

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	27/04/2018 11:47
Date Of Accident	26/04/2018 08:20
Exact Location Of Accident	B4 CROSS JUNC OF LOYANG AVE TWDS TAMPINES AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6658X
Insured/Policyholder	
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD
Co Reg No	201631486C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97984296

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094228784
Cover Note Number	-

Driver

Name of Driver	MOHAMMAD TAIB BIN PONANG
NRIC No	S7430333A
Date Of Birth	13/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2001
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90393868
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 338 TAMPINES ST 33 #04-216
Postcode	520338
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 - 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
Passenger 1	NAME: : SHARMINE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES EAST NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 263 TAMPINES STREET 21 #01-128 , POSTCODE: 520263 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7839999 - FAX NO: 67832500
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SJM852X
Vehicle Make/Model/Colour	
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)	2
DETAILS OF INJURED PERSON 1	
Name	SHARMINE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLS6658X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.

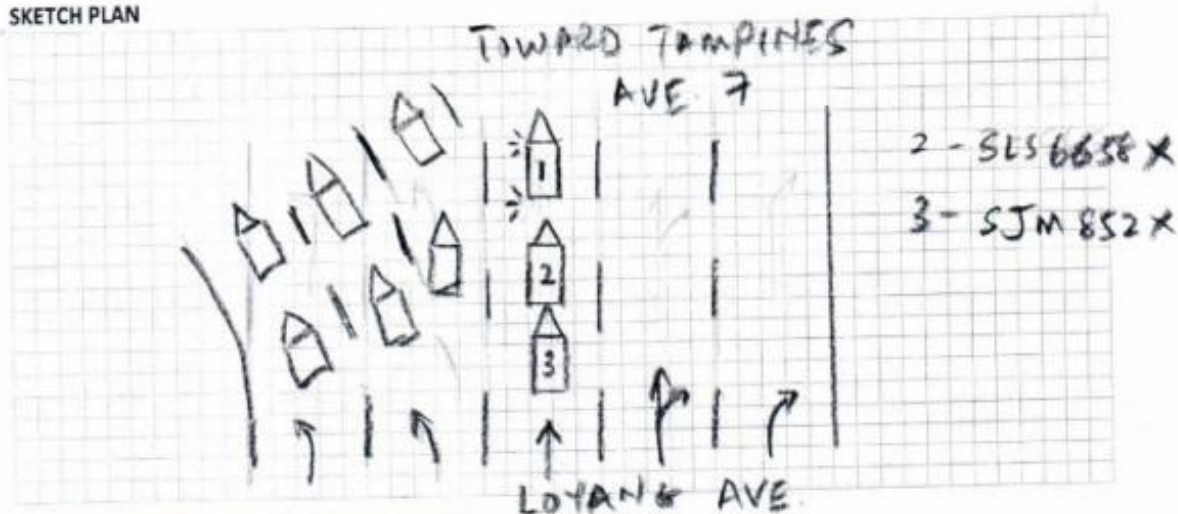

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer

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Police

Report

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999



T/20180426/2116

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Report No. T/20180426/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
26/04/2018 16:50

Vide Report No.:

Station Diary No.:
32

Informant's Particulars

Name of Informant: MOHAMMAD TAIB BIN PONANG			Address: APT BLK 338 TAMPINES STREET 33 #04-216 SINGAPORE 520338		
ID Type / ID No.: NRIC NO / S7430333A			Contact No.: Home/Office: Mobile: 90393868		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 13/09/1974	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			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: 26/04/2018 08:20	Type of Location: Straight Road
Location: Along Road 1 LOYANG AVENUE				
Before cross junction of Loyang Avenue towards Tampines Ave 7				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM852X	Car				Slightly Damaged	1
SLS6658X	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

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Report No. T/20180426/2116

CONTINUATION OF REPORT

Name	WONG TECK YAN			ID No.	S1706473
Related Vehicle	SJM852X (Car)			Contact No.	84225176
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				ID No.	S7430333A
Name	MOHAMMAD TAIB BIN PONANG			Contact No.	90393868
Related Vehicle	SLS6658X (Car)			Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3 Date of Expiry: NIL
Hospital/Clinic	NIL			Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL		
No. of Days granted Medical Leave	NIL				
Passenger				ID No.	NIL
Name	SHARMINE			Contact No.	88115488
Related Vehicle	SLS6658X (Car)			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL			Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL		
No. of Days granted Medical Leave	05				

Brief Details.

On the 26/04/2018 at about 0822hrs I was driving my private hired vehicle, plate no. SLS6658X along Loyang Ave towards Tampines Ave 7 with one passenger on board in the right rear seat. I was travelling on the 3rd lane at that point of time. The car in front of me was signaling to the left wanting to change lane and subsequently came to a stop as the traffic was too heavy. I then follow and came to a stop, about 1 to 2 seconds later an impact came from the rear.

The vehicle, SJM852X behind me did not stop in time and hit on to my rear. I came down of my vehicle and make a check and took photos of the damages. We then agreed to send our passengers on board 1st and meet up later on to settle the details. I send my passenger to her location and inform her to let me know if she feels unwell later in the day due to the accident. She left me her particulars as Sharmine, HP: 88115488.

POLICE REPORT



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POLICE FORCE**



T/20180426/2116

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Tampines East NPP
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Report No. T/20180426/2116

CONTINUATION OF REPORT

At about 0900hrs I met up with the other party and at first we agreed on private settlement. My vehicle rear door suffered dent in it. The opposite party's vehicle front bumper and bonnet was misaligned and slight dent on the front left bonnet. He had one passenger on board.

At about 1435hrs my passenger told me that she was issued with 5 days of medical leave. After making enquiries with my company, they inform me that I had to make a report for insurance claim due to my passenger having more than 5 days medical leave.

The other driver and I are not injured at the point of the accident.

The driver of vehicle SJM852X is Wong Teck Yan, M/1965, S1706473H, HP: 84225176

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180426/2116

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Report No. T/20180426/2116

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SINGAPORE 520263
Tel No: 1800-7839999

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 2 ANABELLE TEY SOO LIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/04/2018 16:50

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case:

Authentication Stamp
NP158



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

