SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number
EMail Address

Gender

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	10/04/2018 11:35
Date Of Accident	08/04/2018 14:50
Exact Location Of Accident	PIE TWDS TUAS B4 ADAM EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF8346B
Insured/Policyholder	
Name Of Registered Owner	SHIN-HAN LIMO SERVICES
Co Reg No	53315973C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98575910
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5086951265-01
Cover Note Number	
Driver	
Name of Driver	MOHAMED SAHARI BIN OTHMAN
NRIC No	S6842710Z
Date Of Birth	31/10/1968
Occupation	OUTDOOR

20/02/1989

MALE

NOEMAIL

29 YEARS AND 1 MONTH

(LOCAL) +65-98982141

Address BLK 107 BEDOK NORTH RD

#02-2246

Postcode 460107

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 - CHANGE/CROSS LANE

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

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING,

POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-2519999 - **FAX NO**: 63548749

Was notice of intended Prosecution given?

If Yes, against whom?

roo,agamer whom:

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180409/2128

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH WORKSHOP

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDK93B

Vehicle Make/Model/Colour

Setelle Of December

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 18

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAMED SAHARI BIN OTHMAN

Approximate Age

Injuries Sustain **BACK & SHOULDER**

Injured person in which vehicle? SLF8346B

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

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- This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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.
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- 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
- 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)
 - (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
 - (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
 - 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.
 - 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.

Policyholde

Date & Time:

Driver's Signature (if driver is not the policyholder)

Date & Time:

me Centre Personnel's Signature Report

10/04/18

Name

NRIC/FIN NO .:

Accident Sketch Plan

	PLE TOWARDS	TLAAS BEFOR	E JOAM BOR	ENT	A- SLF 8346 8
					B- SOK 93 B
7	1-				
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SCRIBE CIRCUN	ISTANCES OF THE A	CCIDENT	0.		
		No. 7/2018040	1/2128	24	
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DECLARATION	1				
DECLARATION	foregoing particulars a	re true in every respec			10 104/
I/We declare the			1 / 4	()	

Individual Statement





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Report No. T/20180409/2128

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

On 08/04/2018 at about 1447hrs, I was driving my silver colour Toyota Altis bearing registration no: SLF 8346B along PIE towards Jurong. Near Steven road exit, I was cruising along lane 3 when I felt an impact from the rear. I stopped my car and went down to make a check. I discovered a champagne colour land rover bearing registration no: SDK 93B collided into the rear of my car. The accident caused a serious dent at my car rear bumper. I then exchange particulars with the driver

Tang Foon Yang S1328052E Hp: 97651408 **SDK 93B**

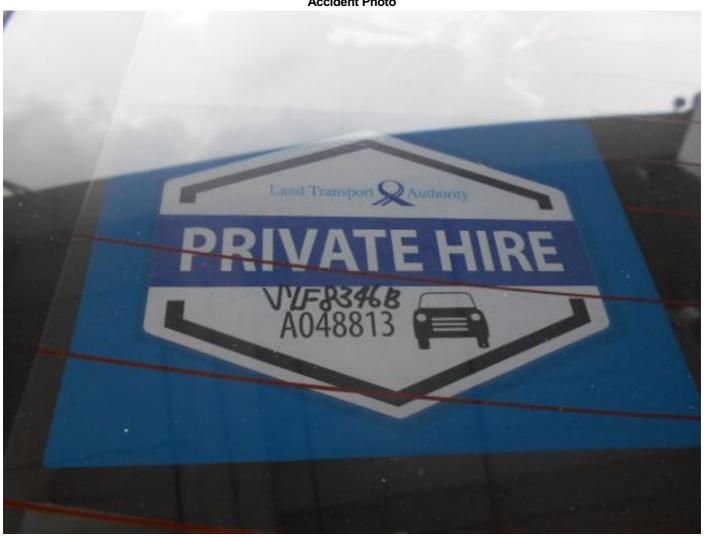
I speak to the driver and she admitted that her view was block. Afterwhich we left the accident scene. I then felt pain at the back and shoulder area. I seek medical treatment at Mt Alvernia hospital and was given 5days of MC. There is a camera installed in my car.























1.070

Report No. T/20180409/2128

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

REPORT OF	A TRAFFIC	ACCIDENT		Station Diary No.	
Dete/Time Report Made g9/04/2018 15:44			Vide Report No:	110	
Informat	n's Particu	lars	Company of the Company of the Company		
Marrow of	Informaci:	BIN OTHMAN	Address: APT BLK 107 BEDOK NORTH 480107	ROAD #02-2246 SINGAPORE	
ID Type / ID No.: NRIC NO / S6842710Z		10Z	Centact No.: Home/Office:	Mobile: 98982141	
National			Email:		
Sex:	Age: 49	Date of Birth; 31/10/1968	Type of informant Driver	Institution / School Name:	
Race: Malay Occupation: CRAR DRIVER		1.	Languaga: English	BURINDROSE) SCHOOL MATERIA	
			Driving Licence Information: Close 3.4.5	Date of Expiry:	

eneral Inform Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident 08/04/2016 14:50	Type of Location Expressivary
Accident occi Weather: Clear Traffic Flow: Dual Carriag	EXPRESSWAY wred along P:E after s Way sion: ving Vehicles - Hea	Dry Traffic Control: Not Controlled		Road Speed Limit: 80 Km/h Traffic Volume: Heavy Anyonie conveyed by ambulance: No

Details of V	enicle invo	ived	I considerate	Color	Condition	No of Passenge
Vehicle No	Type	Make	Model	50.000		D
SDK\$3B	Car	SHE			- Constant	B
	537D:				Seriously	1
SLF8346B	Car				Demaged	

Police Report



T/20180409/2125

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Report No. 1/20180409/2128

Police Station Of Origin:
The Payoh N.P.C
93 Tos Payoh Central #01-02 Tos Payoh
Community Building SINGAPORE 319194 CONTINUATION OF REPORT

Tel No: 1800-2519999

On 08/04/2018 at about 1447hrs. I was driving my silver colour Toyota Altia bearing registration no: SLF 8346B along PIE towards Jurong. Near Steven road exit, I was crusing along lane 3 when I felt an impact from the rear. I stopped my car and went down to make a check. I discovered a champagne colour impact from the rear. I stopped my car and went down to make a check. I discovered a champagne colour land rover bearing registration no. SOK 938 collided into the rear of my car. The accident caused a serious dent at my car rear bumper. I then exchange particulars with the driver

Tang Foon Yang \$1326052E Hp: 97661406 SDK 938

I speak to the driver and she admitted that her view was block. Afterwhich we left the ancident scene. I then felt pain at the back and shoulder area. I seek medical treatment at Mt Alvernia hospital and was given 5days of MC. There is a camera installed in my car.

Police Report





3 of 3

Police Station Of Origin
Toa Payoh N.P.C
53 Toa Payoh Central #01-02 Tos Payoh
Community Building SINGAPORE 318194 CONTINUATION OF REPORT
Tel No. 1800-2519999

Report No. T/2018040942128

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 staring the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 CHI WEI SIANG, DESMOND	Signature Of Informant
Signature Of Interpreter. Not applicable	Date/Time: 09/04/2018 15:44
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No. 65476179 Contact No. 65476179 Authentication Stamp	Classification Of Case: