

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	07/04/2018 14:31
Date Of Accident	02/04/2018 21:45
Exact Location Of Accident	TURNING INTO JOO CHIAT RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU8185T
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAHMAN BIN ALI
NRIC No	S0641619E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-80477574
Alternative Phone No	OTHERS-80477574

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092026031
Cover Note Number	

Driver

Name of Driver	ABDUL RAHMAN BIN ALI
NRIC No	S0641619E
Date Of Birth	31/01/1952
Occupation	INDOOR
Date Of Driving Pass	25/09/1979
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80477574
Fax Number	
Contact Number	OTHERS-80477574
Email Address	NOEMAIL

Address	BLK 35 MARINE CRESCENT #04-71
Postcode	440035
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	COLLIDED INTO BICYCLIST
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?	YES
Was any other material or property damaged?	NO
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180402/2203

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 INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT(CYCLIST)
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

Policyholder's Signature

Date & Time:

7/4/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

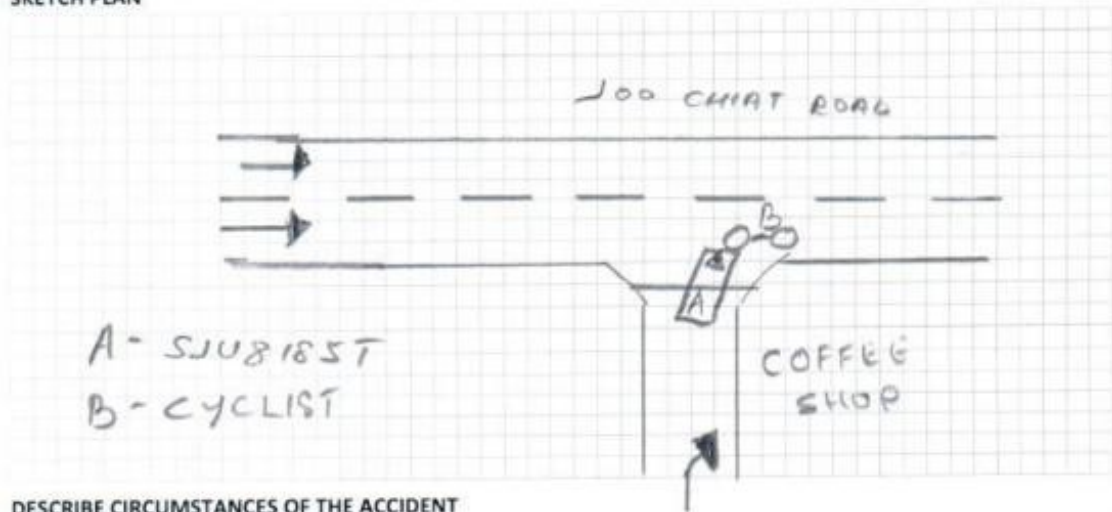
Name:

NRIC/FIN No.:

fyw 07/04/18

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180402/22

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

7/4/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180402/2203

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180402/2203

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Not Used	
Driver			
Name	ABDUL RAHMAN BIN ALI	ID No.	S0641619E
Related Vehicle	NIL	Contact No.	80477574
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

02/04/2018 @2145HRS (TURNING INTO JOO CHIAT ROAD JUNCTION)

I WAS DRIVING TOWARDS JOO CHIAT ROAD, THE WEATHER CONDICTION WAS CLEAR AND ROAD SURFACE WAS DRY. I WAS DRIVING ALONG A MINOR LANE TURNING INTO JOO CHIAT ROAD, BEFORE THE JUNCTION I STOP MY VEHICLE TO CHECK FOR ANY ONCOMING VEHICLE. THERE WAS NO VEHICLE AND I PROCEED TO MAKE THE TURN, WHEN I AS MAKING THE TURN SUDDENLY THE CYCLIST COLLIDED WITH MY VEHICLE. JOO CHIAT ROAD WAS A ONE WAY ROAD, THE CYCLIST WAS CARRY A LOT OF CARDBOARD BOXES AND RIDING AGAINST THE TRAFFIC FLOW AND COLLIDED WITH MY VEHICLE. I EXITED MY VEHICLE AND I SAW HE WAS WALKING TO THE SIDE OF THE ROAD, I CHECK ON HIM AND HE SAID HIS WRIST WAS INJURED AND I CALLED FOR THE AMBULANCE. WE WAITED FOR THE AMBULANCE AND TRAFFIC POLICE TO ARRIVED, HE WAS CONVEY TO THE HOSPITAL.
THAT'S ALL

