

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	26/05/2018 15:15
Date Of Accident	26/05/2018 03:05
Exact Location Of Accident	CTE TWDS SLE LAMP POST 300
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ354H
Insured/Policyholder	
Name Of Registered Owner	NASER BIN HUSSEIN
NRIC No	S1253630E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90084472
Alternative Phone No	OFFICE-90084472

Vehicle Particulars

Manufacturer	CHEVROLET
Model	AVEO 1.4AUTO TH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5050379644-06
Cover Note Number	-

Driver

Name of Driver	HADISYAFIQ BIN MOHD SALLEH
NRIC No	S9014637H
Date Of Birth	30/04/1990
Occupation	INDOOR
Date Of Driving Pass	30/09/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96200283
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 151 RIVERVALE CRESCENT #02-96
Postcode	540151
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON 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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

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)	3
Passenger 1	NAME: : HAFIZAH BINTE NASER GENDER: : FEMALE
Passenger 2	NAME: : MUHAMMAD SHAFUL BIN MOHD BAJURI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
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?	YES
Remarks/ Reasons:	FOOTAGE FROM OTHER PARTY VEH
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFY4040E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver BOON JUN XIAN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HADISYAFIQ BIN MOHD SALLEH
Approximate Age
Injuries Sustain STRAIN LEFT SIDE OF NECK
Injured person in which vehicle? SJJ354H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name HAFIZAH BINTE NASER
Approximate Age
Injuries Sustain LEFT ARM AND NECK
Injured person in which vehicle? SJJ354H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

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:

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

A= SJJ 354H
B= Unknown
C= SFY 4040E

CTE twds SLE Lamp post 300

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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/20180526/2042

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 5

Report No. T/20180526/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/05/2018 11:24	Vide Report No.:	Station Diary No.: 42
--	------------------	--------------------------

Informant's Particulars

Name of Informant: HADISYAFIQ BIN MOHD SALLEH			Address: APT BLK 151 RIVERVALE CRESCENT #02-96 SINGAPORE 540151		
ID Type / ID No.: NRIC NO / S9014637H			Contact No.: Home/Office: Mobile: 96200283		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 30/04/1990	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: AV ENGINEERER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/05/2018 03:05	Type of Location:
Location: CENTRAL EXPRESSWAY CTE towards SLE, 9.7km Lamp Post Number: 300				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFY4040E	Car	MITSUBISHI		White	Seriously Damaged	0
SJJ354H	Car	CHEVROLET	AVEO 1.4	Green	Seriously Damaged	2
	Lorry			Grey		0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180526/2042

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 5

Report No. T/20180526/2042

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ354H	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	BOON JUN XIAN		ID No.	S9348417G
Related Vehicle	SFY4040E (Car)		Contact No.	96882345
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	Slight
Driver				
Name	HADISYAFIQ BIN MOHD SALLEH		ID No.	S9014637H
Related Vehicle	SJJ354H (Car)		Contact No.	96200283
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	Slight
Passenger				
Name	HAFIZAH BINTE NASER		ID No.	S8317822A
Related Vehicle	SJJ354H (Car)		Contact No.	84289833
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	Slight

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180526/2042

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 5

Report No. T/20180526/2042

CONTINUATION OF REPORT

Passenger			
Name	MUHAMMAD SHAIFUL BIN MOHD BAJURI	ID No.	S8540967J
Related Vehicle	SJJ354H (Car)	Contact No.	87421017
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	Slight
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	(Lorry)	Contact No.	NIL
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

Brief Details.

On 26/05/2018, at 0308hrs, along CTE towards Ang Mo Kio near lamp post 300, I was involved in a hit and run.

It was raining heavily this morning while I was driving my car (SJJ354H) along the second lane in according to the traffic flow. Suddenly a lorry collided the left rear side of my car, causing my car to spin anti clockwise on the road and ended up on the head shoulder. I suffered strain on the left side of my neck. There were two passengers in my car. Hafizah Binte Naser who sat next to me suffered strain on her left arm and neck and Muhammed Shaiful Bin Mohd Bajuri mentioned that he did not suffer any injuries yet. The left side of the front, middle and rear sided of my car was seriously damaged. Both Hafizah Binte Naser and I went to consult doctor at Sengkang polyclinic and no medical certificate was given.

Another car (SFT4040E) was also involved in the accident, the left side of his car was seriously damaged as well. A video of the accident was recorded from the Boon Jun Xian inbuilt car camera. No one was conveyed to the hospital. I would like to highlight that I do not know how the accident happened.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180526/2042

4 of 5

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180526/2042

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180526/2042

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

5 of 5

Report No. T/20180526/2042

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:

F /

Sgt 2 PHUA WEN XUE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/05/2018 11:24

Officer In Charge Of Case:

TP / HRT /

SSI GOH GEOK LYE

Contact No.: 65476148

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

