

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	10/05/2018 14:07
Date Of Accident	10/05/2018 08:45
Exact Location Of Accident	CTE TWDS PIE JUST BELOW BRADDELL GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF1253E
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD KHAIRUL ANWAR BIN ZAINUDIN
NRIC No	S8773627Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81542154
Alternative Phone No	OTHERS-81542154

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY 1.5 A
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

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	5043896765-07
Cover Note Number	

Driver

Name of Driver	SUDIRMAN BIN MOHD ROHANI
NRIC No	S1524419D
Date Of Birth	03/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	27/08/1980
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81542154
Fax Number	
Contact Number	OTHERS-81542154
Email Address	NOEMAIL

Address	BLK 899C WOODLANDS DRIVE 50 #02-290
Postcode	732899
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	SUNNY
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: : NIL GENDER: : MALE

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/20180510/7008

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	FT5518P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ASRIN BIN JAMIL
NRIC/Passport Number	S7938292B
Contact Number	96526750
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SUDIRMAN BIN MOHD ROHANI

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJF1253E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name ASRIN BIN JAMIL

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FT5518P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan


SKETCH PLAN


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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 interested parties.
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.

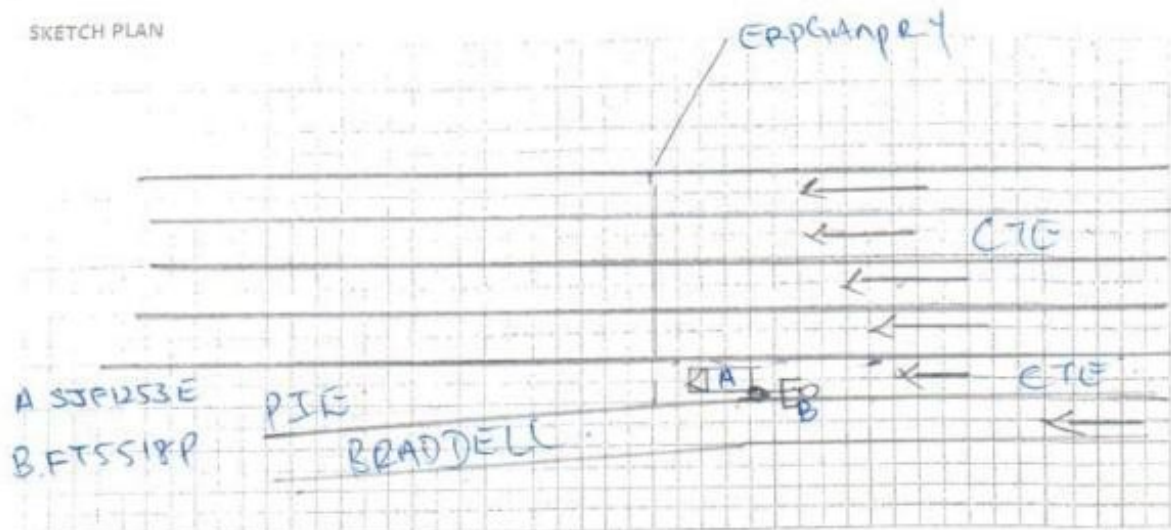

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per Police Report. 1/20180510/1008

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180510/7008

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

2 of 3

Report No. T/20180510/7008

CONTINUATION OF REPORT

Rider			
Name	ASRIN BIN JAMIL	ID No.	S7938292B
Related Vehicle	FT5518P (Motorcycle)	Contact No.	96526750
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	SUDIRMAN BIN MOHD ROHANI	ID No.	S1524419D
Related Vehicle	SJF1253E (Car)	Contact No.	81542154
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 10TH MAY 2018 AT EST. 0845AM I WAS DRIVING A VEHICLE BEARING REGISTRATION PLATE NUMBER SJF1253E ALONG CTE TOWARDS PIE JUST BEFORE BRADDELL ERP GANTRY. MY VEHICLE WAS ABOUT TO STOP DUE TO HEAVY TRAFFIC INFRONT. AFTER MY VEHICLE IS IN STATIONARY POSITION, I FELT A IMPACT HIT AGAINST THE LEFT REAR OF MY VEHICLE. AFTER THE IMPACT WAS FELT, I NOTICED ONE RIDER FLUNG OUT OF THE MOTORCYCLE BEARING REGISTRATION PLATE NUMBER FT5518P AND LANDED ON THE FRONT LEFT OF MY VEHICLE. I WENT OUT AND ATTENDED TO THE RIDER AND SUBSEQUENTLY CALLED FOR AMBULANCE.

AFTER A SHORT WHILE, AMBLUANCE AND TRAFFIC POLICE ARRIVED. THE AMBULANCE THEN CONVEYED THE RIDER TO THEING HOSPITAL. AFTER PROVIDING DETAILS TO THE TRAFFIC POLICE AND TAKING PICTURE OF THE DAMAGES, I LEFT THE SCENE. I WAS INSTUCTED BY TRAFFIC POLICE OFFICER TO LODGE A POLCIE REPORT REGARDING THE ACCIDENT.

I WISHED TO STATE THAT THERE WAS NO INJURIES SUFFERED ON ME BUT I STILL IN A STATE OF SHOCK.

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



Police Report



**SINGAPORE
POLICE FORCE**



T/20180510/7008

1 of 3

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

Report No. T/20180510/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2018 11:39	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: SUDIRMAN BIN MOHD ROHANI		Address: APT BLK 899C WOODLANDS DRIVE 50 #02-290 SINGAPORE 732899	
ID Type / ID No.: NRIC NO / S1524419D		Contact No.: Home/Office: Mobile: 81542154	
Nationality: SINGAPORE CITIZEN		Email: sudir42@yahoo.com	
Sex: Male	Age: 56	Date of Birth: 03/03/1962	Type of Informant: Driver
Race: Javanese		Language: English	Institution / School Name:
Occupation: PROJECT COORDINATOR		Driving Licence Information: Class: 2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/05/2018 08:45	Type of Location: Y-Junction
Location: CENTRAL EXPRESSWAY ALONG CTE TOWARDS PIE JUST BELOW BRADDELL GANTRY				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT5518P	Motorcycle			Black		0
SJF1253E	Car	NISSAN		Grey		1

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180510/7008

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

2 of 3

Report No. T/20180510/7008

CONTINUATION OF REPORT

Rider			
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Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	SUDIRMAN BIN MOHD ROHANI	ID No.	S1524419D
Related Vehicle	SJF1253E (Car)	Contact No.	81542154
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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T/20180510/7008

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Tel No: 65470000

3 of 3

Report No. T/20180510/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
LEE GUANG HUI
Contact No.: 65476138

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
10/05/2018 11:39

Classification Of Case: