

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	12/05/2018 11:23
Date Of Accident	11/05/2018 15:50
Exact Location Of Accident	ALONG AYE (CITY) BEFORE ALEXANDRA RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA7561C
Insured/Policyholder	
Name Of Registered Owner	ALLIANZ AUTO
Co Reg No	53325306C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81800536
Alternative Phone No	OFFICE-81800536

Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS 1.8LX A
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096685367
Cover Note Number	

Driver

Name of Driver	MUHAMMAD KHUZAIRI BIN KADIR
NRIC No	S8200703B
Date Of Birth	02/01/1982
Occupation	OUTDOOR
Date Of Driving Pass	27/03/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90978401
Fax Number	
Contact Number	OFFICE-90978401
Email Address	NOEMAIL

Address	BLK 415 EUNOS ROAD 5 #04-50
Postcode	400415
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	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	
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: : ANDY GENDER: : MALE
Passenger 2	NAME: : ELAINA GENDER: : FEMALE

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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20180511/2141.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX6546X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	DARREN
NRIC/Passport Number	
Contact Number	98435447
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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)	1

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD KHUZAIRI BIN KADIR
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJA7561C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ANDY
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJA7561C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	ELAINA
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJA7561C
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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5. Any false reporting may be referred to the Police for investigation.
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.:

Accident Sketch Plan

SKETCH PLAN

A: SJAT561C

B: Unknown

C: Unknown

AYE(CH)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20180511/2141.

After the impact, my vehicle moved forward and hit onto vehicle C rear portion.

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**



T/20180511/2141

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

1 of 3

Report No. T/20180511/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2018 21:57	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD KHUZAIRI BIN KADIR			Address: APT BLK 415 EUNOS RD 5 #04-50 HDB-GEYLANG SINGAPORE 400415	
ID Type / ID No.: NRIC NO / S8200703B			Contact No.: Home/Office: Mobile: 90978401	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 02/01/1982	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/05/2018 15:50	Type of Location:
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE, CTE, SLE NEAR ALEXANDRA 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
SJA7561C	Car	TOYOTA	ISIS 1.8LX A			0
SKX6465X (Not Accurate)		KIA	SORENTO 2.4(A) GDI HID S/R			0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180511/2141

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

2 of 3

Report No. T/20180511/2141

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD KHUZAIRI BIN KADIR	ID No.	S8200703B
Related Vehicle	SJA7561C (Car)	Contact No.	90978401
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 11/05/2018 AT ABOUT 1550 HRS , I WAS TRAVELING ALONG AYE CTE SLE NEAR ALEXANDRA EXIT TRAVELING ON 1ST OF 3 LANE ROAD WHEN A CAR IN FRONT OF ME SUDDENLY BRAKE. I MANAGE TO BRAKE IN TIME BUT A CAR BEHIND ME HIT ONTO MY CAR. I WAS IN A SHOCK AFTER THE ACCIDENT SO I JUST WENT OUT AND DIDN'T EXCHANGE ANYTHING BUT ONLY THE PHONE NUMBER. I REMEMBER HIS CAR PLATE WAS SKX6465X OR SKX6564X THERE WAS ALSO AN LTA OFFICER ON SCENE WHO TRIED TO ASSIST US BUT WE TOLD HIM WE TOLD HIM WE WILL PRIVATE SETTLE. I TOLD HIM I WILL CALL HIM AFTER I SEND MY 2 PASSENGER OFF BUT AFTER THE TRIP HE DID NOT PICK UP MY CALL AND REFUSE TO REPLY TO MY WHATSAPP AND ONLY RESPONDED AFTER I TOLD HIM I WILL MAKE A POLICE REPORT BUT STILL REFUSE TO MEET UP. I WAS DRIVING A RENTAL CAR, CARRYING 2 PASSENGER AT THAT TIME AND ONE OF THE PASSENGER MADE AN INJURY CLAIM ON ME. I AM HERE TO MAKE A POLICE REPORT BECAUSE I AM NOT SURE WHAT TO DO. I CAN'T REMEMBER THE CAR PLATE NUMBER BUT I AM CONFIDENT THE FIRST 3 ALPHABET AND THE LAST ALPHABET OF THE OTHER PARTY CAR PLATE NUMBER.

Police Report



SINGAPORE
POLICE FORCE



T/20180511/2141

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

3 of 3

Report No. T/20180511/2141

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:
TP /
SEBASTIAN NG JING PEI

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
11/05/2018 21:57

Classification Of Case:

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



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Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MN4118061820 Vehicle Registration No: 5JA7561C
Name (as shown in NRIC) : Muhammad Khuzairi Bin Kadir NRIC/FIN/Passport No : S82007038
(*Vehicle Driver / ~~Vehicle Owner~~ (*) Please delete as appropriate
Address : Blk 45 Eunos Road 5 #04-50 Singapore 400415
Contact (Tel) : _____ Mobile No. : 90978401
Email Address : _____
Date of Accident : 11/5/18 Time of Accident : 15:50
Place of Accident : Along Ayer (city) before Alexandra Rd Exit
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend TP vehicle number - vehicle B (SKX 6546X)
2. Amend to TP claim.

Policyholder / Driver's Signature
Date:

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