

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	12/02/2018 16:36
Date Of Accident	10/02/2018 19:30
Exact Location Of Accident	NO: 25 JALAN MAT JAMBOL (SINGAPORE 119506)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6681P
Insured/Policyholder	
Name Of Registered Owner	H & H CAR RENTAL & LEASING
Co Reg No	53331980C
Email Address	TEORONNIE@YMAIL.COM
Mobile Phone No	(LOCAL) +65-83934719
Alternative Phone No	OFFICE-83934719

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X A
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078818993-01
Cover Note Number	

Driver

Name of Driver	MOHAMED RUDIN BIN MOHAMED YASSIN
NRIC No	S7009147Z
Date Of Birth	24/03/1970
Occupation	OUTDOOR
Date Of Driving Pass	28/10/1996
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83934719
Fax Number	
Contact Number	OTHERS-83934719
Email Address	TEORONNIE@YMAIL.COM

Address	BLK 32 HOLLAND CLOSE #06-100
Postcode	270032
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	NO COLLISION
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
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)	2
Passenger 1	NAME: : NIL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : F/20180210/2196

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	FBF926Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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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)**

(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.

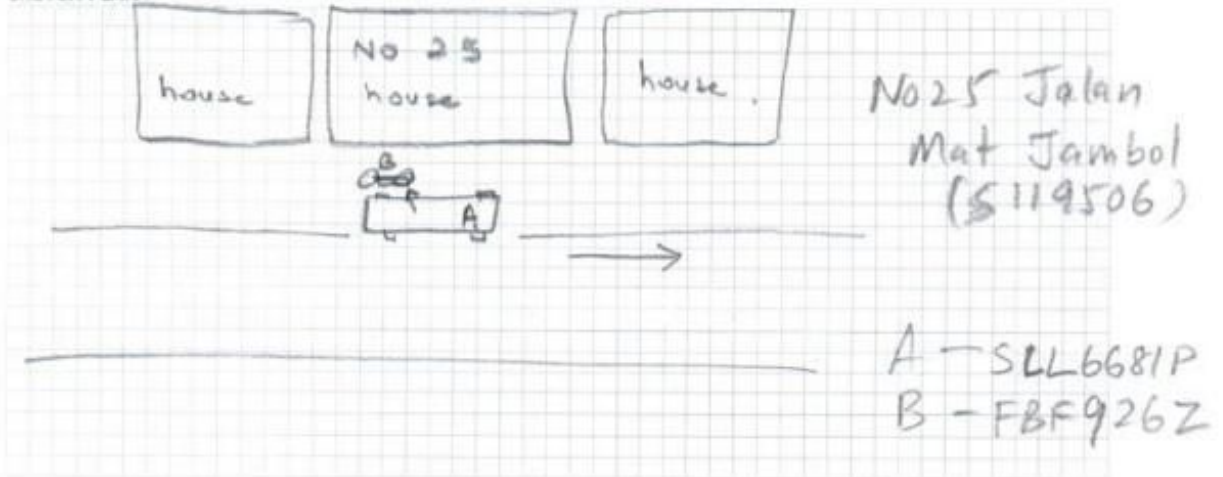


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
F/20180210/2196

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



F/20180210/2196

1 of 2

Report No. F/20180210/2196

POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 10/02/2018 22:34	Vide Report No.	Station Diary No. 87
Name Of Informant MOHAMED RUDIN BIN MOHAMED YASSIN	Address APT BLK 32 HOLLAND CLOSE #06-100 SINGAPORE 270032	
ID Type / ID No. NRIC NO / S7009147Z	Contact No. Home/Office	Mobile 83934719
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Grab Driver	Sex Male	Age 47
Institution/School Name	Date of Birth 24/03/1970	Race Malay
Date/Time Of Incident 10/02/2018 19:30	Location Of Incident 25 JALAN MAT JAMBOL SINGAPORE 119506	

Brief details.

On 10/2/18 at around 1930hrs, I (Grab Car: SLL6681P) alighted a female Chinese passenger (HP: 96447356) at No. 25 Jalan Mat Jambol 119506. She was sitting at the rear passenger seat and upon reaching her destination she opened the rear left door to alight. At this moment, a motorist (FBF926Z, S0625566C, Tajudeen, HP: 84272190) came from my left rear and skidded. However there is no collision between us. I then alighted from my car and helped this motorist. No one was injured, no Police nor ambulance came. My car have no damage.

except the motorist

Signature Of Officer Recording The Report:

F / Sgt 2 LIM ZHI CONG

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
10/02/2018 22:34Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Staff Sgt SHAHRIL RASHIDI BIN SADLI
Contact No.: 64849999

Classification Of Case:

Authentication Stamp



Signature:

