

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	14/05/2018 15:13
Date Of Accident	13/05/2018 01:45
Exact Location Of Accident	CTE TOWARDS BRADDELL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU3390K
Insured/Policyholder	
Name Of Registered Owner	FAMILY CAR RENTAL PTE LTD
Co Reg No	200703924M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64515120

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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	5089453597-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FIRDAUS BIN ABDUL LAJIS
NRIC No	S8623015A
Date Of Birth	19/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86784066
Fax Number	
Contact Number	
Email Address	FYEZ86@LIVE.COM

Address	BLK 302B ANCHORVALE LINK #02-188
Postcode	542302
Was driver an employee of the Insured's Company	NO
If NO, Relationship of the Driver with the Insured	OTHER - PRIVATE HIRE DRIVER
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: : FARAH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 13/05/2018 AT ABOUT 0145 HRS, AS I WAS WORKING AS GRAB DRIVER, I WAS DRIVING MY VEHICLE SGU3390K AND WAS TRAVELLING ALONG CTE TOWARDS BRADDELL INTENDING TO HEAD TOWARDS TOA PAYOH. I HAD A FEMALE PASSENGER SEATED ON THE REAR BACK SEAT. I WAS ON THE 2ND LANE AND DRIVING STRAIGHT. SUDDENLY, THERE WAS A TAXI SHC8438H SUDDENLY COLLIDED ONTO THE LEFT BONNET ('SHOULD BE BOOT') OF MY VEHICLE. MY VEHICLE CAME TO A STOP AND THE NEXT MOMENT, I SAW THE TAXI ALREADY AT THE ROAD SHOULDER. AS SUCH, I WENT OVER TO STOP AT THE ROAD SHOULDER AND ALIGHTED FROM MY VEHICLE AND WANTED TO ASK THE TAXI DRIVER WHAT HAD HAPPENED. HOWEVER, THE TAXI DRIVER JUST ASKED ME TO CLAIM INSURANCE. THE PARTICULARS OF THE TAXI DRIVER AS FOLLOWS: SIM KIAN WEE, S7604075C, 93836001. MY FEMALE PASSENGER INFORMED ME THAT SHE IS NOT INJURED. I DOES NOT HAVE ANY IN CAR CAMERA. NO GOVERNMENT PROPERTY DAMAGED. I WAS GIVEN 5 DAYS OUTPATIENT SICK LEAVE FROM 13/05/2018 TO 17/05/2018.

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 Witness 1

Name	FARAH
Phone Number	98062713
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8438H
Vehicle Make/Model/Colour	BLUE CAB
Details Of Properties	FRONT LEFT
Vehicle Category	TAXI
Name of Driver	SIM JIAN WEE
NRIC/Passport Number	S7604075C
Contact Number	93836001
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD DIRDAUS BIN ABDUL LAJIS
Approximate Age	32
Injuries Sustain	PAIN, MUSCLE, SWELLING
Injured person in which vehicle?	SGU3390K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 302B ANCHORVALE LINK #02-188
Postcode	542302

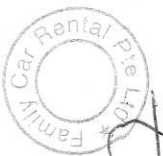
SKETCH PLAN

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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.

