#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

<ul> <li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li> </ul>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	25/01/2018 11:55
Date Of Accident	23/01/2018 08:10
Exact Location Of Accident	ALONG LORNIE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ3454H
Insured/Policyholder	
Name Of Registered Owner	X-CLUSIVE CAR RENTAL PTE LTD
Co Reg No	201701254C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86138631
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	OTW BACK HOME
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5087851728-01
Cover Note Number	
Driver	
Name of Driver	MOHAMAD ROSLEE BIN SULAIMAN
NRIC No	S8211353C

 NRIC No
 \$8211353C

 Date Of Birth
 31/03/1982

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/11/2004

Driving Experience 13 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-93202251

Fax Number

Contact Number

EMail Address MOHAMADROSLEE@HOTMAIL.COM

**BLK 93 DAWSON ROAD** Address

#11-40

Postcode 142093

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER(RELIEF)

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

SIDE SWIPE Type Of Accident 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

NO

1

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 1 DUKE ROAD, POSTCODE: 268914, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4629999 - FAX NO: 64628933

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLS REFER TO THE POLICE REPORT:T/20180123/2022

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

WITH DRIVER Remarks/ Reasons:

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number XD5271X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Page 2 of 18

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.
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- 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.
- 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.
- 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.
- B. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 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 ;
  - 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 daims 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

molying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's agnature (If giver is not the policyholder)

Reporting Centre Personnel's Signature

Name NRIC/FIN No.

### Sketch Plan #2

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	holder's Signature	Detrinate Constant
	Time	(If dover is not the policyholder)  Report & Centre Personnel's Signature Name:

#### Sketch Plan #3



T/20180123/2022

Police Station Of Origin: Bukit Timah N.P.C. 1 Duke's Road SINGAPORE 268914

Report No. T/20180123/2022

2 of 3

Tel No: 1800-4629999

#### CONTINUATION OF REPORT

Driver	MOHAMAD ROSLE	E RIN SI II	AIMAN	ID No.		S8211353C
Name -	MOHAMAD ROSLE	E BIN SOL	Zuwan	10 110	1	
Related Vehicle	SJJ3454H (Car)	. 1	19.19	Conta	ct No.	93202251
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	7 16	Date Dis		NIL	
	ted Medical Leave	NIL	Degree	of Injury	NIL	7 12 15

### Brief Details.

On 23/01/2018 at 0810am I was driving my vehicle (SJJ3454H) red honda along lornie road. Where it was a merging lane I was driving at the right side of the merging lane, when the vehicle (XD5271X) white Isuzu Lorry was driving at the left side merging lane. I was driving straight when I felt a bang on my vehicle and I realized that my vehicle left side mirror has been hit. As such I try to horn the driver and alert the driver that he has hit my vehicle, however he did not stop his vehicle and drove off. I then went down to make a check on my vehicle and realized that my left side mirror has a crack.

I have in-car camera in my vehicle that have captured the incident.



















### **Police Report**





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999 Report No. T/20180123/2022

REPORT O	F A TRAFFIC	ACCIDENT	A No.	Station Diary No.:	
Date/Time Report Made: 23/01/2018 10:47		lade:	Vide Report No.:	49	
Informa	nt's Particu	lars	18 6 44 4 5 15 14 B	THE MEDICAL PROPERTY OF THE PARTY OF THE PAR	
Name of	Informant:	E BIN SULAIMAN	Address: APT BLK 93 DAWSON ROAD	#11-40 SINGAPORE 142093	
ID Type / ID No.: NRIC NO / S8211353C Nationality: SINGAPORE CITIZEN		and the last	Contact No.: Home/Office: Mobile: 93202251		
		A TOTAL STRAIGHT	Email:	THE WORLD	
Sex: Male	Age:	Date of Birth: 31/03/1982	Type of Informant: Driver		
Race: Malay Occupation: Taxi driver			Language: English	Institution / School Name:	
			Driving Licence Information: Class:	Date of Expiry:	
I dal dilver				THE RESERVE OF THE PARTY OF THE	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/01/2018 08:10	Type of Location Straight Road
Location: Along Road 1 LORNIE ROA Weather:		Road Surface:	F	Road Speed Limit:
TTOOLING!		I I IFW	1.0	Name of the last o
Sunny Traffic Flow:		Traffic Control:		Fraffic Volume:

	ehicle involved	DATE OF THE PARTY	Model	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	Model	COIO		0
SJJ3454H	Car	1	F1 5 7 2	197	Slightly	Total Control of the
			-			0
XD5271X	Lorry		200	1000		1

	The same of the sa
Details of Person Involved	· · · · · · · · · · · · · · · · · · ·
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	Use of Federalian Green

#### **Police Report**



T/20180123/2022

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914

Report No. T/20180123/2022

2 of 3

Tel No: 1800-4629999

#### CONTINUATION OF REPORT

Driver	MOHAMAD ROSLE	E RIN SI II	AIMAN	ID No.		S8211353C
Name -	MOHAMAD ROSLE	E BIN SOL	Zuwan	10 110	1	
Related Vehicle	SJJ3454H (Car)	. 1	19.19	Conta	ct No.	93202251
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	7 16	Date Dis		NIL	
	ted Medical Leave	NIL	Degree	of Injury	NIL	7 12 15

# Brief Details.

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#### **Police Report**





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Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

Report No. T/20180123/2022

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: E / Sgt 1 TEE PENG SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2018 10:47
Officer In Charge Of Case: The HIGH MINISTRE SN 170 State Sgt LIM WOON TIONG Contact No.: 65476418	Classification Of Case:
Authentication Stamp	