

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	09/03/2018 12:16
Date Of Accident	07/03/2018 13:30
Exact Location Of Accident	SLIP RD OF JALAN BUKIT MERAH>ALEXANDRA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA6576S
Insured/Policyholder	
Name Of Registered Owner	KYRO AUTOMOBILE
Co Reg No	53156832J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.5 X AXIO (A)
Exact Purpose for which vehicle was being used at time of accident	
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5089098523
Cover Note Number	

Driver

Name of Driver	RAMLAN BIN DRAHMAN
NRIC No	S1411584F
Date Of Birth	09/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	05/09/2001
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90185054
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	1 BUKIT BATOK CRESCENT #04-25 WCEGA PLAZA
Postcode	658064
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	
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	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20180309/2031

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	SKB7170E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	RAMLAN BIN DRAHMAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJA6576S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Accident 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.
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 liability.
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. 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:

IDAC KAKI BUKIT(VAC)

23 KAKI BUKIT AVE 4

Reporting Centre Personnel's Signature

Name: Singapore 412955

Tel: 67416697

NRIC/FIN No: Fax: 67492305

Email: vackb@singnet.com.sg

SKETCH PLAN

Refer to the attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police Report T/20180309/2031

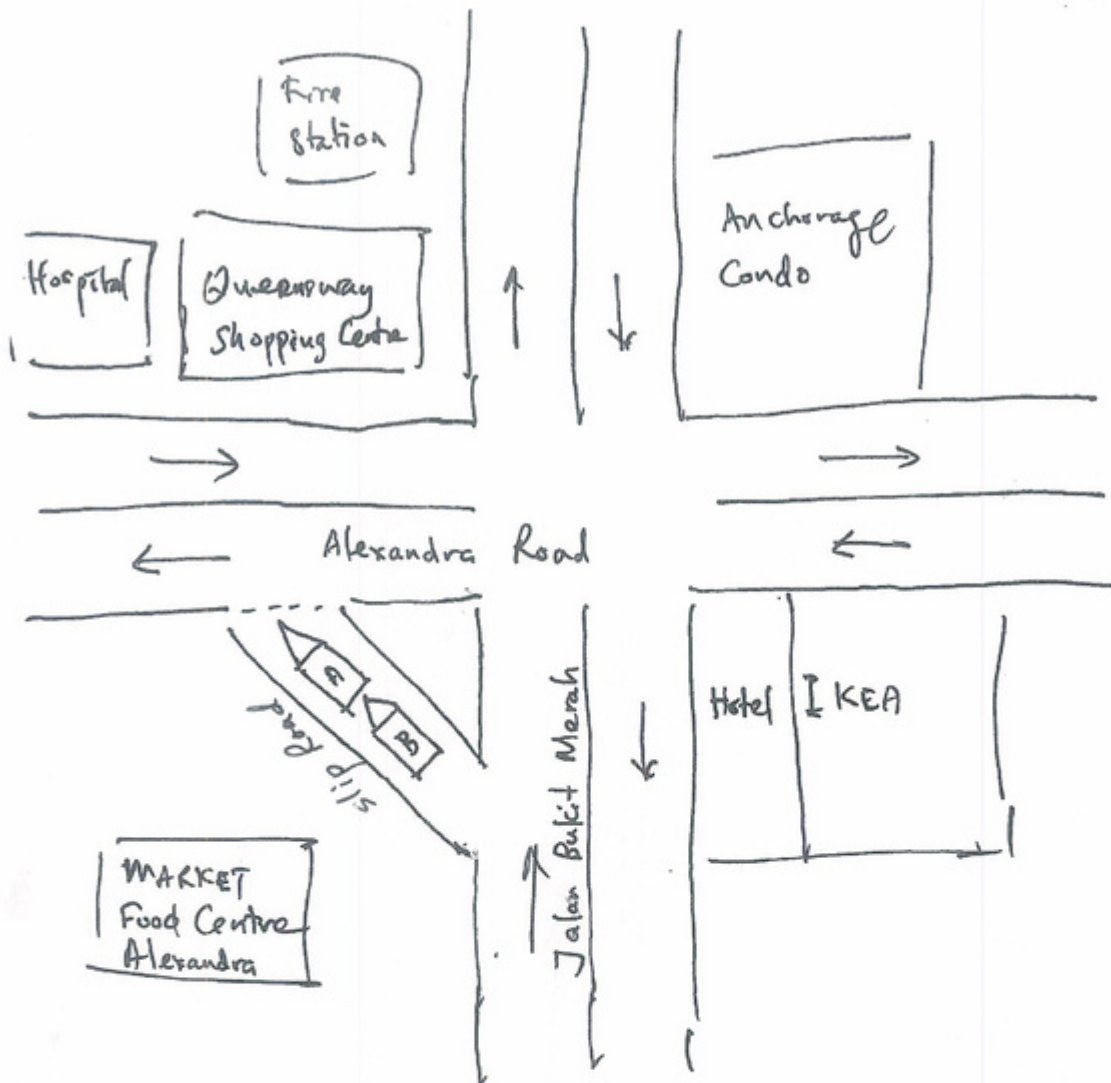
DECLARATION

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:

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Reporting Centre Personnel's Signature
Name: Tel: 6741609
Fax: 67492305
NRIC/FIN No.:
Email: vackb@singnet.com.sg



(A) SJA 6576 S

* Accident on 7/3/18
at about 1.30 pm

(B) SKB 7170 E

* Slip Road of Jalan Bukit
Merah
Next to Alexandra Food Centre



**SINGAPORE
POLICE FORCE**

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



T/20180309/2031

1 of 3

Report No: T/20180309/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/03/2018 10:52		Vide Report No.:		Station Diary No.: 20
Informant's Particulars				
Name of Informant: RAMLAN BIN DRAHMAN		Address: APT BLK 651B JURONG WEST STREET 61 #03-362 SINGAPORE 642651		
ID Type / ID No.: NRIC NO / S1411584F		Contact No.: Home/Office: Mobile: 90185054		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 57	Date of Birth: 09/11/1960	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: Taxi driver		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: 07/03/2018 13:30	Type of Location: X-Junction
Location: Along Road 1 JALAN BUKIT MERAH ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA6576S	Car				Seriously Damaged	0
SKB7170E	Car					0

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

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180309/2031

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-58 2999

2 of 3

Report No. T/20180309/2031

CONTINUATION OF REPORT

Driver			
Name	RAMLAN BIN DRAHMAN		ID No. S1411584F
Related Vehicle	SJA6576S (Car)		Contact No. 90185054
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	08/03/2018	Date Discharge	08/03/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SKB7170E (Car)		Contact No. 84810491
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 07/03/2018 at 1330hrs, I was driving my vehicle SJA6576S along the slip road of Jalan Bukit Merah, towards Alexandra Road. I stopped my car at the stop line to give way to the oncoming traffic on Alexandra Road. Suddenly, I felt an impact from the back of my vehicle. I then realized that another vehicle, SKB7170 had collided into my vehicle. The rear right of my vehicle bumper was dented inwards. We exchanged particulars and left. there was no argument. After the accident, I felt pain on my back and left shoulder. I then went to Mount Alvernia for medical attention. I was given 5 days of MC from 08/03/2018 to 12/03/2018.



**SINGAPORE
POLICE FORCE**



T/20180309/2031

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

3 of 3

Report No. T/20180309/2031

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 /

Sgt 3 ONG HONG YI, ANDY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/03/2018 10:52

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