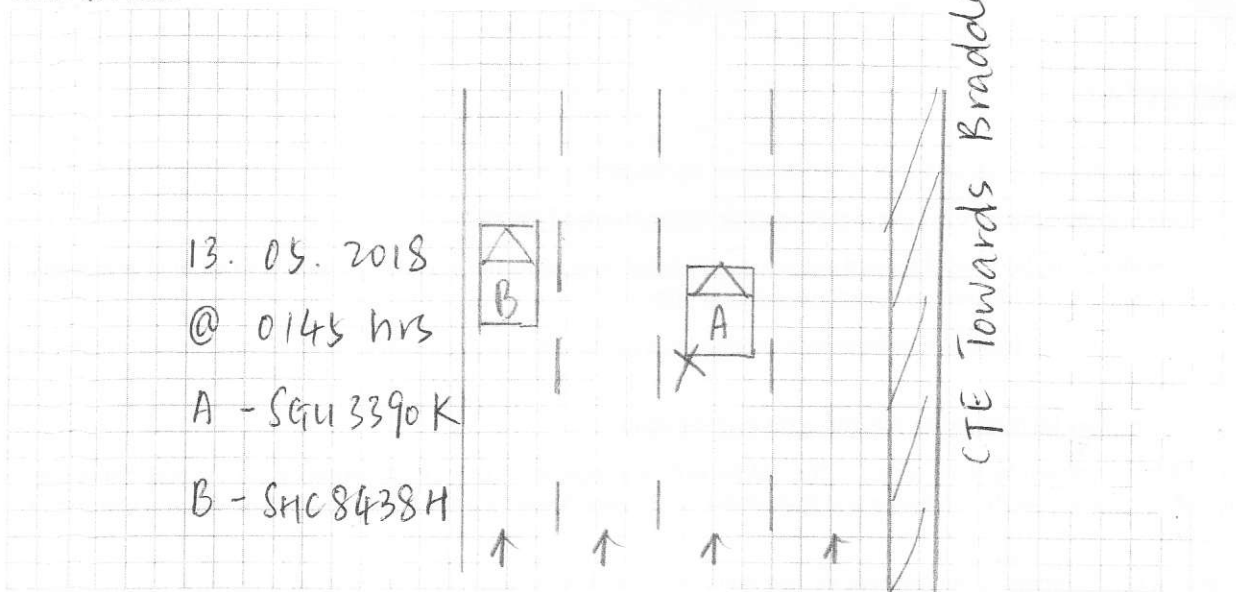


Policyholder's Signature
Date & Time: 14 MAY 2018

Driver's Signature
(If driver is not the policyholder)
Date & Time: 14 MAY 2018

Reporting Centre Personnel's Signature
Name: LIM LI CHAN
NRIC/FIN No.: S7032011 H

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer police report No. T/20180513/2094.

Enclosed some scene's photos.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Family Car Rental
 Signature: [Signature]

Policyholder's Signature
 Date & Time: 14 MAY 2018

Driver's Signature
 Signature: [Signature]

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 14 MAY 2018

Reporting Centre Personnel's Signature
 Signature: [Signature]

Reporting Centre Personnel's Signature
 Name: Lim Li Chuan
 NRIC/FIN No.: S7032011 H



SINGAPORE POLICE FORCE



T/20180513/2094

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180513/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2018 19:34		Vide Report No.:		Station Diary No.: 88	
Informant's Particulars					
Name of Informant: MUHAMMAD FIRDAUS BIN ABDUL LAJIS			Address: APT BLK 302B ANCHORVALE LINK #02-188 SINGAPORE 542302		
ID Type / ID No.: NIC NO / S8623015A			Contact No.: Home/Office: Mobile: 87424658		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 19/08/1986	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/05/2018 01:45	Type of Location: Expressway
Location: Along Road 1 CENTRAL EXPRESSWAY Along CTE toward Braddell				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGU3390K	Car					0
SHC8438H	Taxi					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180513/2094

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180513/2094

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD FIRDAUS BIN ABDUL LAJIS	ID No.	S8623015A
Related Vehicle	SGU3390K (Car)	Contact No.	87424658
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/05/2018	Date Discharge	13/05/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 13/05/2018 at about 0145hrs, as I was working as a Grab driver, I was driving my vehicle SGU 3390K and was travelling along CTE towards Braddell intending to head towards Toa Payoh. I had a female passenger seated on the rear back seat.

I was on the 2nd lane and driving straight. Suddenly, there was a taxi SHC 8438H suddenly collided onto the left bonnet of my vehicle. My vehicle came to a stop and the next moment, I saw the taxi already at the road shoulder.

As such, I went over to stop at the road shoulder and alighted from my vehicle and wanted to ask the taxi driver what had happened. However, the taxi driver just asked me to claim insurance.

The particulars of the taxi driver as follows: Sim Kian Wee, S7604075C, 93836001. My female passenger informed me that she is not injured. I does not have any in car camera.

No government property damaged. I was given 5 days outpatient sick leave from 13/05/2018 to 17/05/2018.



**SINGAPORE
POLICE FORCE**



T/20180513/2094

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180513/2094

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:
F /
Staff Sgt CHEE SI WEI, FELIX

Signature Of Interpreter:
Not applicable

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

SN 085

Authentication Stamp
NP168 Singapore Police Force

Signature Of Informant:

[Handwritten signature]

Date/Time:
13/05/2018 19:34

Classification Of Case: