

## 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	25/05/2018 16:54
Date Of Accident	23/05/2018 19:15
Exact Location Of Accident	QUEENS ST TWDS MIDDLE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC762D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YRT TRANSPORT SERVICES PTE LTD
Co Reg No	201432892W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96442215

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097355466
Cover Note Number	-

### Driver

Name of Driver	MUHAMMAD SYAHRIL BIN SAZALI
NRIC No	S9117663G
Date Of Birth	19/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2011
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81855551
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 669 CHOA CHU KANG CRESCENT #01-363
Postcode	680669
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 - CHANGE/CROSS LANE
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: : MUSLIHAH FADLIN BINTE MOHAMED HASSAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	<b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SGN4710B
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 SYAHRIL BIN SAZALI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? PC762D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name MUSLIHAH FADLIN BINTE MOHAMED HASSAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? PC762D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.



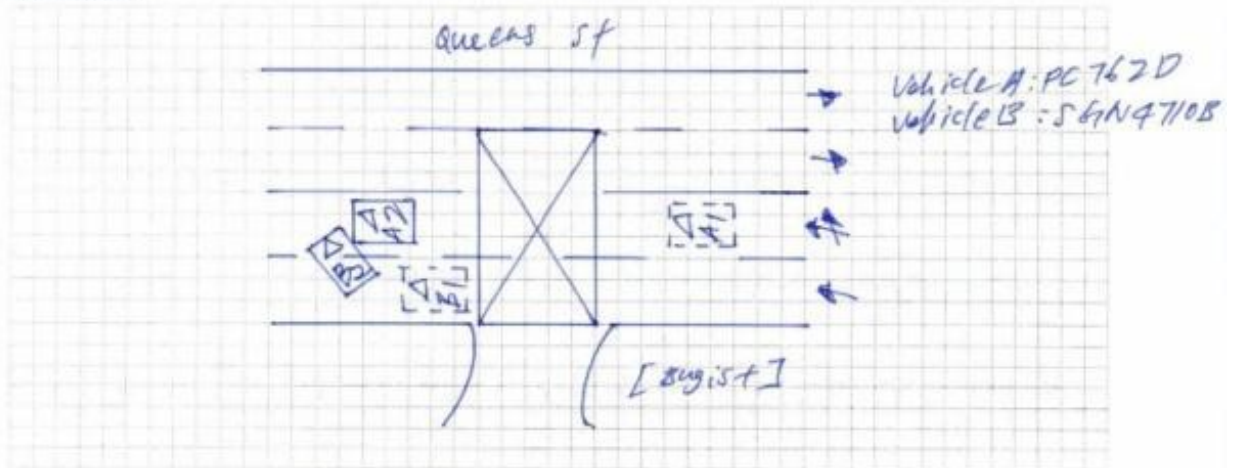
Policyholder's Signature  
Date & Time:

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.

### DECLARATION

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



Policyholder's Signature  
Date & Time:

Signature: [Signature]

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

Signature: [Signature]

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

Signature: [Signature]

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180524/2197

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20180524/2197

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/05/2018 22:35		Vide Report No.:		Station Diary No.: 86	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD SYAHRIL BIN SAZALI			Address: APT BLK 669 CHOA CHU KANG CRESCENT #01-363 SINGAPORE 680669		
ID Type / ID No.: NRIC NO / S9117663G			Contact No.: Home/Office: Mobile: 81855551		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 19/05/1991	Type of Informant: Driver		
Race: Boyanese			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/05/2018 19:00	Type of Location: Straight Road
Location: Along Road 1 QUEEN STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
PC762D	Van					1
SGN4710B	Car					0

## Details of Person Involved

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



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Report No. T/20180524/2197

## CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD SYAHRIL BIN SAZALI	ID No.	S9117663G
Related Vehicle	PC762D (Van)	Contact No.	81855551
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	24/05/2018	Date Discharge	24/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	MUSLIHAH FADLIN BINTE MOHAMED HASSAN	ID No.	S9337518A
Related Vehicle	PC762D (Van)	Contact No.	91695373
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/05/2018	Date Discharge	24/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 23/05/2018 at about 7.00pm I was driving my van along Queen Street just behind Bugis Plus towards Middle Road my girlfriend sat at the front passenger seat. I was driving about 50km/h along the road on the right lane when a white car exited from the minor road on the left I slowed down and stopped after which I accelerated my van. Suddenly a car on the left lane that was stationary after the yellow box made a sharp right turn to make a U-turn, I managed to brake but I could not stop the van in time. We then moved our vehicles to the side of the road and exchanged particulars. I have the in car camera footage with me.

The wife of the car's driver told my girlfriend that the driver saw a LTA enforcement officer and in the midst of panic he attempted to make an illegal U-turn. The wife was not in his car at the point of accident but he was waiting to pick her up.

My girlfriend and I went to the hospital today and was given 3 days of medical leave as we were experiencing some body pain.

Particulars of the other driver:

Chuang Kwang Hwee  
S0119344I  
H/P: 9687 9823

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CONTINUATION OF REPORT



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Report No. T/20180524/2197

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 RANDY RONALD MINJOOT

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/05/2018 22:35

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 SITIMARSITA BINTE BOHARI  
Contact No.: 65476219

Classification Of Case:

Authentication Stamp  
NP168



Accident Photo



Accident Photo



Accident Photo





Accident Photo







Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