SN 085

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



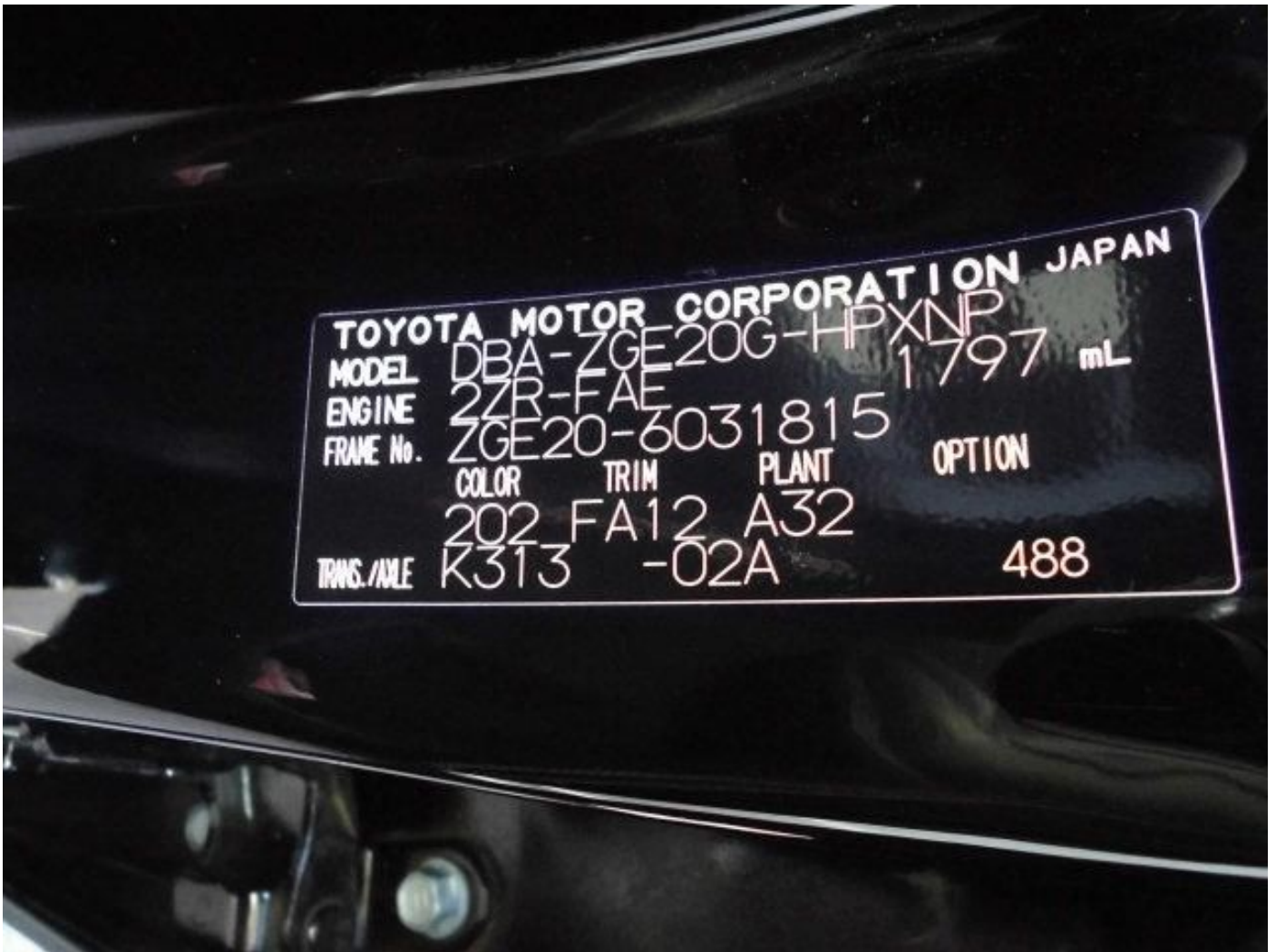
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



F/20180210/2196

1 of 2

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51 Ang Mo Kio Ave.
Singapore 569734
except the motorist

Signature Of Officer Recording The Report:

F / Sgt 2 LIM ZHI CONG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Staff Sgt SHAHRIL RASHIDI BIN SADLI
Contact No.: 64849999

Signature Of Informant:

Date/Time:
10/02/2018 22:34

Classification Of Case:

Authentication Stamp



Signature:

Singapore Police Force

SN 065

Police Report



**SINGAPORE
POLICE FORCE**



F/20180210/2196

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180210/2196

I am lodging this report for my own record purposes.

Signature Of Officer Recording The Report:

F / Sgt 2 LIM ZHI CONG

Signature Of Interpreter:
Not applicable

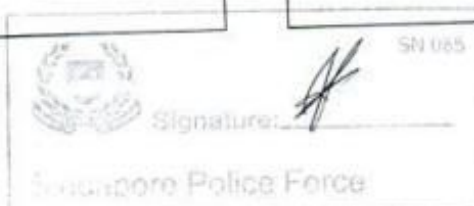
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Classification Of Case:



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