

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	24/05/2018 18:01
Date Of Accident	17/05/2018 00:15
Exact Location Of Accident	ALONG MARINA BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ4901R
Insured/Policyholder	
Name Of Registered Owner	VISTA CAR LEASING PTE LTD
Co Reg No	201811675W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	YES
Policy Number	5099863863
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SYAHID BIN MOHAMAD HUSSEIN
NRIC No	S8603131J
Date Of Birth	27/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	07/07/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87484852
Fax Number	
Contact Number	OFFICE-87484852
Email Address	NOEMAIL

Address	BLK 431B YISHUN AVENUE 1 #06-595
Postcode	762431
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?	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	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20180517/7044.

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	UNKNOWN
Vehicle Make/Model/Colour	MERCEDES
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	MUHAMMAD SYAHID BIN MOHAMAD HUSSEIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJQ4901R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.

Policyholder's Signature
Date & Time:

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

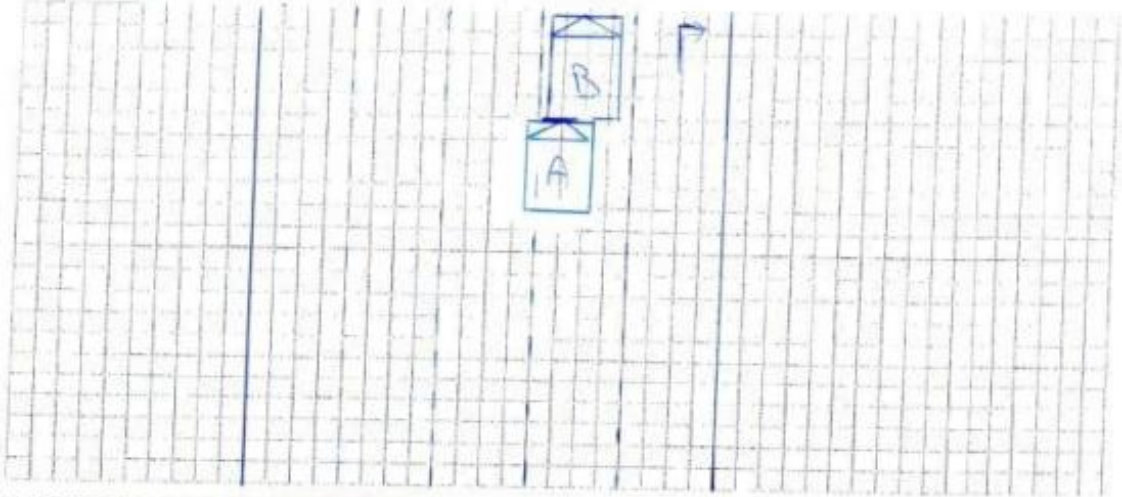
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

A: S304401R

B: Unknown

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At approx 00:15hrs, I was about to approach the junction where A122 is upon reaching the traffic light there was a more left wheel of the vehicle approaching from the right. Not sure of his intention to drive was to signal right or left.

At approx 00:15hrs when I stopped, my car was at the end of the road I didn't have enough time to stop my car as I was before bumping into the back of the car.

At approx 00:15hrs when the car was in the car park, I was about to stop my car as I was bumping into the back of the car. I was about to stop my car as I was bumping into the back of the car.

At approx 00:15hrs I was about to stop my car as I was bumping into the back of the car. I was about to stop my car as I was bumping into the back of the car.

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**



F/20180517/7044

1 of 2

POLICE REPORT (NP299)

Report No. F/20180517/7044

Police Station Of Origin
Ang Mo Kio Police Divisional HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 17/05/2018 21:12	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD SYAHID BIN MOHAMAD HUSSEIN	Address APT BLK 431B YISHUN AVENUE 1 #06-595 SINGAPORE 762431	
ID Type / ID No. NRIC NO / S8603131J	Contact No. Home/Office:	Mobile: 87484852
Nationality SINGAPORE CITIZEN	Email Address syahid3131@gmail.com	
Occupation Taxi driver	Sex Male	Age 32
Institution/School Name	Date of Birth 27/01/1986	Race Malay
Date/Time Of Incident 17/05/2018 00:15 - 17/05/2018 00:30	Location Of Incident MARINA BOULEVARD	

Brief details.

At Approx 0015hrs, I was about to approached the junction where Red Dot is. Upon reaching the traffic light there was a Merc taxi in front of me which abruptly stop his vehicle. Not sure of his intention as there were no signal lights activated.

At Approx 0016hrs, when i realize the taxi had stop in front of me and i didn't have enough time to stop my car on time before bumping him from the back.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/05/2018 21:12
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



F/20180517/7044

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180517/7044

At Approx 0019hrs, after the hard bump i was stuck in the car and wasn't able to move my legs and was having difficulties in breathing due to the impact of the airbags. Looking at my situation the taxi driver involved called in the ambulance immediately.

At Approx 0030hrs, I was carried away from my vehicle onto the stretcher and into the ambulance.

Subjects Involved			
Victim			
Person Name	MUHAMMAD SYAHID BIN MOHAMAD HUSSEIN		
ID Type	NRIC NO	ID No	S8603131J
Gender	Male	Age	32
Race	Malay	Language	English
Occupation	Taxi driver	Address Type	
Address	APT BLK 431B YISHUN AVENUE 1 #06-595 SINGAPORE 762431		Mobile No 87484852
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD SYAHID BIN MOHAMAD HUSSEIN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/05/2018 21:12
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

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

