

## 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	05/02/2018 14:37
Date Of Accident	01/02/2018 16:55
Exact Location Of Accident	JUNC OF PUNGGOL RD & PUNGGOL FIELD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ4632D
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#### Insured/Policyholder

Name Of Registered Owner	MR HANAFIAH BIN BUDIN
NRIC No	S1397752F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98536410
Alternative Phone No	OFFICE-98536410

#### Vehicle Particulars

Manufacturer	NISSAN
Model	MARCH 1.4 (A) ELEGANCE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

#### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3028741700
Cover Note Number	-

#### Driver

Name of Driver	MR HANAFIAH BIN BUDIN
NRIC No	S1397752F
Date Of Birth	28/09/1959
Occupation	INDOOR
Date Of Driving Pass	01/08/1998
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98536410
Fax Number	
Contact Number	OFFICE-98536410
Email Address	NOEMAIL

Address	BLK 228 SIMEI ST 4 #04-212
Postcode	520228
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	
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	CHANGI N.P.C
Police Station Address	<b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE 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	XE3389Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MR HANAFIAH BIN BUDIN
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SJJ4632D
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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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.:

## Accident Sketch Plan

### SKETCH PLAN

SKETCH PLAN

Punggel Field

A = SIJ 4632 D  
B = XE 3389 Z

Punggel Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## 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: \_\_\_\_\_


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



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180202/2097

Police Station Of Origin:  
Changi N P C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 4  
Report No: T/20180202/2097

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 02/02/2018 15:02		Video Report No	Station Diary No 67
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**Informant's Particulars**

Name of Informant HANAFIAH BIN BUDIN		Address: APT BLK 228 SIMEI STREET 4 #04-212 SINGAPORE 520228	
ID Type / ID No NRIC NO / S1397752F		Contact No Home/Office Mobile: 98536410	
Nationality: SINGAPORE CITIZEN		Email	
Sex Male	Age 58	Date of Birth 28/09/1959	Type of Informant Driver
Race Malay		Language English	Institution / School Name
Occupation PART-TIME LECTURER		Driving Licence Information Class: 3 Date of Expiry	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident 01/02/2018 16:55	Type of Location T-Junction
Location: Along Road 1 PUNGGOL ROAD				
PUNGGOL ROAD TOWARDS PUNGGOL FIELD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control Traffic Light - Working	Traffic Volume: Light	
Type of Collision: STOPPED VEHICLE AGAINST MOVING VEHICLE				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SJ4632D	Car	NISSAN	MARCH 1.4 (A) ELEGANCE	Black	Slightly Damaged	0
XE3389Z	Lorry	MITSUBISHI	FUSO FV51SJD2D EA	White	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C.  
9 Simel Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



1/20180202/2018

Report No: T0000000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ4632D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30287417 00	29/03/2017	28/03/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HANAFIAH BIN BUDIN	ID No	S1397752F
Related Vehicle	SJJ4632D (Car)	Contact No	98536410
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/02/2018	Date Discharge	01/02/2018
No. of Days granted Medical Leave	08	Degree of Injury	Slight
Driver			
Name	SANTHANAM SAVARIMUTHU	ID No	F8265400M
Related Vehicle	XE3389Z (Lorry)	Contact No	90890400
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


## Brief Details.

On 01/02/2018 at about 1655hrs, I was driving my car vehicle (SJJ 4632D) along Punggol Road at the 2nd lane. While I was driving, I saw the traffic light was turning amber. I decided to slow down my car vehicle and stopped. When my car vehicle was stopped and I felt an impact from my rear. After which I came out from my car vehicle to make a check and discovered the lorry vehicle (XE 3389Z) collided with my car vehicle. The accident caused damaged on my car vehicle's rear bumper. We exchange particulars and no one have been convey by ambulance. No government property was damaged.


I felt soreness on my back and I went for doctor consultation at parkway east hospital. I was given 3 days of medical leave for my injuries. I am unable to submit a hard copy of my medical leave as I have submitted to the insurance company. However, I have the soft copy in my mobile phone



POLICE REPORT

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POLICE FORCE**

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9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

  
Form No: 1/2018/02/0097  
3 of 4  
Report No: 1/2018/02/0097

C. CONTINUATION OF REPORT



POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin  
Changi N.P.C  
9 Simai Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20180202/2067

4 of 4

Report No: T/20180202/2067

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

*[Handwritten signature]*

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 2 CHEE KIT YING

*[Handwritten signature]*

Signature Of Informant

*[Handwritten signature]*

Signature Of Interpreter  
Not applicable

Date/Time  
02/02/2018 15:02

Officer In Charge Of Case  
TP / AETT /  
SI ANG YI TING, STEPHANIE  
Contact No: 65476414



SINGAPORE  
POLICE FORCE

Classification Of Case

*[Handwritten signature]*

SIGNATURE

Authentication Stamp  
NP-188

# DRIVING DOC



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





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