email Address	AROSAILOR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81255900
Alternative Phone No	OTHERS-81255900

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON-2.0 (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	509288438
Cover Note Number	

Driver

Name of Driver	MOHAMAD MIZRA BIN MOHAMAD KAMAL
NRIC No	S9903333I
Date Of Birth	03/02/1999
Occupation	INDOOR
Date Of Driving Pass	15/12/2017
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93271227
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK. 341 WOODLANDS AVE 1 #03-605
Postcode	730341
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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: : SEO HYEON SEOK GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KEBUN BARU NPP
Police Station Address	ROAD: 111 ANG MO KIO AVE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ICE REPORT NO: T/20171220/2057

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	SHB3129M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMAD MIRZA BIN MOHAMAD KAMAL
Approximate Age	18
Injuries Sustain	
Injured person in which vehicle?	SFU3333M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK. 371 WOODLANDS AVE 1 #03-605
Postcode	730341

SKETCH PLAN

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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.

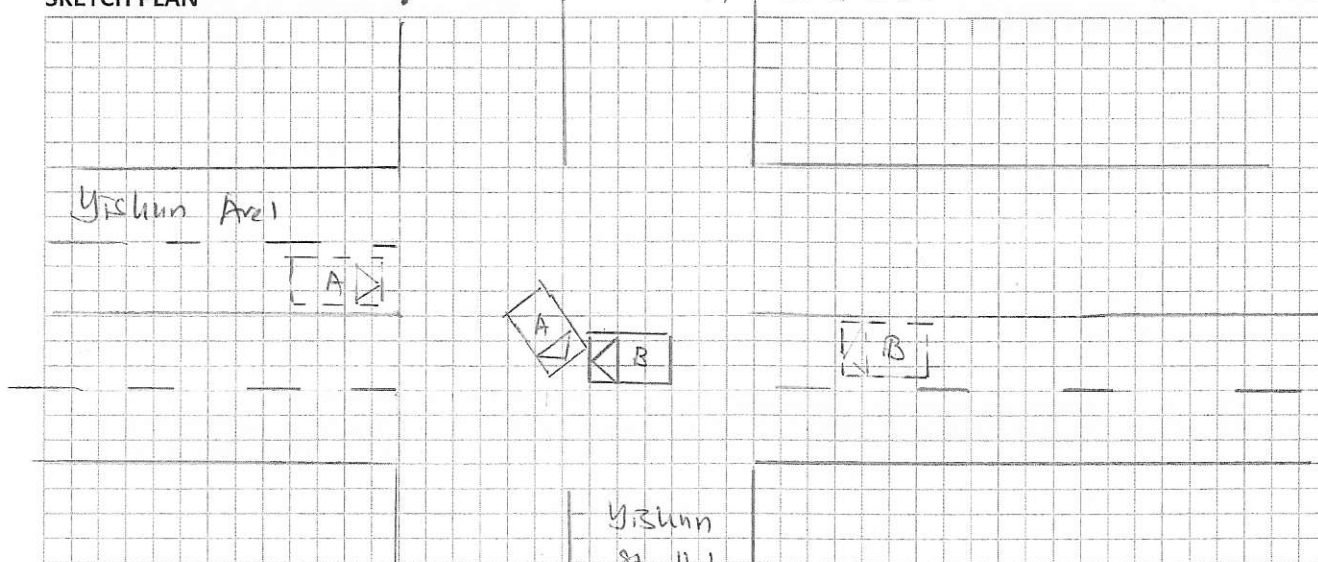
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Lee Wei
NRIC/FIN No.: S84603070

SKETCH PLAN

A - SHy 3333m B - SHB 3129m



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report no : T/20171220/2057

DECLARATION

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

17/We declare the foregoing particular

Policyholder's Signature

Date & Time:

re true in every respect.

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

進友威汽車服務私人有限公司
100, 101 & 102, Selegie Road,
Singapore Industrial Park
Singapore 347709
Telephone 757709

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

00 1220 5111

884603075



SINGAPORE POLICE FORCE



T/20171220/2057

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

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Report No. T/20171220/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2017 12:41		Vide Report No.:		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: MOHAMAD MIRZA BIN MOHAMAD KAMAL			Address: APT BLK 341 WOODLANDS AVENUE 1 #03-605 SINGAPORE 730341		
ID Type / ID No.: NRIC NO / S99033331			Contact No.: Home/Office: Mobile: 93271227		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 18	Date of Birth: 03/02/1999	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/12/2017 23:30	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 YISHUN AVENUE 1 YISHUN STREET 41				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SFU3333M	Car				Seriously Damaged	1
SHB3129M	Car				Seriously Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171220/2057

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Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20171220/2057

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD MIRZA BIN MOHAMAD KAMAL	ID No.	S99033331
Related Vehicle	SFU3333M (Car)	Contact No.	93271227
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 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	NIL

Brief Details.

On 19/12/2017 at about 2330hrs, I was driving my car (reg plate SFU3333M) along Yishun Ave 1 towards Yishun St 41. There was one passenger in my car at that point in time. The road was dry and the weather was clear. I was driving on the right lane of the two lane road.

As I was approaching the traffic light junction of Yishun Ave 1 and Yishun St 41, I observed the traffic light signal was red. hence, I slowed and stopped the car at the right lane as I was intending to make a right turn. After which, I observed the traffic light signal was red light with green arrow hence, I moved forward. Suddenly, a taxi (reg plate SHB3129M) from the opposite side approached and subsequently collided into my car. After which, some passer-by came to assist me and subsequently traffic police and ambulance came.

I observed that my car sustained major dents on the front side and the left side front wheel was also heavily damaged. There were also dents on the car's front doors. Subsequently, I was conveyed to Khoo Teck Puat Hospital together with the driver of the taxi.

I was given medical treatment at Khoo Teck Puat Hospital and was given 3 days of MC and 4 days of light duty from 20/12/2017 to 22/12/2017.

I am lodging this report for Traffic Police investigations.



**SINGAPORE
POLICE FORCE**



T/20171220/2057

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

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Report No. T/20171220/2057

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 /
Sgt 2 MUHAMMAD SHAQEEL BIN MOHAMED
JUNAIDI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Signature Of Informant:

Date/Time:
20/12/2017 12:41

Classification Of Case:

Authentication Stamp
NP168