

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 12:45
Date Of Accident 18/05/2018 09:35
Exact Location Of Accident JUNCTION OF TAMPINES AVE 7 TWDS LOYANG AVE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW8089C
Insured/Policyholder
Name Of Registered Owner TAN JIA EN
NRIC No S9349646I
Email Address PURPLEEN93@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-91054716
Alternative Phone No OFFICE-91054716

Vehicle Particulars

Manufacturer MITSUBISHI
Model LANCER-2.0 L MIVEC (A)
Exact Purpose for which vehicle was being used at time of accident HIRE AND 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 NO
Policy Number 5098369115
Cover Note Number

Driver

Name of Driver JHANGIR KHAN BIN MOHAMED AYUB
NRIC No S1309564G
Date Of Birth 12/11/1958
Occupation OUTDOOR
Date Of Driving Pass 23/02/1979
Driving Experience 39 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-88260681
Fax Number
Contact Number
EMail Address NOEMAIL

Address BLK 101 BEDOK NORTH AVE 4 #07-1968
Postcode 460101
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - DAUGHTER IN LAW
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
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: : MUHAMMAD IZAAN BIN MAHAT
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG TAMPINES AVE 7 TWDS LOYANG AVE WITH A PASSENGER ON BOARD, MR MUHAMMAD IZAAN BIN MAHAT, S9228753Z. THE TRAFFIC LIGHT WAS GREEN IN MY FAVOUR. SUDDENLY, A VEHICLE B, SJR3434Z FROM THE OPPOSITE DIRECTION TURNED RIGHT WITHOUT GREEN ARROW AND COLLIDED TO MY VEHICLE FRONT RIGHT PORTION CAUSING DAMAGE. THE DRIVER OF SJR3434Z ADMITTED HER FAULT. AFTER THE ACCIDENT, I FELT PAIN IN MY KNEE AND WILL CONSULT DOCTOR LATER.

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 MUHAMMAD IZAAN BIN MAHAT
Phone Number 84181435
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJR3434Z
Vehicle Make/Model/Colour
Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR
Name of Driver LEE JUNG A
NRIC/Passport Number S6964975J

Contact Number	97767720
Address	50 FLORA DR #02-01
Postcode	506868
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	JHANGIR KHAN BIN MOHAMED AYUB
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJW8089C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 101 BEDOK NORTH AVE 4
Postcode	#07-1968
	460101

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)

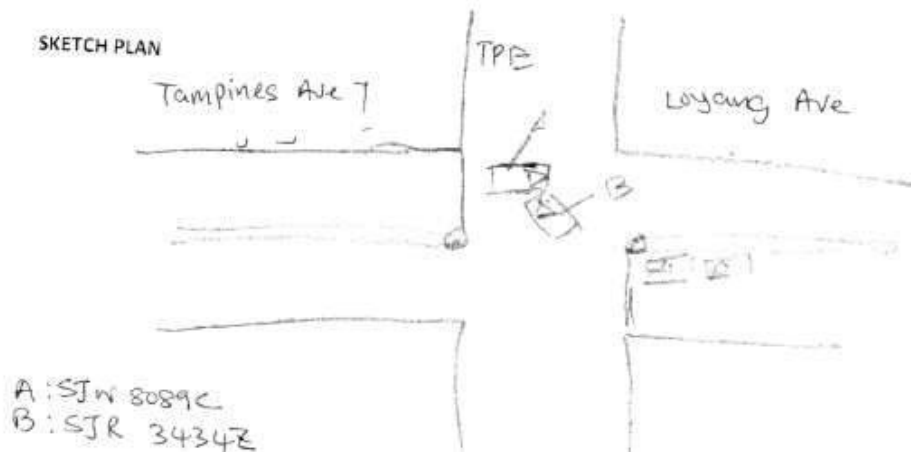
I understand, acknowledge, agree and consent that:

- (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: 18.5.2018
12.5pm

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18.5.18.

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Tampines Ave 7 towards Loyang Ave with a passenger on board, Muhammad Izaan Bin Mahat, S 9228753Z. The traffic light was green in my favour, suddenly, a vehicle B, SJR 3434Z from the other direction turned right without green arrow and collided to my vehicle front right portion causing damage. The driver of SJR 3434Z admitted her fault. After the accident, I felt pain in my knee and will consult doctor later.

