

## 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	22/02/2018 14:45
Date Of Accident	20/02/2018 18:40
Exact Location Of Accident	JUNC TELOK BLANGAH RD & BUKIT CHERMIN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL2180T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KENT AUTO SERVICES
Co Reg No	52974332M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97547573
Alternative Phone No	OFFICE-97547573

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION 1.5 A
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5083187969-01
Cover Note Number	

### Driver

Name of Driver	MOHAMED HASNI BIN HASHIM
NRIC No	S7738194E
Date Of Birth	20/12/1977
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2006
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85885985
Fax Number	
Contact Number	OFFICE-85885985
Email Address	NOEMAIL

Address	BLK 868 TAMPINES STREET 83 #03-195
Postcode	520868
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 - CROSS JUNCTION
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	CHAI CHEE NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 35 CHAI CHEE AVENUE #01-256/258 , <b>POSTCODE:</b> 461035 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-445 9999 - <b>FAX NO:</b> 6244 4375
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180221/2124.

#### 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	SDG668P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FU SZE KAY
NRIC/Passport Number	S2586985J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	MOHAMED HASNI BIN HASHIM
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJL2180T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.



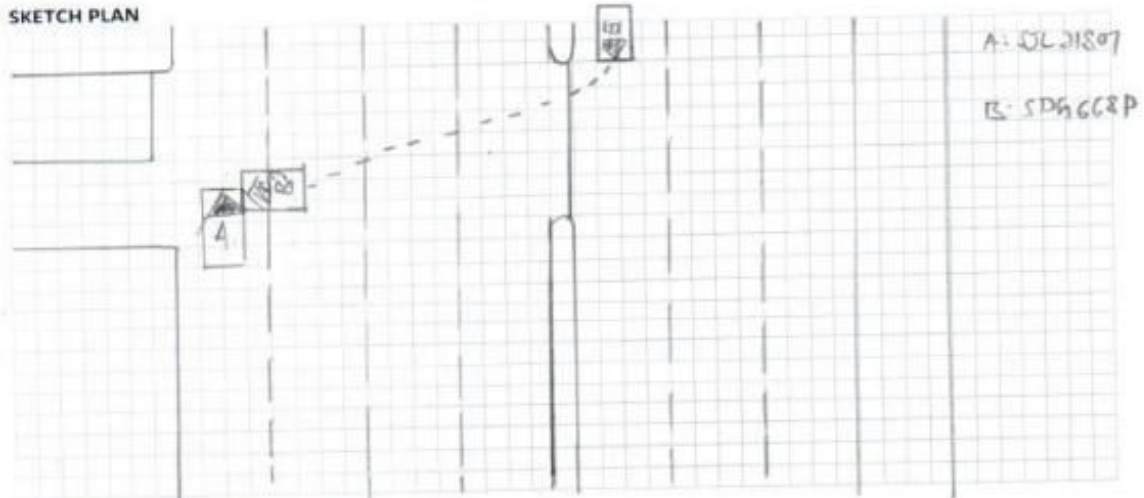
Policyholder's Signature  
Date & Time:

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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180221/212.4.

## 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/20180221/2124

1 of 3

Report No. T/20180221/2124

Police Station Of Origin:

Chai Chee NPP

35 Chai Chee Avenue #01-256 SINGAPORE

461035

Tel No: 1800-4459999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2018 16:21	Vide Report No.:	Station Diary No.: 9
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### Informant's Particulars

Name of Informant: MOHAMED HASNI BIN HASHIM			Address: APT BLK 868 TAMPINES STREET 83 #03-195 SINGAPORE 520868	
ID Type / ID No.: NRIC NO / S7738194E			Contact No.:	Mobile: 85885985
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 40	Date of Birth: 20/12/1977	Type of Informant: Driver	
Race: Javanese			Language: English	Institution / School Name:
Occupation: Private Hirer			Driving Licence Information: Class: 2B,3	Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/02/2018 18:40	Type of Location: Straight Road
Location: Along Road 1 TELOK BLANGAH ROAD PASIR PANJANG ROAD Along Telok Blangah Road heading towards Pasir Panjang Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDG668P	Car					0
SJL2180T	Car				Seriously Damaged	0

### Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180221/2124

2 of 3

Police Station Of Origin:  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

Report No. T/20180221/2124

## CONTINUATION OF REPORT

Driver Name	MOHAMED HASNI BIN HASHIM	ID No.	S7738194E
Related Vehicle	SJL2180T (Car)	Contact No.	85885985
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	21/02/2018	Date Discharge	21/02/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

### Brief Details.

On 20/2/2018 at about 1840hrs, I was driving my black in color Toyota Allion with bearing plate number SJL2180T along Telok Blangah Road heading towards Pasir Panjang Road. At that point of time, I was driving on the extreme left lane of the 3 lanes road and the traffic was very busy and congested.

While I was travelling on the said road, suddenly a black in color Lexus bearing plate number SDG668P coming from Telok Blangah Road (opposite direction) turned right into the yellow box and cut through the 3 lanes to head towards Bukit Chermin Road.

When the vehicle suddenly shot out and appeared in front of me, I was shocked and unable to brake on time thus collided on the said Lexus vehicle. The said Lexus's driver did not ensure the 3 lanes road were clear before turning right and head towards Bukit Chermin Road.

After the accident occurred, I managed to exchange particulars with the Lexus's driver. The Lexus's driver is one Fu Sze Kay, S2586985J. My vehicle's damages were front bumper, bonnet and engine were badly damaged.