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



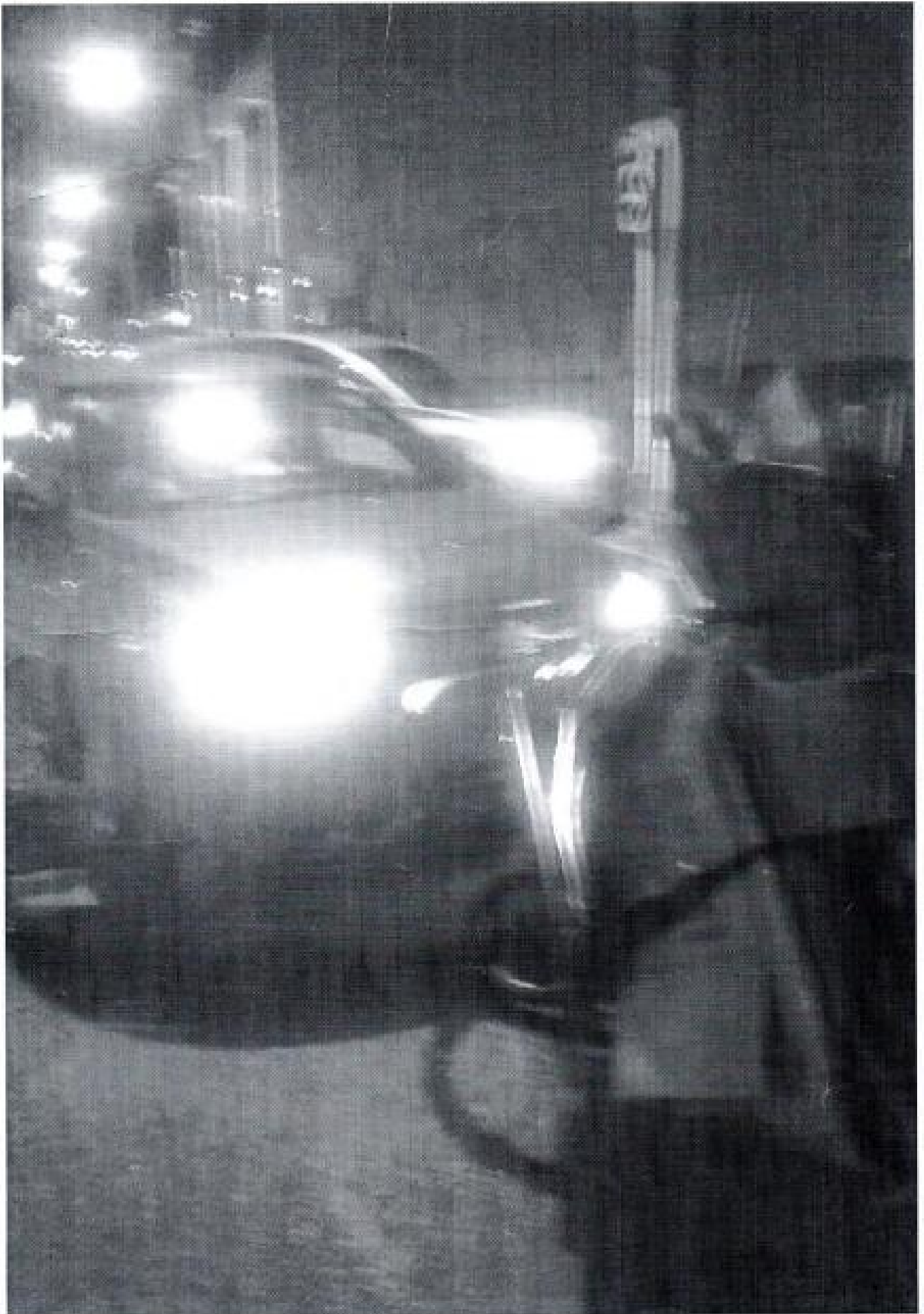
Accident Photo



Accident Photo



Accident Photo



Accident Photo



**SINGAPORE
POLICE FORCE**



T/20180402/2203

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408965
Tel No: 65470000

Report No: T/20180402/2203

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2018 22:43	Video Report No.: G/20180402/0193	Station Diary No.:
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Informant's Particulars

Name of Informant: ABDUL RAHMAN BIN ALI			Address: APT BLK 35 MARINE CRES #04-71 HDB-MARINE PARADE SINGAPORE 440035	
ID Type / ID No.: NRIC NO / S0641619E			Contact No.:	Mobile: 80477574
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 66	Date of Birth: 31/01/1952	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: LAWYER CLARK			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/04/2018 21:45	Type of Location: T-Junction
Location: Along Road 1 JOO CHIAT ROAD				
TURNING INTO JOO CHIAT ROAD JUNCTION				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU8185T	Car	CHEVROLET	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU8185T	NTUC Income Insurance Co-Operative Limited	5092028031	03/08/2017	28/06/2018

Accident Photo



**SINGAPORE
POLICE FORCE**



T/20180402/2203

P. of 3

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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180402/2203

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Not Used	
Driver			
Name	ABDUL RAHMAN BIN ALI	ID No.	S0641619E
Related Vehicle	NIL	Contact No.	80477574
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180402/2203

3 of 3

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Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180402/2203

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 65474865 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476365

Authentication Stamp
NP1189

Signature Of Informant:

Date/Time:
02/04/2018 22:43

Classification Of Case:

