

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	17/01/2018 09:54
Date Of Accident	16/01/2018 07:00
Exact Location Of Accident	HOUANG AVE 7 TWDS DEFU AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5119D
Insured/Policyholder	
Name Of Registered Owner	KNH SERVICES
Co Reg No	52997576M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82897244
Alternative Phone No	OFFICE-82897244

Vehicle Particulars

Manufacturer	ISUZU
Model	FSR34SUQCC
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095975513
Cover Note Number	

Driver

Name of Driver	MOHAMED ABU BAKAR S/O MOHAMED YUSOOF
NRIC No	S7213165G
Date Of Birth	14/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82897244
Fax Number	
Contact Number	OTHERS-82897244
EEmail Address	NOEMAIL

Address	BLK 290A COMPASSVALE CRESCENT #02-18
Postcode	541290
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	COLLIDED INTO PEDESTRIAN
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?	NO
Was any other material or property damaged?	NO
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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180116/2152

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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:

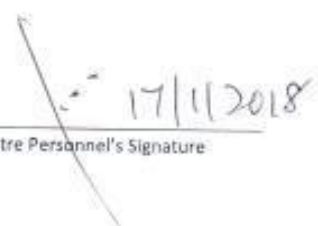
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

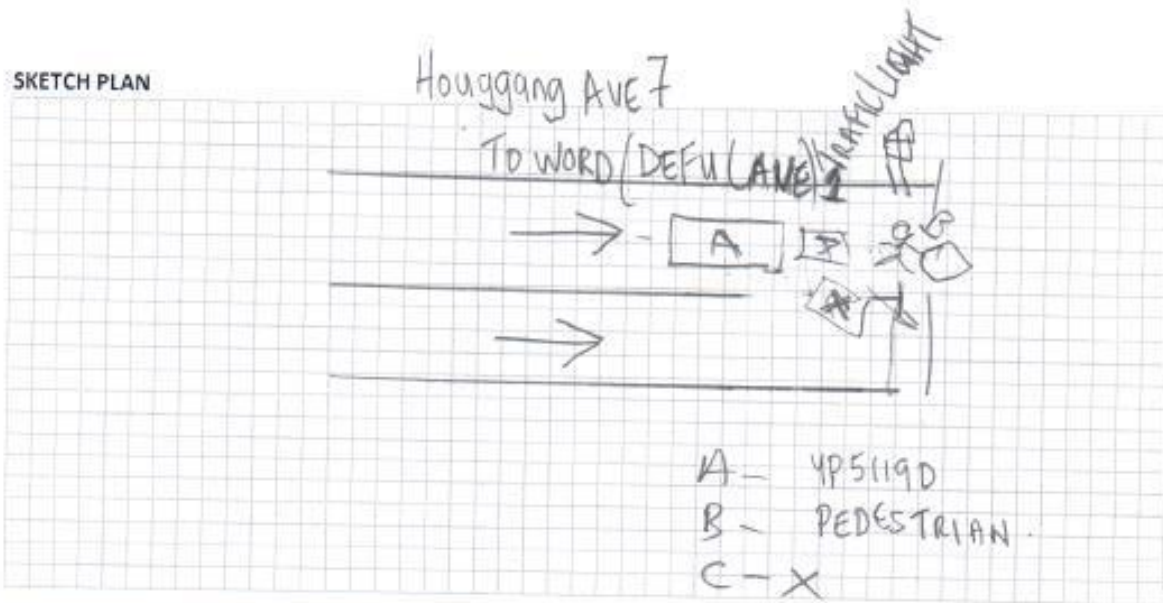
(If driver is not the policyholder)
Date & Time:

 17/11/2018

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pl's Refer to the Police Report -
T/20180116/2152

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:

BAKAR.

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

17/1/2018

WATTC/SH/11/1/2018/2152

Sketch Plan #3



**SINGAPORE
POLICE FORCE**

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



T/20180116/2152

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Report No. T/20180116/2152

CONTINUATION OF REPORT

Driver			
Name	MOHAMED ABU BAKAR S/O MOHAMED YUSOOF	ID No.	S7213165G
Related Vehicle	NIL	Contact No.	82897244
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME

I WAS DRIVING ALONG HOUGANG AVENUE 7 GOING TOWARDS DEFU AVENUE 1. I WANTED TO GO TO THE LANE TO MY RIGHT BUT COULD NOT AS THERE WAS NO SPACE DESPITE ME FLASHING MY SIGNAL. SO I STAYED ON MY LANE. SUDDENLY THE CAR INFRONT OF ME SWERVED TO THE RIGHT BUT I SAW THAT THE TRAFFIC LIGHT WAS FLASHING GREEN SO I CONTINUED FORWARD. BUT I SAW AN OLD MAN WALKING ON THE ROAD WITH A BIG TROLLEY. I BRAKED BUT COULD NOT STOP IN TIME AND HIT HIS TROLLEY. WHEN I HIT HIS TROLLEY, HE FELL. I GOT OUT OF MY VEHICLE TO HELP THE OLD MAN AND TO CLEAR THE ROAD OF THE TROLLEY'S CONTENT SO OTHER ROAD USERS CAN GO. ANOTHER DRIVER THAT WITNESSED THE INCIDENT CALLED FOR THE AMBULANCE. AMBULANCE AND TP CAME. THE OLD MAN WAS CONVEYED TO THE HOSPITAL BY AMBULANCE.



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: F/20180116/0087

82897244

1. 7213165/6 ABU BAKAR S/O MD YUSOFF
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of BLK 290A COMPASS VALLEY CRESCENT #02-18.
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 1x 16GB micro SD card / Sandisk ultra (10)

- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from SGT T150049 AZK1
(Name, NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

on 16/1/18 at 0750 HRS
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

[Signature]
(Signature)
SGT T150049 AZK1
(Name, NRIC or Passport No. / Rank and No.)

[Signature]
(Signature)
7213165/6 ABU BAKAR
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: YP 51190 / white / Isuzu / lorry

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

MALESIA PTE LTD
Singapore
Tel : 6898 5566 Fax : 6898 6556

Vehicle Number
Unladen Weight
Max Laden Weight
Passenger Capacity
1 Driver 2 Others
Tyre Size

Police Report



**SINGAPORE
POLICE FORCE**



T/20180116/2152

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

1 of 3

Report No. T/20180116/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2018 18:53		Vide Report No.: F/20180116/0087		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED ABU BAKAR S/O MOHAMED YUSOOF			Address: APT BLK 290A COMPASSVALE CRESCENT #02-18 HDB- KANGKAR SINGAPORE 541290		
ID Type / ID No.: NRIC NO / S7213165G			Contact No.: Home/Office: Mobile: 82897244		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 14/01/1972	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: LORRY DRIVER			Driving Licence Information: Class: 4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/01/2018 07:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 HOUGANG AVENUE 7 DEFU AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP5119D	Lorry				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**

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Tel No: 65470000



T/20180116/2152

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Report No. T/20180116/2152

CONTINUATION OF REPORT

Driver			
Name	MOHAMED ABU BAKAR S/O MOHAMED YUSOOF	ID No.	S7213165G
Related Vehicle	NIL	Contact No.	82897244
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME

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Police Report



SINGAPORE
POLICE FORCE

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



T/20180116/2152

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Report No. T/20180116/2152

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 /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
16/01/2018 18:53

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: 