

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	30/01/2018 15:17
Date Of Accident	27/01/2018 18:40
Exact Location Of Accident	376 THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM1385G
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Insured/Policyholder

Name Of Registered Owner	MARIC CAR RENTAL PTE. LTD.
Co Reg No	201620648G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91243329

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5083153507-01
Cover Note Number	

Driver

Name of Driver	JASNI BIN MOHD ZIN
NRIC No	S1572543E
Date Of Birth	04/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	13/05/1985
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91243329
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address BLK 621 WOODLANDS DRIVE 52
#01-40
Postcode 730621
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) 3

Passenger 1
NAME: : NA
GENDER: : FEMALE
Passenger 2
NAME: : NA
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name WOODLANDS EAST N.P.C
Police Station Address ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER 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 SJE7272R
Vehicle Make/Model/Colour
Details Of Properties FRONT
Vehicle Category PRIVATE CAR
Name of Driver BRYAN ONG

NRIC/Passport Number S8938080D
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JASNI BIN MOHD ZIN
Approximate Age
Injuries Sustain REFER REPORT
Injured person in which vehicle? SGM1385G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

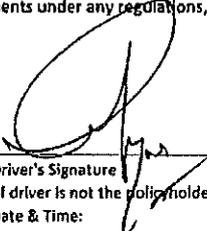
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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

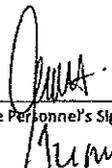
I understand, acknowledge, agree and consent that:

- (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.

Mario Car Rental Pte Ltd
Co. Reg. No.: 201620648G
9 Tagore Lane #03-04
Singapore 787472

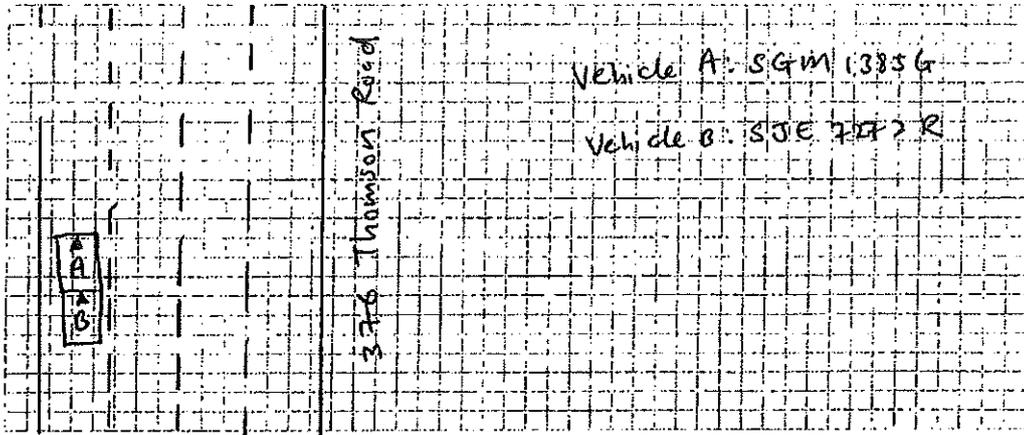
Policyholder's Signature
Date & Time:


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


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

Responsible Officer

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, the vehicle in front of me stopped. I followed suit. Suddenly vehicle B hit onto my vehicle rear portion.

Maric
Co. of Singapore
9 Tagore Lane #03-04
Singapore 787472

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.:



**SINGAPORE
POLICE FORCE**



T/20180128/2058

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3
Report No. T/20180128/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2018 14:25		Vide Report No.:		Station Diary No.: 107	
Name of Informant: JASNI BIN MOHD ZIN			Address: APT BLK 621 WOODLANDS DRIVE 52 #01-40 SINGAPORE 730621		
ID Type / ID No.: NRIC NO / S1572543E			Contact No.: Home/Office: Mobile: 91243329		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 04/08/1963	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:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/01/2018 18:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 THOMSON ROAD BALESTIER ROAD Along Thomson road towards Balestier road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

SGM1385G	Car				Slightly Damaged	2
SJE7272R	Car				Slightly Damaged	0

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

Common Statement Pg. 1



**SINGAPORE
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T/20180128/2058

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20180128/2058

CONTINUATION OF REPORT

Name	JASNI BIN MOHD ZIN	ID No.	S1572543E
Related Vehicle	SGM1385G (Car)	Contact No.	91243329
Hospital/Clinic	888 PLAZA FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	28/01/2018	Date Discharge	28/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Name	Bryan Ong	ID No.	S8938080D
Related Vehicle	SJE7272R (Car)	Contact No.	NIL
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 27/01/2018 at about 1840hrs, I was driving my car SGM1385G with two passenger along Thomson road going towards Balestier road. The vehicle in front of me started signaling left and gradually slowed down. I applied my brake and gradually slow down when suddenly another vehicle SJE7272R suddenly hit onto the rear of my vehicle. We then stopped at the side of the road and exchanged our particulars. The rear of my vehicle was dented and damaged and the Bonet was not able to be fully secured. The front portion of the other vehicle was also slightly damaged. There were no injury at that point of time that requires immediate medical attention. However, at night I started to feel pain on the back of my neck hence I went to the clinic to make a check this morning and was given 3 days MC. Both my passenger was not injured when the accident occurs and they are willing to be the witness for the incident. I am lodging the report to claim insurance.



**SINGAPORE
POLICE FORCE**



T/20180128/2058

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20180128/2058

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: J / Sgt 2 LIM MUHAMMAD HAMZAH BIN MUHAMMAD ISMAIL LIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2018 14:25
Officer In Charge Of Case: TP / AEIT / SSI GOH GEOK LYE Contact No. 65476148	Classification Of Case:
Authentication Stamp NP168 Signature: SN130 Singapore Police Force	