

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	14/04/2018 15:11
Date Of Accident	13/04/2018 16:15
Exact Location Of Accident	ALONG UPPER EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8636C
Insured/Policyholder	
Name Of Registered Owner	FIRST CONFECTIONERY SUPPLIER & TRADING
Co Reg No	53047999K
Email Address	FAAZIL.ROCKZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86910617
Alternative Phone No	OFFICE-86910617

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091406124
Cover Note Number	

Driver

Name of Driver	MOHAMED FAAZIL BIN MOHAMED MAGDOOM ALI
NRIC No	S9325712Z
Date Of Birth	17/07/1993
Occupation	OUTDOOR
Date Of Driving Pass	12/09/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86910617
Fax Number	
Contact Number	OTHERS-86910617
Email Address	FAAZIL.ROCKZ@GMAIL.COM

Address	BLK 31 BALAM ROAD #09-119
Postcode	370031
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	4
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180413/2156

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 Witness 1

Name	GIRIDHIR
Phone Number	86083970
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC6086H
Vehicle Make/Model/Colour	MINIBUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMED FAAZIL BIN MOHAMED MAGDOOM ALI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJH8636C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

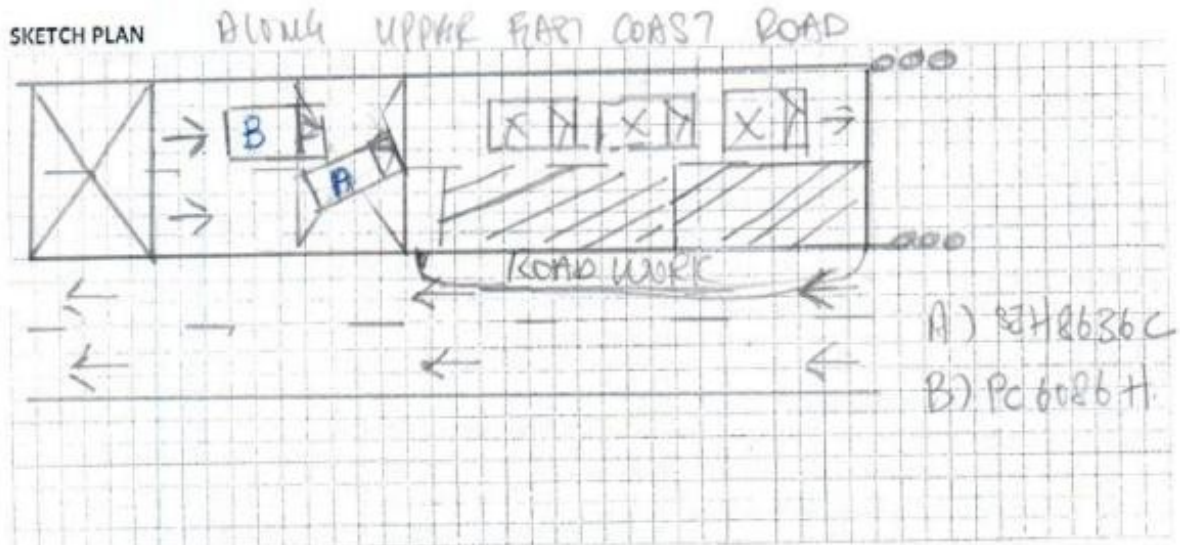


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20/2013/2/155

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.:

14/10/2018
Keshi Marthas

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180413/2155

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No. T/20180413/2155

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/04/2018 20:09	Vide Report No.:	Station Diary No.: 38
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Informant's Particulars

Name of Informant: MOHAMED FAAZIL BIN MOHAMED MAGDOOM ALI		Address: APT BLK 31 BALAM ROAD #09-119 SINGAPORE 370031	
ID Type / ID No.: NRIC NO / S9325712Z		Contact No.: Home/Office:	Mobile: 86910617
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 17/07/1993	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/04/2018 16:15	Type of Location: Merging Rd
Location: Along Road 1 UPPER EAST COAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC6086H	Bus/Coach/Mi nibus			Blue	Slightly Damaged	0
SJH8636C	Car	MITSUBISHI	LANCER EX	Grey	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH8636C	NTUC Income Insurance Co-Operative Limited	5091406124	30/05/2017	26/08/2018

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180413/2155

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Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20180413/2155

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED FAAZIL BIN MOHAMED MAGDOOM ALI	ID No.	S9325712Z
Related Vehicle	SJH8636C (Car)	Contact No.	86910617
Hospital/Clinic	KIRIN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	13/04/2018	Date Discharge	13/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 13/04/2018 at about 04:15, after I picked up my customer at 80 Bayshore Road and I travelling at Upp East Coast Road. While travelling at the said road in front ahead there is a traffic light turns red and manage to stop my vehicle at the right lane as there a construction work ongoing. While my vehicle was static I decided to make a lane change on my left. Before I make a lane change I noticed there was one Comfort minibus was behind the yellow box.

I then signal right and gradually move in slowly as it was safe for me to make a lane change, out sudden the said minibus did not gave me a space to move as such the minibus driver hit onto my left rear passenger door body parts and my vehicle glide forwards about 2m to 3m. Both of us step out from vehicle and to settle the matters. As such the minibus driver was so uncooperative and he took a photo of my vehicle and left the place. I made a checked on passengers as informed by them that they a in condition. One of my passenger is willingly to be witness regards to the incident. He is one Giridhir her contact number 86083970.

I wish to sate that due to the impact of the accident, I currently suffered pain on back of my neck and spine. I went to the clinic for checked and doctor given me 3 days Medical Leave from 13/04/201/ - 15/04/2018.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180413/2155

3 of 3

Report No. T/20180413/2155

Police Station Of Origin:
Kampong Ubi NPP
9 Eunus Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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 MUHAMMAD DJAMADIL BIN SIDIK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/04/2018 20:09

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



KIRIN CLINIC & SURGERY

祥麟診所

Blk 5, Eunus Crescent #01-2601, S'pore 400005 Tel: 67464681

MEDICAL CERTIFICATE

This is to certify that:
 MOHD FAAZIL BIN MOHD MAGDOOM (59325212Z)
 is unfit for work for 3 days
 from 13/04/2018 to 15/04/2018

Dates: 13/04/2018

DR. GOH SIANG LENG
 M.B.B.S. (S'PORE)

(This certificate is not valid for absence from court)



KIRIN CLINIC & SURGERY

祥麟診所

Blk 5, Eunus Crescent #01-2601, S'pore 400005 Tel: 67464681

OFFICIAL RECEIPT No 506538

MOHD FAAZIL BIN MOHD MAGDOOM	13/04/2018
CONSULTATION	1 30.00
MEFENALIC ACID 500MG	10 TAB 6.00
ORPHICHADOL	10 TABS 6.00
MUSCALAX 30GM	1 TUBE 6.00

Total: 48.00

Payment mode: CASH

KIRIN CLINIC & SURGERY
 (Signature)

Faqzu ROCKZ@GMAIL Com

PAG 2

1

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

