

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 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	02/04/2018 15:31
Date Of Accident	10/01/2018 16:30
Exact Location Of Accident	JUNCTION OF BALESTIER ROAD/SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFV1616E
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAZAK BIN BACHOK
NRIC No	S1384566B
Email Address	RZK_59@MSN.COM
Mobile Phone No	(LOCAL) +65-92345014
Alternative Phone No	OFFICE-92345014

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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 REPORTING ONLY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-004097
Cover Note Number	

Driver

Name of Driver	RAMADAN BIN MOHAMED FAHMY
NRIC No	S0406733I
Date Of Birth	08/12/1935
Occupation	INDOOR
Date Of Driving Pass	30/12/1964
Driving Experience	53 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92345014
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 53 SIMEI RISE #08-47
Postcode	528790
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : NA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

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	SHB9810P
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)

Sketch Plan

SKETCH PLAN

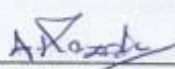
IMPORTANT NOTICE


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 liability.
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. 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 Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

DECLARATION

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

A. Kozak
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.:



Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180206/2175

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20180206/2175

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2018 21:07	Vide Report No.:	Station Diary No.: 146
--	------------------	---------------------------

Informant's Particulars

Name of Informant: RAMADAN BIN MOHAMED FAHMY			Address: BLK 53 SIMEI RISE #08-47 SINGAPORE 528790	
ID Type / ID No.: NRIC NO / S0406733I			Contact No.: Home/Office: Mobile: 9234 5014	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 82	Date of Birth: 08/12/1935	Type of Informant: Driver	
Race: Malay			Language: Malay	Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/01/2018 16:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BALESTIER ROAD SERANGOON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFV1616E	Car	TOYOTA		Red	Slightly Damaged	1
SHB9810P	TAXI					0

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**
[Copyright](#) | [Privacy Statement](#) | [Terms of Use](#) | [Disclaimer](#)


T/20180206/2175

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20180206/2175

CONTINUATION OF REPORT

Driver			
Name	RAMADAN BIN MOHAMED FAHMY	ID No.	S0406733I
Related Vehicle	SFV1616E (Car)	Contact No.	9234 5014
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

This is an amendment report for T/20180206/2172.

On 06/02/2018, my son, Abdul Razak S1384566B received a letter from Traffic Police informing that his vehicle, one red Toyota bearing registration number SFV 1616 E was involved in a hit and run accident on 10/01/2018 at 4.30pm at the junction of Balestier Road and Serangoon Road.

I wish to state that on 10/01/2018 at about 4.30pm, I was the driver of my son's vehicle, SFV 1616E, and I had one passenger on board. At that point of time, I was driving along Balestier Road heading towards Lavender Street. As I was driving across the junction of Balestier Road and Serangoon Road, one unknown vehicle on my right came very close to my vehicle. I only heard a screeching sound from outside as the other vehicle was driving passed my vehicle and filtered into my lane from my rear. I was not sure if there was any collision between both our vehicles and as the traffic was heavy at that point of time, I did not stop my vehicle and carried on driving.

When I arrived home, I made a check on my vehicle and I noticed small scratches on the right side of my car. Nobody is injured.



**SINGAPORE
POLICE FORCE**



T/20180206/2175

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20180206/2175

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 /
Sr Staff Sgt NADIYAH BINTE PASA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/02/2018 21:07

Officer In Charge Of Case:
TP / HRT /
SI ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S04067331



RAMADAN BIN MOHAMED
FAHMY

رمضان بن محمد فهمي

Race

MALAY

Date of Birth

08-12-1935

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Service Number S04067331

Name

RAMADAN BIN MOHAMED
FAHMY

Birth Date: 08 Dec 1935

Valid Date: 03 Mar 2003



NRIC No: S04067331



Blood Group: Date of Issue

A+ 28-04-1993

Address

BLK 53 SIMEI RISE #08-47
SINGAPORE 528790

NRIC No: S04067331

Date: 23/10/2007

No: 5787687

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	21 Oct 1959
Class 2A	Motorcycles between 201 cc and 400 cc	21 Oct 1959
Class 2	Motorcycles exceeding 400 cc	21 Oct 1959
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Dec 1964



Licence No: S04067331

NP 429A

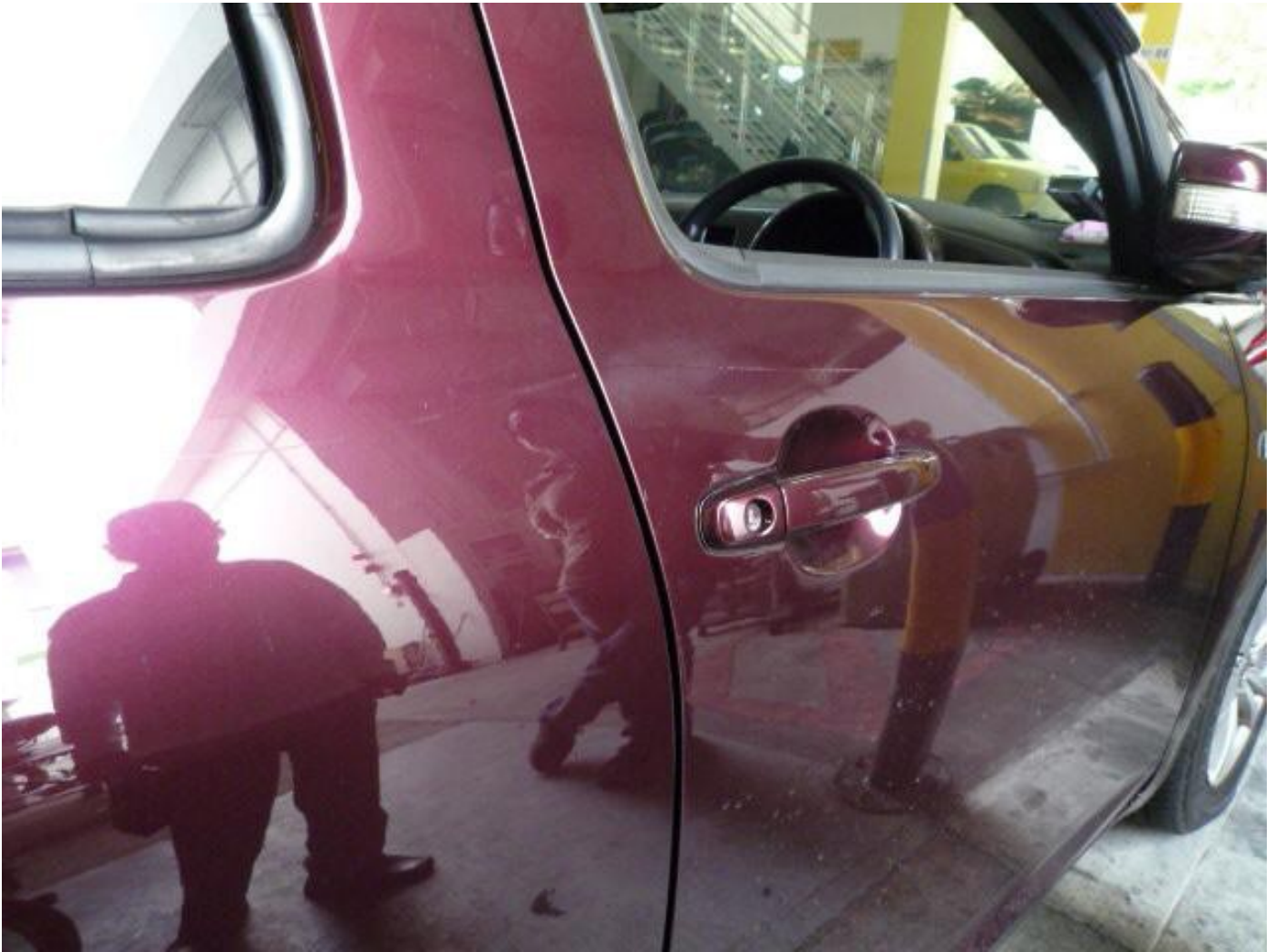
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

