

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	24/04/2018 09:16
Date Of Accident	23/04/2018 08:30
Exact Location Of Accident	ECP TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB8904L
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE MOBILITY CORPORATION PTE LTD
Co Reg No	200603234Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64239566

Vehicle Particulars

Manufacturer	AUDI
Model	A6-1.8 TFSI ULTRA (PI) (NAV) (A)
Exact Purpose for which vehicle was being used at time of accident	SEND GUESTS TO AIRPORT
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	5070670731-03
Cover Note Number	

Driver

Name of Driver	ALPHY DANIEL BIN SAID
NRIC No	S8324659F
Date Of Birth	01/08/1983
Occupation	OUTDOOR
Date Of Driving Pass	24/03/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83833250
Fax Number	
Contact Number	
EEmail Address	ALPHYS.DANIEL33@GMAIL.COM

Address	BLK 628 BEDOK RESERVOIR RD #04-1680
Postcode	470628
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACHED POLICE REPORT NO : T/20180423/2076

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	SKF7535R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	TEO CHONG MENG PHILIP DOMINIC
NRIC/Passport Number	S1809054F

Contact Number 90274111
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJV3475J
Vehicle Make/Model/Colour
Details Of Properties VEHICLE C
Vehicle Category PRIVATE CAR
Name of Driver MUHAMMAD NASRI BIN ABDUL MALEK
NRIC/Passport Number S8848529G
Contact Number 91993594
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ALPHY DANIEL BIN SAID
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLB8904L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address BLK 628 BEDOK RESERVOIR RD #04-1680
Postcode 470628

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:

Asphy Daniel

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

[Signature]

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



**SINGAPORE
POLICE FORCE**



T/20180423/2076

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 4

Report No. T/20180423/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2018 13:28	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: ALPHY DANIEL BIN SAID			Address: APT BLK 628 BEDOK RESERVOIR ROAD #04-1680 SINGAPORE 470628		
ID Type / ID No.: NRIC NO / S8324659F			Contact No.: Home/Office: Mobile: 83833250		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 01/08/1983	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/04/2018 08:30	Type of Location:
Location: Along Road 1 EAST COAST EXPRESSWAY TOWARDS CHANGI AIRPORT. BEFORE BAYSHORE ROAD EXIT				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV3475J	Car	VOLKSWAGO N	POLO	Silver		0
SKF7535R	Car	FORD	MONDEO	Grey		0
SLB8904L	Car	AUDI	A6	Black	Seriously Damaged	2



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Report No. T/20180423/2076

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD NASRI BIN ABDUL MALEK	ID No.	S8848529G
Related Vehicle	SJV3475J (Car)	Contact No.	91993594
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
Driver			
Name	TEO CHONG MENG PHILIP DOMINIC	ID No.	S1809054F
Related Vehicle	SKF7535R (Car)	Contact No.	90274111
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
Driver			
Name	ALPHY DANIEL BIN SAID	ID No.	S8324659F
Related Vehicle	SLB8904L (Car)	Contact No.	83833250
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	23/04/2018	Date Discharge	23/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 23/04/2018 at about 8.30am, I was driving my car (SLB8904L) along ECP towards Changi Airport. At that point of time I was on the 1st lane and the traffic was heavy. As the front car (SJV3475J) slowed down, I also did the same thing. Out of a sudden a car behind (SKF7535R) hit my rear bumper which resulted to my car moved forward and hit the front car (SJV3475J). Due to that impact I suffered some pain on my fore head, neck and at the back of my head. I then went to Changi General Hospital and was given 3 days MC. I wished to state that my rear bumper is badly damaged.



**SINGAPORE
POLICE FORCE**



T/20180423/2076

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629 Bedok Reservoir Road #01-1620
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Tel No: 1800-4439999

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Report No. T/20180423/2076

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



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SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20180423/2076

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 /
Sr Staff Sgt ABDUL RAHMAN BIN ABDUL
RAHIM

Signature Of Informant:
A. Daniel

Signature Of Interpreter:
Not applicable

Date/Time:
23/04/2018 13:28

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE



SIGNATURE

Sketch Plan Pg. 7

Officer- In -Charge
Investigation Section
Traffic Police
No. 10 Ubi Avenue 3
Singapore 408865

Name : Alphy Daniel Bin Said
NRIC : S8324659F
Address: Blk 628 Bedok Reservoir
Road #04-1680
Singapore (470628)
Tel :
Pg / Hp : 83833250

Dear Sir

ACCIDENT INVOLVING SJV3475J, SKF7535R & SLB8904L

ALONG EAST COAST EXPRESSWAY TWDS CHANGI AIRPORT

ON 23/04/2018 AT 8.30AM

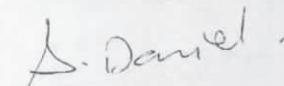
With reference to the above, I have on 23/04/2018 (date) at 1.28pm(time) make a police report at Eunos NPP (Name of police station / NPP) in NP 168 / T/20180423/2076

2 On 23/04/2018 (date), at 3.48pm (time), at Eunos NPP (Name of Police Station/NPP), I make the following amendments to the above report.

I would like to add additional facts:

- 1) My front portion of the car was also damage.
- 2) My rear bumper body portion was also damage.

Yours faithfully


Signature

If a police officer records this amendment, please complete the following;	
Name / Rank No: SSS Abdul Rahman	Station Diary No. 34
Signature	

Eunos NPP
Block 629 Bedok Reservoir Road
#01-1620 Singapore 470629
Tel: 1800-4439999