DECLARATION

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

Policyholder's Signature

Date & Time: 18.5.2018

1215pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 18.5.18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:


**SINGAPORE
POLICE FORCE**


T/20180518/2163

Police Station Of Origin
Bedok South N.P.C.
20 Chai Chee Drive SINGAPORE 469045
Tel No 1800-2448999

1 of 4

Report No. T/20180518/2163

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 18/05/2018 22 04	Vide Report No.:	Station Diary No.: 63
---	------------------	--------------------------

Informant's Particulars

Name of Informant JHANGIR KHAN BIN MOHAMED AYUB		Address: APT BLK 101 BEDOK NORTH AVENUE 4 #07-1968 SINGAPORE 460101	
ID Type / ID No. NRIC NO / S1309564G		Contact No.: Home/Office: Mobile: 88260681	
Nationality SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 12/11/1958	Type of Informant: Driver
Race: Pakistani		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/05/2018 09:35	Type of Location: T-Junction
Location: Along Road 1 TAMPINES AVENUE 7 Tampines Avenue 7 towards Loyang Avenue				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Colour	Condition	No.
SJR3434Z	Car	TOYOTA	RUSH 1.5X A		Seriously Damaged	0
SJW8089C	Car	MITSUBISHI	LANCER 2.0L MIVEC GT 6-CVT ABS D/AB	White	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Bedok South N.P.C.
20 Chai Chee Drive SINGAPORE 469045
Tel No. 1800-2448999



T/20180518/2163

2 of 4

Report No. T/20180518/2163



Police St.
Bedok
20 C
Te

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE JUNG A	ID No.	S6964975J
Related Vehicle	SJR3434Z (Car)	Contact No.	97767720
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	JHANGIR KHAN BIN MOHAMED AYUB	ID No.	S1309564G
Related Vehicle	SJW8089C (Car)	Contact No.	88260681
Hospital/Clinic	THAI SHEN FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 18/05/2018 at about 0935hrs, I was driving vehicle SJW8089C a white Mitsubishi Lancer which belong to my daughter-in-law Chen Jia'En S93496461, (91054716) to drive Grab. The vehicle was registered under commercial insurance which states my daughter-in-law as the owner of the vehicle however I am the driver. While driving along Tampines Ave 7 towards Loyang Avenue with a passenger (B1) on board, the traffic light was green in my favour. Suddenly a vehicle Toyota Rush (SJR3434Z) from the other direction of traffic turned right without any green arrow indication and collided with my vehicle front right portion. I came out of the vehicle and met the driver of the Toyota Rush (B2). B2 admitted it was her fault and we exchanged particulars. Subsequently I traffic police came and so did the ambulance. Nobody was conveyed to the hospital however I felt some pain at my knee area. Subsequently our vehicles were towed and we decided to claim for insurance.

At the later part of the day, the pain at my knee was unbearable as such I visited Thai Shen Family Clinic P.L. at BLK 84 Bedok North Street 4. The doctor Cheong Lee Ching gave me a 3 days Medical Certificate from 18/05/2018 to 20/05/2018 and I advised me to rest. I suffered from swollen knee due to the accident.

I am lodging this police report for insurance claims purposes.



SINGAPORE
POLICE FORCE

Police Station of Origin
Bedok South N.P.C.
20 Chak Chee Drive SINGAPORE 469005
Tel No: 1800 7448050



CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180518/2163

4 of 4

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No. 1800-2448999

Report No. T/20180518/2163

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 /

Sgt 2 EDWARD TAN CHUN SENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/05/2018 22:04

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

Addendum Sheet Pg. 1

GENERAL
INSURANCE
ASSOCIATION

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
22A, The Club 411-00 Singapore 242402
Tel: 65 5224 0010, Fax: 65 5221 0030
Operating Hours: Monday to Friday 09:00 - 17:00
UEN: 5665500205 / 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: MKCR 180 64758 Vehicle Registration No: SJW 8089C
Name (as shown in NRIC): Shangiv Khan Bin Mohamed Ayub NRIC/FIN/Passport No: S1309SB49
(*Vehicle Driver / ~~Vehicle Owner~~) (* Please delete as appropriate)
Address: Blk 101 Bedok North Ave 4 #07-1968 Singapore (460011)
Contact (Tel): _____ Mobile No.: 88260681
Email Address: _____
Date of Accident: 18-05-2018 Time of Accident: 0935 hrs
Place of Accident: Junction of Tampines Ave 7 and Loyang Ave
Insurance Company: NTUC Income

(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:

To add in Police Report No: T/20180518/2163.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 21/5/18