When the accident occurred, traffic police and ambulance was not at scene. I had a witness for the accident. No one was injured. I had a built-in cctv inside my vehicle.

On 21/2/2018 at about 0200hrs, I felt pain on my rear head, rear neck and my whole shoulder. Due to the unbearable pain, I head to Mount Alvernia Hospital located at 820 Thomson Road to seek for medical assistance. I was given 5 days of medical leave starting from 21/2/2018 to 25/2/2018.



Police Report



SINGAPORE  
POLICE FORCE



T/20180221/2124

Police Station Of Origin:  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

1 of 3  
Report No. T/20180221/2124

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:  
G /  
Staff Sgt GOH QI FAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

Signature Of Informant:

Date/Time:  
21/02/2018 16:21

Classification Of Case:

SIGNATURE



## Medical Cert



### Mount Alvernia Hospital Medical Certificate

24-Hour Walk-In Clinic and  
Emergency Department  
No: M18002888

This is to certify that MOHAMED HASNI BIN HASHIM (S7738194E) is granted medical leave for 5 day(s) from 21/02/2018 to 25/02/2018.

Type of medical leave:

- ☒ OUTPATIENT SICK LEAVE  
☐ HOSPITALISATION LEAVE  
☐ EXCUSE CHIT

Note : This medical cert is not valid for absence from court or judicial proceeding unless specifically stated.

CHOONG SHANGXIAN DEREK  
MBBS  
MCR : M17612E

24-Hour Walk-In Clinic  
Mount Alvernia Hospital  
200 Thomson Road  
Singapore 574623  
Tel: 63476710

21/02/2018

Date

Accident Photo



Accident Photo



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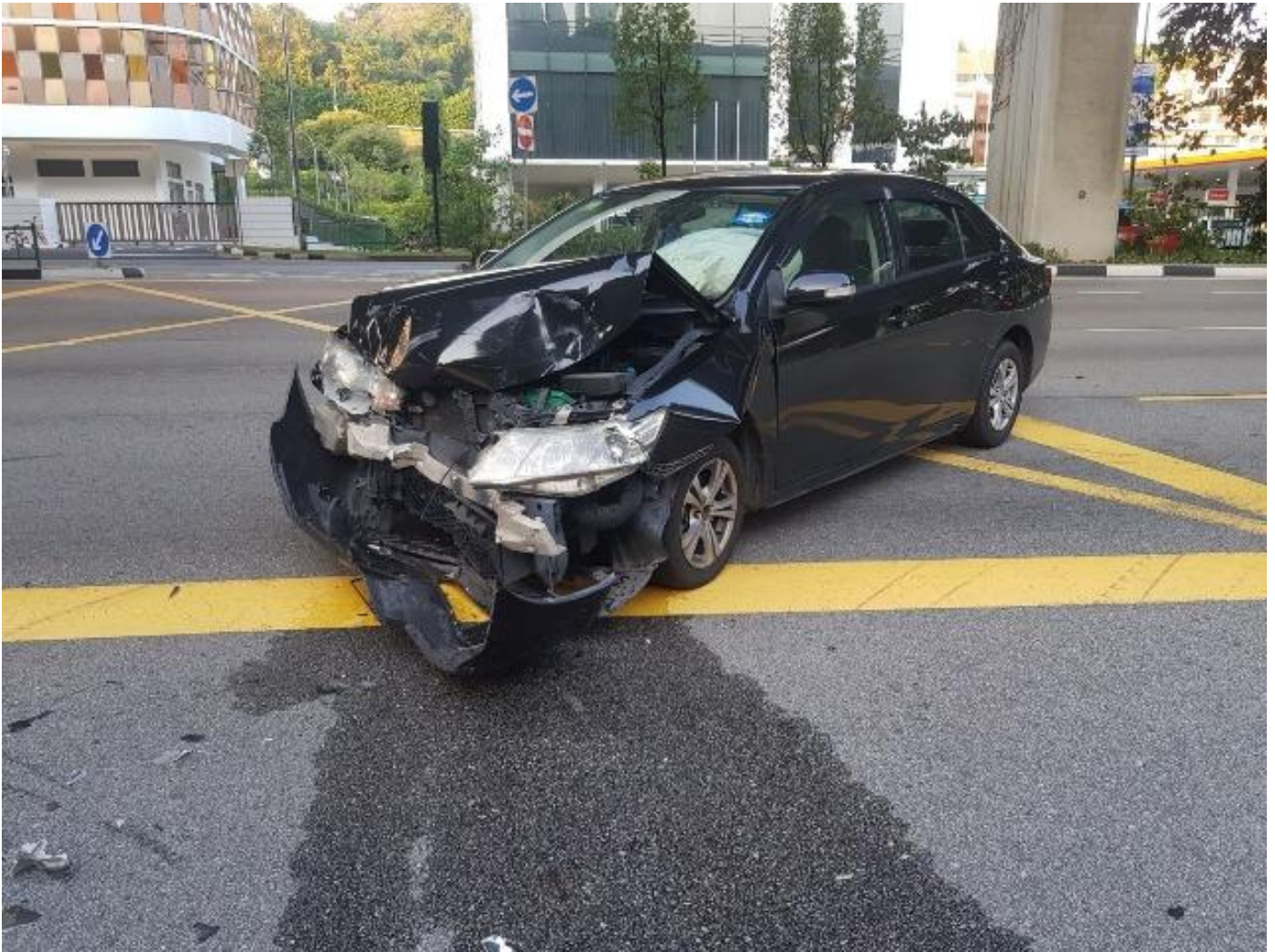


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