

## 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	23/01/2018 15:08
Date Of Accident	22/01/2018 17:00
Exact Location Of Accident	ALONG JB CHECKPOINT TWDS WOODLANDS CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS2762D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	53333500X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5G CVT
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	NO
Policy Number	5087560017-01
Cover Note Number	

### Driver

Name of Driver	SURAHIM BIN SUA'IDI
NRIC No	S7111218G
Date Of Birth	15/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	08/01/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90406803
Fax Number	
Contact Number	OFFICE-90406803
Email Address	NOEMAIL

Address	BLK 986C BUANGKOK CRESCENT #02-94
Postcode	533986
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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - F/20180123/2006.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGE7502M
Vehicle Make/Model/Colour	GOLD NISSAN LATIO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHYE JOON NUM
NRIC/Passport Number	S2627704C
Contact Number	97337923
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 2

**DETAILS OF INJURED PERSON 1**

Name SURAHIM BIN SUA'IDI

Approximate Age

Injuries Sustain BODY (NECK, BACK & CHEST)

Injured person in which vehicle? SLS2762D

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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#### **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
- 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

JB Checkpoint


A

B

A: SLS 3762D

B: SGE 7502M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - F/20180123/2006.

DECLARATION

I/We declare the above

TWENTY MOBILE

Policyholder's Signature  
Date & Time:

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

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

Date &amp; Time:

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

NRIC/FIN No.:

# Police Report



**SINGAPORE  
POLICE FORCE**



F/20180123/2006

1 of 2

## POLICE REPORT (NP299)

Report No. F/20180123/2006

Police Station Of Origin  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Date/Time Report Made 23/01/2018 00:19	Video Report No.	Station Diary No. 9
Name Of Informant SURAHEM BIN SUATDI	Address APT BLK 986C BUANGKOK CRESCENT #02-64 SINGAPORE 533980	
ID Type / ID No. NRIC NO / S7111218G	Contact No. Home/Office 90408803	Mobile
Nationality SINGAPORE CITIZEN	Email Address	
Occupation GRAB DRIVER	Sex Male	Age 48
Institution/School Name	Date of Birth 15/03/1971	Race Malay
Date/Time Of Incident 22/01/2018 17:00	Location Of Incident Malaysia Checkpoint, Coming into Singapore MALAYSIA	

### Brief details.

On 22/01/2018 at about 1700hrs, I was driving my car(Registration No. SLS 2762D, Blue Toyota Sienta) along Malaysia checkpoints, coming into Singapore, on the middle lane of the three lanes road, stationary, waiting to go into Immigration. Suddenly another car(Registration No. SGE 7502M, Gold Nissan Latio) collided onto my car's rear, resulting in dent damages on the rear. I suffered strong body impact on my back, neck and chest. I blackout for few seconds. I then alighted from my car to take photos and exchange particulars with the driver, namely, Chye Joon Num(NRIC S2627704C, H/P:

Signature Of Officer Recording The Report:

F / Sgl 2 BOH YONG SENG

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Hougang N.P.C /  
Sr Staff Sgl LIM KIM HWEE  
Contact No : 84890999

Authentication Stamp

Signature Of Informant:

Date/Time:  
23/01/2018 00:19

Classification Of Case:

Police Report



SINGAPORE  
POLICE FORCE



F/20180123/2008

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180123/2008

97337023) and left location.

I later went to Khoo Teck Puat Hospital and has got 4days of MC. I am lodging this Police report for my own record purposes.

Signature Of Officer Recording The Report:

F / Sgt 2 BOH YONG SENG

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Hougang N.P.C /  
Sr Staff Sgt LIM KIM HWEE  
Contact No.: 64890999

Authentication Stamp

Signature Of Informant

Date/Time:  
23/01/2018 00:19

Classification Of Case:

Medical Cert



Khoo Teck Puat Hospital  
90 Yishun Central  
Singapore 768828  
Tel: (65) 6555 8000  
Fax: (65) 6602 3700  
Website: www.ktph.com.sg

MEDICAL CERTIFICATE

ORIGINAL

KHANE181277060

NAME : SURAHIM BIN SUA'IDI  
NRIC : S7111218G

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named attended Examination/Treatment from 22 Jan 2018 18:56 to 22 Jan 2018 22:10

The above named is unfit for duty for a period of 4 day(s), from 22 Jan 2018 to 25 Jan 2018 inclusive.

The Certificate is not valid for absence from court attendance.

Remarks :

22 Jan 2018  
Date Issuing Doctor Dr Sachathep, Namthep (181261)

A&E  
Location

[Signature]  
Doctor's Signature

Reg No. : 20071756H

Test Along Here



Khoo Teck Puat Hospital  
90 Yishun Central  
Singapore 768828  
Tel: (65) 6555 8000  
Fax: (65) 6602 3700  
Website: www.ktph.com.sg

MEDICAL CERTIFICATE

DUPLICATE

KHANE181277060

NAME : SURAHIM BIN SUA'IDI  
NRIC : S7111218G

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

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Remarks :

22 Jan 2018  
Date Issuing Doctor Dr Sachathep, Namthep (181261)

A&E  
Location

[Signature]  
Doctor's Signature

Reg No. : 20071756H



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





