

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	18/05/2018 15:55
Date Of Accident	17/05/2018 11:50
Exact Location Of Accident	JUNC OF JALAN ISHAK & LOR MARICAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5531B
Insured/Policyholder	
Name Of Registered Owner	AFGHANISTAN FAMILY RESTAURANT
Co Reg No	52828362J
Email Address	ADENZ_19@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98297540
Alternative Phone No	OFFICE-98297540

Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5076519095-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD BIN HASSAN
NRIC No	S7519830B
Date Of Birth	06/07/1975
Occupation	INDOOR
Date Of Driving Pass	15/10/2011
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98297540
Fax Number	
Contact Number	
EEmail Address	ADENZ_19@HOTMAIL.COM

Address	BLK 874A TAMPINES ST 84 #04-135
Postcode	521874
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FAMILY
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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)	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

PLS REFER TO THE POLICE REPORT: T/20180517/2125

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	SLK927B
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)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD BIN HASSAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBE5531B
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.

AFGHANISTAN FAMILY RESTAURANT
BLK 201E #01-55, TAMPINES ST 23
SINGAPORE 527201
Date & Time:
FAX: 6747 2082
GST / BUSINESS REG NO.: 52828362J

 18/5
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 18/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

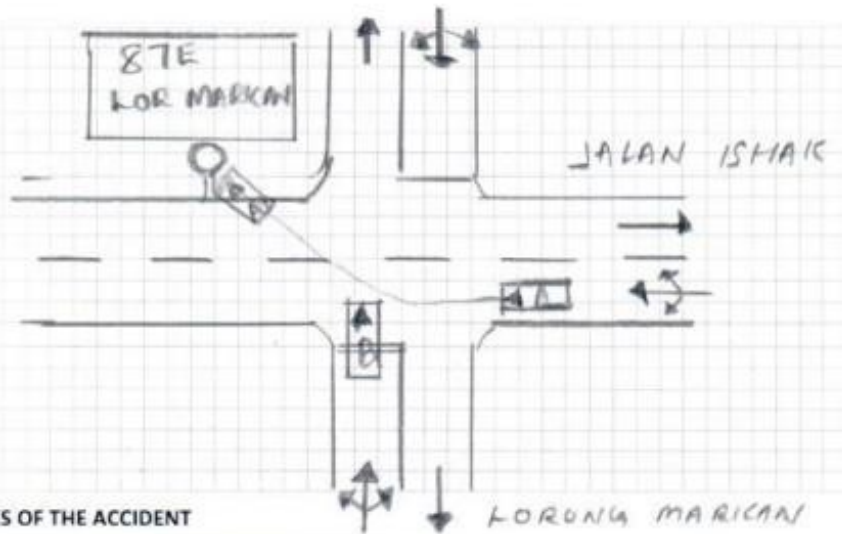
Accident Sketch Plan

SKETCH PLAN

A - GBE5531B

B - SLK927B

C - PROPERTY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180517/2125

DECLARATION

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

AFGHANISTAN FAMILY RESTAURANT

BLK 201E #01-56, TAMPINES ST-23

SINGAPORE 527201

DATE: 18/05/18

PAX: 6747 2082

GST / BUSINESS REG NO.: 52828362J

[Signature] 18/5

Driver's Signature
(If driver is not the policyholder)

Date & Time:

[Signature] 18/05/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180517/2125

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

2 of 3

Report No. T/20180517/2125

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD BIN HASSAN	ID No.	S7519830B
Related Vehicle	GBE5531B (Van)	Contact No.	98297540
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/05/2018	Date Discharge	17/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above-mentioned date and time, I was driving along Jln Ishak towards Lor Salleh when a car from Lor Marican suddenly appeared to be crossing the junction towards Jln Daud. To avoid a collision, I swerved to the right. However my van then mounted the kerb and hit onto a tree and subsequently the tree hit the fence of 87E Lor Marican. I did not hit onto the said car at the junction.

The driver of the said car then opened my door and asked me if I was okay and if I could step out of my vehicle. I tried to step out, but I felt pain in my lower body, thus I rested for a while. The other driver then called for ambulance. After a few minutes, I stood outside on the pavement and talked to the other driver and the affected house owner.

The ambulance and Traffic Police officer came a while later. The paramedics checked on me and advised me to follow them to the hospital. However I told them that I would be going to the hospital myself after I've settled everything at the scene.

Later at about 1500hrs, I went to Singapore General Hospital where I was treated as an outpatient and received a 3-day MC.

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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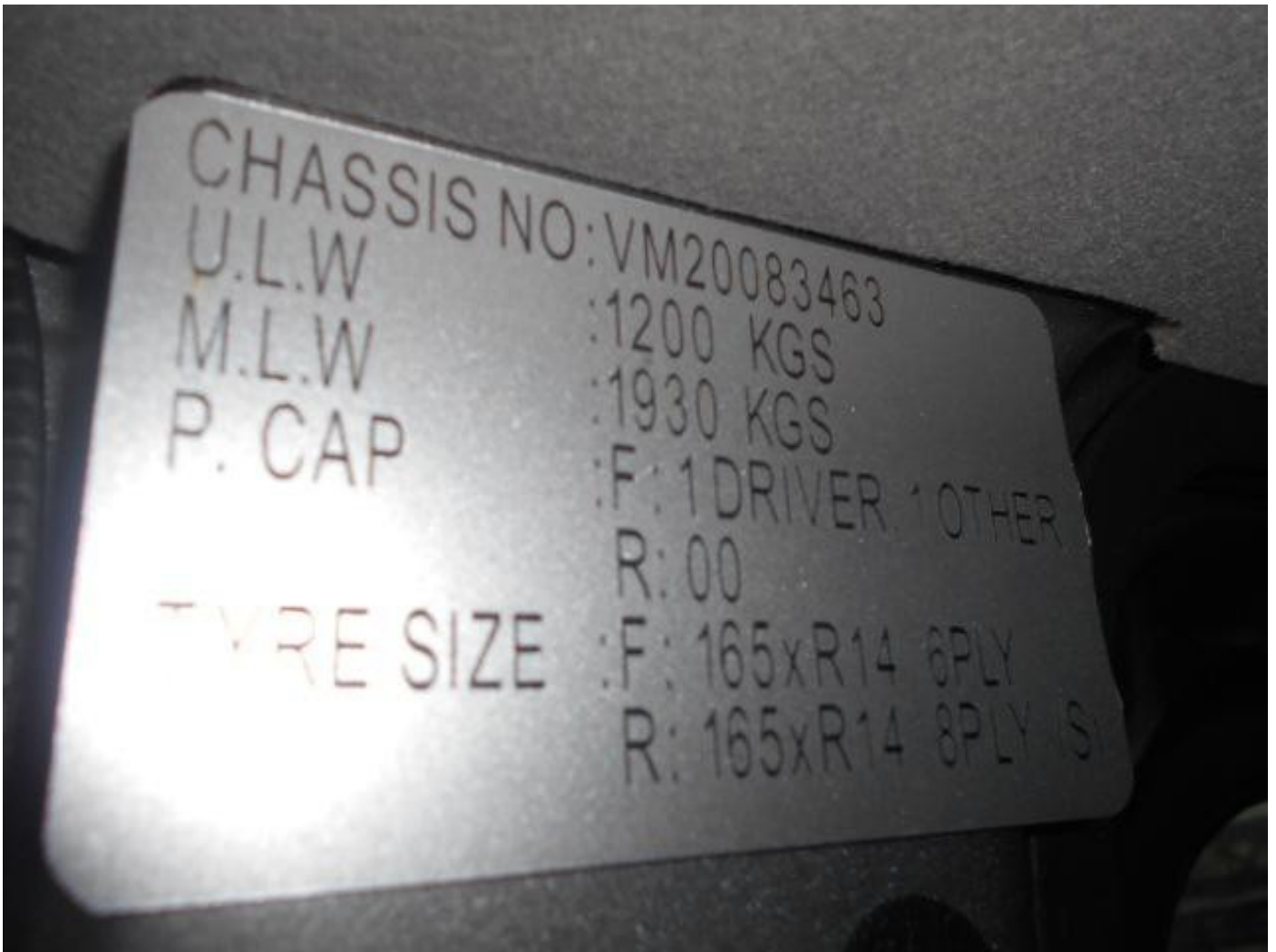


Accident Photo



Accident Photo





Police Report



**SINGAPORE
POLICE FORCE**



T/20180517/2125

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

1 of 3

Report No. T/20180517/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2018 18:15		Vide Report No : G/20180517/0089		Station Diary No. 26	
Informant's Particulars					
Name of Informant: MUHAMMAD BIN HASSAN			Address: APT BLK 874A TAMPINES STREET 84 #04-135 SINGAPORE 521674		
ID Type / ID No.: NRIC NO / S7519830B			Contact No : Home/Office: Mobile: 98297540		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 05/07/1975	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: ASSISTANT MANAGER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/05/2018 11:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 JALAN ISHAK LORONG MARICAN				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE5531B	Van				Seriously Damaged	0
SLK927B	Car				No Damage	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180517/2125

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
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2 of 3

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Police Report



SINGAPORE
POLICE FORCE



T/20180617/2125

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112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

3 of 3

Report No. T/20180617/2125

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 MUHAMMAD HAFIZ BIN ABDUL
RAZAK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/05/2018 18:15

Officer In Charge Of Case:
TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp
NP165



SINGAPORE
POLICE FORCE

SIGNATURE