

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	31/05/2018 16:22
Date Of Accident	31/05/2018 12:00
Exact Location Of Accident	UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU5735L
Insured/Policyholder	
Name Of Registered Owner	ASIA WHITE ANT CONTROL CO PTE LTD
Co Reg No	200101970W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82574395
Alternative Phone No	OFFICE-82574395

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR69E
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5084825253-01
Cover Note Number	

Driver

Name of Driver	ZULKIFLI BIN MOHD TAWAL
NRIC No	S1410883A
Date Of Birth	29/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82574395
Fax Number	
Contact Number	OTHERS-82574395
Email Address	NOEMAIL

Address	BLK 589 WOODLANDS DRIVE 16 #10-28 HDB - WOODLANDS
Postcode	730589
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	DRIZZLING
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?	NO
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: : NIL GENDER: : MALE

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
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180531/2124

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	WMM4436
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)

Sketch Plan

SKETCH PLAN

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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.



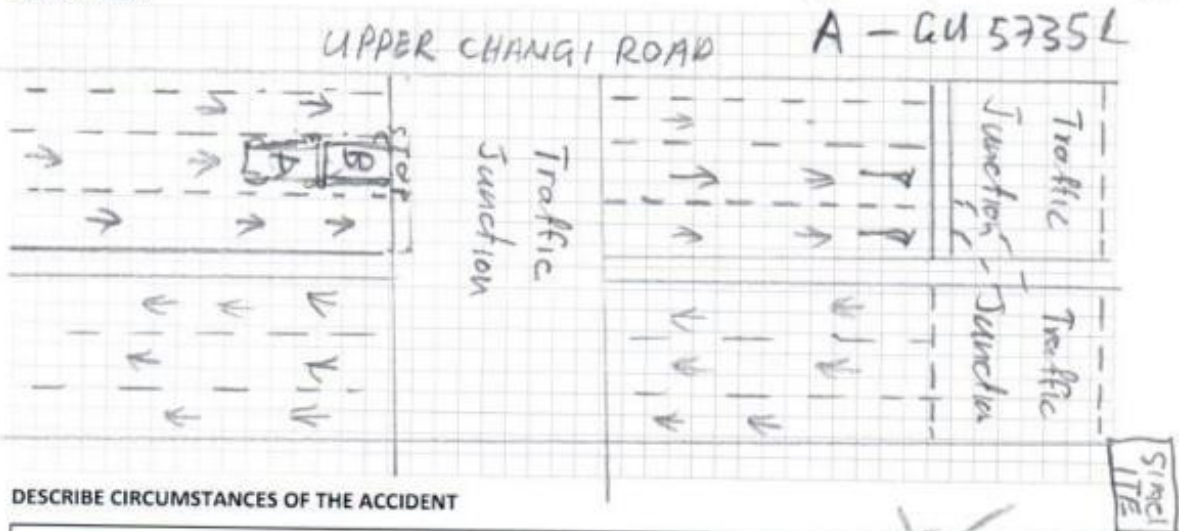
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



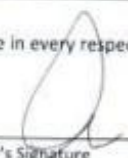
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s Refer to the Police Report
T/20180531/2124

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180531/2124

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

2 of 3

Report No. T/20180531/2124

CONTINUATION OF REPORT

Driver			
Name	ZULKIFLI BIN MOHD TAWAL	ID No.	S1410883A
Related Vehicle	NIL	Contact No.	82574395
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG SENG LING	ID No.	68080808015611
Related Vehicle	NIL	Contact No.	82107327
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 THE ABOVE MENTIONED DATE AND LOCATION @ ABT 1200HRS,

I WAS DRIVING MY VAN (GU5735L) ALONG UPP CHANGI RD, THE ROAD CONSIST OF 4 LANES AND I WAS IN THE SECOND LANE FROM THE RIGHT. THE OTHER DRIVER WAS A MALAYSIAN DRIVER, DRIVING A CAR INFRONT OF ME. I WAS GOING STRAIGHT AND I WAS ABOUT TO PASS BY A TRAFFIC LIGHT, WHEN I REACHED THE TRAFFIC LIGHT SIGNAL, THE DRIVER INFRONT OF ME, STOPPED SUDDENLY. I NEVER EXPECT HIM TO STOP BECAUSE THE SIGNAL WAS STILL AMBER. BUT THE DRIVER STOPPED WHEN HE SAW THE AMBER LIGHT, WHEN HE STOPPED, I COULDN'T BRAKE ON TIME, SO UNFORTUNATELY I HIT THE CAR.

AFTER THE HIT, WE MOVED ASIDE AND EXCHANGED CONTACT DETAILS. I TOOK SOME PHOTOGRAPHS OF THE BOTH VEHICLE. NO ONE WAS INJURED SO WE LEFT THE PLACE AFTER THAT..

THATS ALL..

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



Accident Photo



Accident Photo





CHASSIS NO : JAANHR69EY7101107
U.W. 1500 KG
M.L.W. 3500 KG
PASS. CAP : 001
TYRE SIZE : F:600/15-8P
R:550/13-8P(D)

Police Report



**SINGAPORE
POLICE FORCE**



T/20180531/2124

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

1 of 3

Report No. T/20180531/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2018 15:41	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ZULKIFLI BIN MOHD TAWAL			Address: APT BLK 589 WOODLANDS DRIVE 16 #10-28 HDB- WOODLANDS SINGAPORE 730589		
ID Type / ID No.: NRIC NO / S1410883A			Contact No.: Home/Office: Mobile: 82574395		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 29/05/1960	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: PEST CONTROLLER			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/05/2018 12:00	Type of Location: Straight Road
Location: Along Road 1 UPPER CHANGI ROAD				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	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
GU5735L	Van				Slightly Damaged	1
WMM4436	Car				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180531/2124

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

2 of 3

Report No. T/20180531/2124

CONTINUATION OF REPORT

Driver			
Name	ZULKIFLI BIN MOHD TAWAL		ID No. S1410883A
Related Vehicle	NIL		Contact No. 82574395
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG SENG LING		ID No. 68080808015611
Related Vehicle	NIL		Contact No. 82107327
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
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Police Report



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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180531/2124

3 of 3

Report No. T/20180531/2124

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:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
31/05/2018 15:41

Classification Of Case:

Signature: