

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	02/04/2018 17:16
Date Of Accident	29/03/2018 18:10
Exact Location Of Accident	SLIP ROAD OF CHIN SWEE ROAD TOWARDS HAVELOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ1433G
Insured/Policyholder	
Name Of Registered Owner	AMRAN BIN ABDUL SAMAD
NRIC No	S1364910C
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90252712
Alternative Phone No	OTHERS-90252712

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 (A)
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	DMPCSN3066661700
Cover Note Number	

Driver

Name of Driver	AMRAN BIN ABDUL SAMAD
NRIC No	S1364910C
Date Of Birth	21/12/1959
Occupation	INDOOR
Date Of Driving Pass	18/09/1985
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90252712
Fax Number	
Contact Number	OTHERS-90252712
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 6 TELOK BLANGAH CRESCENT #12-416
Postcode	090006
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 15 COMMONWEALTH AVENUE , POSTCODE: 149725 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO: 64715299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180402/2157

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	SLP6125H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOKE WING FOO
NRIC/Passport Number	S7400560H
Contact Number	98751475
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	AMRAN BIN ABDUL SAMAD
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJJ1433G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SITI SAKINAH BINTE AMRAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJJ1433G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

VEHICLE NO: SJJ1433G

DOA: 29/03/2018

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 willful 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 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

PLEASE NOTE YOUR INSURER MAY HAVE A **14DAY-TIMEFRAME** FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

[Signature]
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 02/04/2018
Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

~~I was~~ My car (A) was stationary along slip road of Chin Swee Road
towards Havelock Road.


I was giving way to vehicles on the major road and that was
when vehicle (B) came from behind and hit my car (A).

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

☐ OWN DAMAGE


Driver's Signature (if driver is not the policyholder) / Date
& Time

☒ THIRD PARTY CLAIM


Witnessed by Reporting Centre
Personnel

☐ REPORTING ONLY

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180402/2157

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 4

Report No. T/20180402/2157

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2018 19:06		Vide Report No.:		Station Diary No.: 72	
Informant's Particulars					
Name of Informant: AMRAN BIN ABDUL SAMAD			Address: APT BLK 6 TELOK BLANGAH CRESCENT #12-416 SINGAPORE 090006		
ID Type / ID No.: NRIC NO / S1364910C			Contact No.: Home/Office: Mobile: 90252712		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 21/12/1959	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: HAWKER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2018 18:10	Type of Location: Slip road
Location: Along Road 1 Traveling Toward Road 2 CHIN SWEE ROAD Towards Havelock Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SJJ1433G	Car	HONDA	CIVIC 1.8L A	Silver	Slightly Damaged	1
SLP6125H	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ1433G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN3066661700	21/08/2017	01/09/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180402/2157

2 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180402/2157

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	SITI SAKINAH BINTE AMRAN	ID No.	S9347100H
Related Vehicle	SJJ1433G (Car)	Contact No.	82683894
Hospital/Clinic	THOMAS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/03/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	AMRAN BIN ABDUL SAMAD	ID No.	S1364910C
Related Vehicle	SJJ1433G (Car)	Contact No.	90252712
Hospital/Clinic	THOMAS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	31/03/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LOKE WING FOO	ID No.	S7400560H
Related Vehicle	SLP6125H (Car)	Contact No.	98751475
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 29/03/2018 at about 6.10pm, my car, SJJ1433G, was in stationary position at the slip road of Chin Swee Rd waiting to move towards Havelock Rd. A few seconds later, I heard a loud bang coming from the rear of my car.

I immediately stopped to make a check and discovered that my car was hit from the rear by a car, SLP6125H. We exchanged our particulars at scene and left afterwards.

On 31/03/2018, I and my daughter, Siti Sakinah Binte Amran went to a private clinic as both of us suffer

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180402/2157

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 4

Report No. T/20180402/2157

CONTINUATION OF REPORT

muscle pain and backache because of the accident.

The rear portion is slightly damage. There are dents and scratches on the said portion. The boot could not be open or close properly.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180402/2157

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

4 of 4

Report No. T/20180402/2157

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:
D /
Sgt HEIFI BIN AB RAHMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/04/2018 19:06

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476179

Classification Of Case:

Authentication Stamp
NP168

THOMAS CLINIC & SURGERY
BLK 61 TELOK BLANGAH HEIGHTS #01-97
SINGAPORE 100061 TEL : 62704354

Medical Certificate

Date : 31 Mar 2018
MC No. : 0000068941

This is to certify that :

Name : AMRAN BIN ABDUL SAMAD
NRIC : S1364910C

is unfit for work for 3 days

from 31/03/2018 to 02/04/2018 inclusive.


DR THOMAS CHERIAN M.B.S.S.
THOMAS CLINIC & SURGERY
BLK 61 TELOK BLANGAH HEIGHTS
SINGAPORE 100061
TEL: 62704354

DR. THOMAS CHERIAN

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated*

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1364910C



Name
AMRAN BIN ABDUL SAMAD

Race
MALAY

Date of birth
21-12-1959

Sex
M



Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1364910C**


Name
AMRAN BIN ABDUL SAMAD

Birth Date: **21 Dec 1959**
Issue Date: **22 Jul 2003**



9025 2712

1836771



NRIC No. S1364910C



Date of issue
09-03-2012


Address
**APT BLK 6 TELOK BLANGAH CRESCENT
#12-410
SINGAPORE 090006**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	08 Oct 1984
Class 2A	Motorcycles between 21 cc and 400 cc	08 Oct 1984
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Sep 1985

NP 428A

Licence No. S1364910C



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



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66530020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA418043914 Vehicle Registration No: STJ 1433G
Name (as shown in NRIC) : AMEER BIN ABDEL SAMAD NRIC/FIN/Passport No : S1364910C
(*Vehicle Driver / Vehicle Owner / *) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 90252712
Email Address : _____
Date of Accident : 29/03/2018 Time of Accident : 18:10
Place of Accident : SLIP OF CHAN SENG RO TOWARDS HANGKOK ROAD
Insurance Company : CHINA TAIPEI

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO INSERT POLICE REPORT T/20180402/2157

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rashid Yusoff
NRIC/FIN No.:
Date: 06/04/2018

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUA48043914-01 Vehicle Registration No: SJT 1433 G

Name (as shown in NRIC) : AMRAN BIN ABUL SAMAD NRIC/FIN/Passport No : S1364910 C

(~~*Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No.: 90252712

Email Address : _____

Date of Accident : 29/03/2018 Time of Accident : 18:10

Place of Accident : SLIP RD @ FORT SUNE ROAD TOWARDS HAWKWOOD RD

Insurance Company : CHINA AIRWAYS

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER TO DMPCSN 3066661700

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: POLY WONG
NRIC/FIN: _____
Date: 18/04/2018