

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	16/05/2018 17:26
Date Of Accident	05/05/2018 23:55
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS8776J
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	SYED ABDUL KADER BIN SYED ALI@SYED ABDUL KADER ALH
NRIC No	S0094858F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91178741
Alternative Phone No	OFFICE-91178741

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	5089259320-01
Cover Note Number	

Driver

Name of Driver	SYED HUSSEIN BIN SYED ALWI MADIHI
NRIC No	S8600488G
Date Of Birth	20/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	13/01/2006
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91178741
Fax Number	
Contact Number	
Email Address	HUSSEN.MADIHI@GMAIL.COM

Address	BLK 629 BEDOK RESERVOR ROAD #06-1638
Postcode	470629
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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG KEMBANGAN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 112 LENGKONG TIGA #01-215 , POSTCODE: 410112 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7489999 - FAX NO: 67454676
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO.T/20180506/2058.

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	SHC3523C
Vehicle Make/Model/Colour	TAXI / WHITE
Details Of Properties	
Vehicle Category	TAXI
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	SYED HUSSEIN BIN SYED ALWI MADIHI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGS8776J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

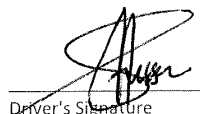
IMPORTANT NOTICE

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 liability.
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. 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.

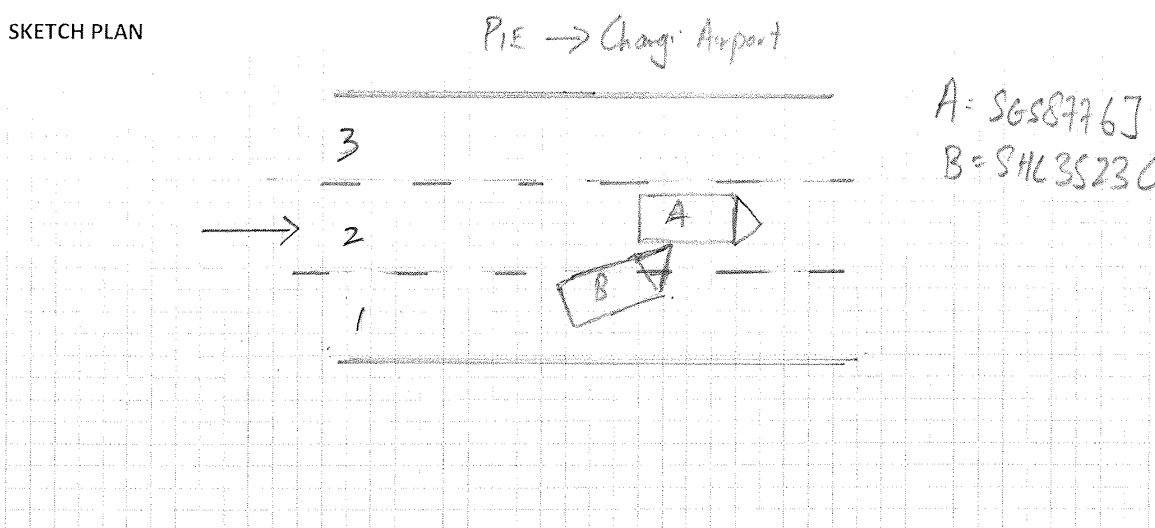
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/05/2018
1152am


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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police Report T/20180506/2058

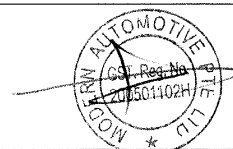
DECLARATION

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: 16/05/2018
1152 am.

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





**SINGAPORE
POLICE FORCE**



T/20180506/2058

1 of 3

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

Report No. T/20180506/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2018 16:47	Vide Report No.: G/20180505/0321	Station Diary No.: 64
--	-------------------------------------	--------------------------

Informant's Particulars			
Name of Informant: SYED HUSSEIN BIN SYED ALWI MADIHI		Address: APT BLK 629 BEDOK RESERVOIR ROAD #06-1638 SINGAPORE 470629	
ID Type / ID No.: NRIC NO / S8600488G		Contact No.: Home/Office: Mobile: 91178741	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 32	Date of Birth: 20/01/1986	Type of Informant: Driver
Race: Arab		Language: English	Institution / School Name:
Occupation: Business development executive		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/05/2018 23:55	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards Changi Airport				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGS8776J	Car				Seriously Damaged	0
SHC3523C	TAXI				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20180506/2058

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

2 of 3

Report No. T/20180506/2058

CONTINUATION OF REPORT

Driver			
Name	SYED HUSSEIN BIN SYED ALWI MADIHI	ID No.	S8600488G
Related Vehicle	SGS8776J (Car)	Contact No.	91178741
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/05/2018	Date Discharge	06/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 05/05/2018 at 2355hrs I was travelling on PIE towards Changi Airport on vehicle number SGS8776J. I was on the 2nd lane of the expressway and was travelling within the speed limit of 90km/h. As I was nearing, Bedok North Avenue 3 exit, a Mercedes Benz Taxi SHC3523C, which was beside me on lane 1, abruptly came to my lane. I saw the taxi nearing the right passenger view mirror and I had to take an evasive action to prevent a collision with the taxi, thus I moved the car to the left and straighten the car back. The taxi then hit my rear right car and causing me to crash into the central divider. Ambulance was called. I had discomfort in my neck and was conveyed to Changi General Hospital. I was discharged on 06/05/2018 with 03 days of Medical leave from 06/05/2018 to 08/05/2018.

There were no passenger in my car and taxi. The taxi driver was not conveyed and did not have any injury. Traffic police was present and incident was vide to G/20180505/0321 under IO Sharul Nizam. I do not have in-car camera in my car however I observed the said taxi has in-car camera in it. My car was towed by Traffic police to TP Pound. It sustained damage on the front right side to the rear right side. Airbag was not deployed. I also observed from the photo that I took from my mobile handphone that the black marking on the front left side of the taxi, was the contact point that hit my car. I did not managed to exchange particulars with the taxi driver as I was needed to be conveyed by ambulance.



SINGAPORE
POLICE FORCE



T/20180506/2058

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkong Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

3 of 3

Report No. T/20180506/2058

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 /

Staff Sgt JAMAL KHAIRI BIN ABDUL MAJID

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/05/2018 16:47

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:



SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE



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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

