

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	18/01/2018 17:48
Date Of Accident	21/12/2017 20:50
Exact Location Of Accident	ALONG BAYFRONT AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS3680A
Insured/Policyholder	
Name Of Registered Owner	DRIVEWORKS SINGAPORE
Co Reg No	53309735E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS 1.8LX A
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	YES
Policy Number	5094305080
Cover Note Number	

Driver

Name of Driver	MOHAMED FIRDAUS BIN ABDUL HAMID
NRIC No	S8439039I
Date Of Birth	28/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	02/11/2005
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84998118
Fax Number	
Contact Number	OFFICE-84998118
Email Address	NOEMAIL

Address	BLK 415C FERNVALE LINK #05-62
Postcode	793415
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	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180118/2065.

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	SKQ9469C
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	MOHAMED FIRDAUS BIN ABDUL HAMID
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SLS3680A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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.

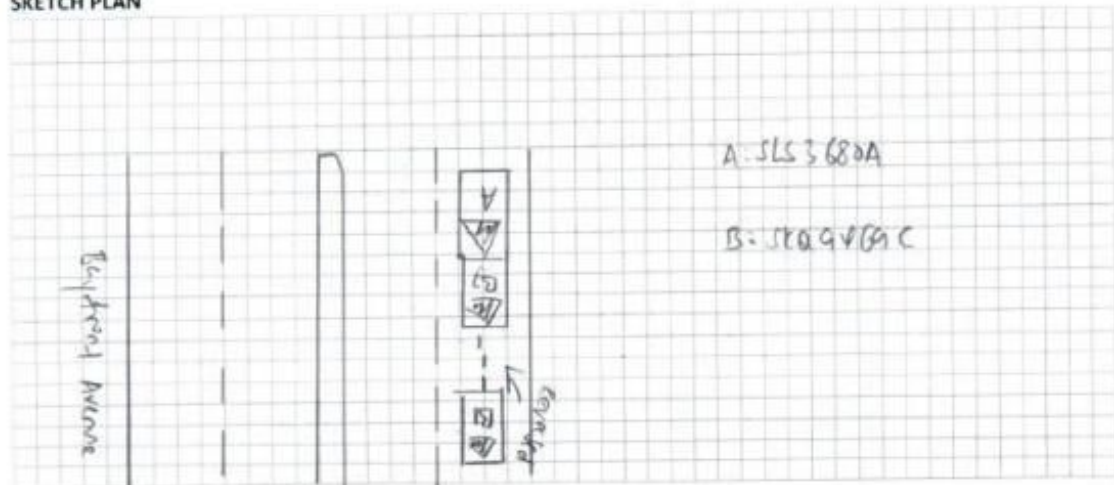

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180118/2065.

DECLARATION

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



Policyholder's Signature

Date & Time:

WAKM SKETCHPLANFORM_V1

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180118/2085

1 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4438999

Report No: T/20180118/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2018 13:44		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: MOHAMED FIRDAUS BIN ABUL HAMID			Address: APT BLK 415C FERNVALE LINK #05-62 SINGAPORE 793415		
ID Type / ID No.: NRIC NO / S8439039H			Contact No.: Home/Office: Mobile: 84998118		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 28/11/1984	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/12/2017 20:50	Type of Location: Straight Road
Location: Along Road 1 DAYFRONT AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SK09469C	Car				Slightly Damaged	0
SL53680A	Car				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180118/2065

2 of 3

Police Station Of Origin:
Eunos NPP

629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180118/2065

CONTINUATION OF REPORT

Driver			
Name	NG YAM WEE DANIEL		ID No. S7203898C
Related Vehicle	SKQ9469C (Car)		Contact No. 82015988
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
Driver			
Name	MOHAMED FIRDAUS BIN ABDUL HAMID		ID No. S8439039I
Related Vehicle	SLS3680A (Car)		Contact No. 84998118
Hospital/Clinic	NATIONAL CLINIC		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 21/12/2017 at about 2050hrs, I was driving my vehicle bearing registration number SLS3680A, along Bayfront Ave. As I was going to make a U turn, the car bearing registration number SKQ9469C in front of my vehicle going to move out from his lot as such he was reversing. As he was reversing very fast, I then honk to warn him however he still collided onto my vehicle's front. We then hand written an agreement and left. No traffic police or ambulance attended. On 22/12/2017, I then went to the clinic for check up as I had injury my back due to the accident. I was given 3 days medical certificate and I had also went to Khoo Teck Puat Hospital and Tan Tock Seng Hospital for check up.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180118/2065

3 of 3

Report No.: T/20180118/2065

Police Station Of Origin:
Eunos NPP
529 Bedok Reservoir Road #01-1520
SINGAPORE 470629
Tel No: 1800-4439999

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/

Sgt 3 TIONG YEE SENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/01/2018 13:44

Officer In Charge Of Case:

TP / AEIT /

SSI GOH GEOK LYE

Contact No.: 65476148

Classification Of Case:



Singapore
Authentication Stamp
NP158

SIGNATURE

Medical Cert

Date: 21 Dec 2017.
Time: 2050 HRS.

I, Dr. YAM WEE DANIEL, Examiner, Licence No. 9469C, have
examined the accidentally injured SUS3680A whose
Description: (BRIEF) has
Received:

I understand that the damages arising from this incident:

Dr. YAM WEE DANIEL

S7203848C
820 820 5908
SEA 9469C
18

Mohamed Feroze

SEA 890297
84998118
SL33680A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

