

## 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	21/05/2018 10:47
Date Of Accident	18/05/2018 16:30
Exact Location Of Accident	PIE (CHANGI AIRPORT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP1907A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RENT A CAR LEASING PTE LTD
Co Reg No	201529642E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

### Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE 1.5M 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5092383531
Cover Note Number	

### Driver

Name of Driver	YASIN BIN MOHD ZAIN
NRIC No	S1314512A
Date Of Birth	26/05/1958
Occupation	OUTDOOR
Date Of Driving Pass	13/07/1988
Driving Experience	29 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96197339
Fax Number	
Contact Number	OFFICE-96197339
Email Address	NOEMAIL

Address	BLK 43 CIRCUIT ROAD #02-685
Postcode	370043
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	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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : - GENDER: : FEMALE
Passenger 2	NAME: : - 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180518/2144.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG6497A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE

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

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## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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) 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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180518/2144.

## 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/20180518/2144

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

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Report No. T/20180518/2144

REPORT OFFICE  
TRAFFIC POLICE DIVISION

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2018 19:06	Vide Report No.: G/20180518/0153	Station Diary No.:
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### Informant's Particulars

Name of Informant: Yasin Bin Mohd Zain			Address: 43 CIRCUIT RD HDB-GEYLANG SINGAPORE 370043	
ID Type / ID No.: NRIC NO / S1314512A			Contact No.: Home/Office: Mobile: 96197339	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 26/05/1958	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/05/2018 16:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE towards Changi Airport, on lane 2 turning left to Changi Airport.				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Motorcycle hit on stationary rear vehicle			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG6497A	Motorcycle				Slightly Damaged	0
SG5920A	Bus/Coach/Minibus				No Damage	0
SJP1907A	Car				Seriously Damaged	2

### Details of Person Involved

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



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Report No. T/20180518/2144

### CONTINUATION OF REPORT

Name	Fong	ID No.	NIL
Related Vehicle	FBG6497A (Motorcycle)	Contact No.	90280835
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Yasin Bin Mohd Zain	ID No.	S1314512A
Related Vehicle	SJP1907A (Car)	Contact No.	96197339
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.

I am the above mentioned person residing at the above mentioned address. My registration number is SJP1907A Honda Airwave Black in colour.

I received a job from Bukit Batok street 34 to fetch 2 passengers and were required to sent them to Changi Airport Terminal 1. While I was driving at towards Changi Airport, I discovered that I was driving on 3rd lane towards ECP, as such I decided to switch lane to my left as I needed to go to my destination and also the arrow stated to the left. I also noticed that before I changed my lane, I saw there were a lot of vehicles stationary as if that It was jammed going toward Changi Airport.

After I changed my lane I stopped behind a vehicle. Subsequently, less than a minute later I discovered from my right side mirror that there was a SBS bus (registration No. SG5920A) was going towards the ECP on the 3rd lane. suddenly out of nowhere the motorcycle (registration no. FBG6497A) rode quickly and make a sharp left turn behind the SBS bus and I noticed that he lose control and he collided onto my rear vehicle. I and the passengers inside my vehicle did not suffer any damage however my rear windscreen was shattered, right signal broken, right bumper dented and driver's right side screen shattered.

I immediately asked the motorist was he okay, and he informed that he was okay, however he suffer some major abrasions on left arms and left legs. Subsequently, he was quickly conveyed to ambulance. However I was unable to recall the damage of the motorcycle. I also wish to state that, the rider informed me that he was in a hurry to go to work and he had lost his balance after he was trying to avoid the SBS bus. TP Soffian informed me to lodge a Police report. That is all.

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20180518/2144

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Report No. T/20180518/2144

**CONTINUATION OF REPORT**



## Police Report



SINGAPORE  
POLICE FORCE



T/20180518/2144

Police Station Of Origin:  
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Report No. T/20180518/2144

### 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:  
APD /  
Sgt 2 FATHURRAHMAN BIN KASSIM

Signature Of Interpreter:  
Not applicable

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

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
18/05/2018 19:06

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



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