

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	04/06/2018 16:48
Date Of Accident	28/05/2018 11:10
Exact Location Of Accident	JUNCTION OF TOH GUAN ROAD/JURONG GATEWAY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF9332H
Insured/Policyholder	
Name Of Registered Owner	ADEN LEASING
Co Reg No	53380138M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87422630
Alternative Phone No	OFFICE-87422630

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5100022861
Cover Note Number	

Driver

Name of Driver	ZAMRI ABDULLAH @ WRITER ZUBIN PARVEZ
NRIC No	S7921520A
Date Of Birth	30/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	16/04/1999
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87422630
Fax Number	
Contact Number	OTHERS-87422630
Email Address	NOEMAIL

Address	BLK 83 MACPERSON LANE #03-245
Postcode	360083
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 ON COLLISION
Weather Conditions	RAINING
Road Surface	WET

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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER 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 - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT T/20180530/2019 (TYPE OF COLLISION IS HEAD TO SIDE)

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	GT356K
Vehicle Make/Model/Colour	NISSAN PICKUP
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 INJURED PERSON 1	
Name	ZAMRI ABDULLAH @ WRITER ZUBIN PARVEZ
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJF9332H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.

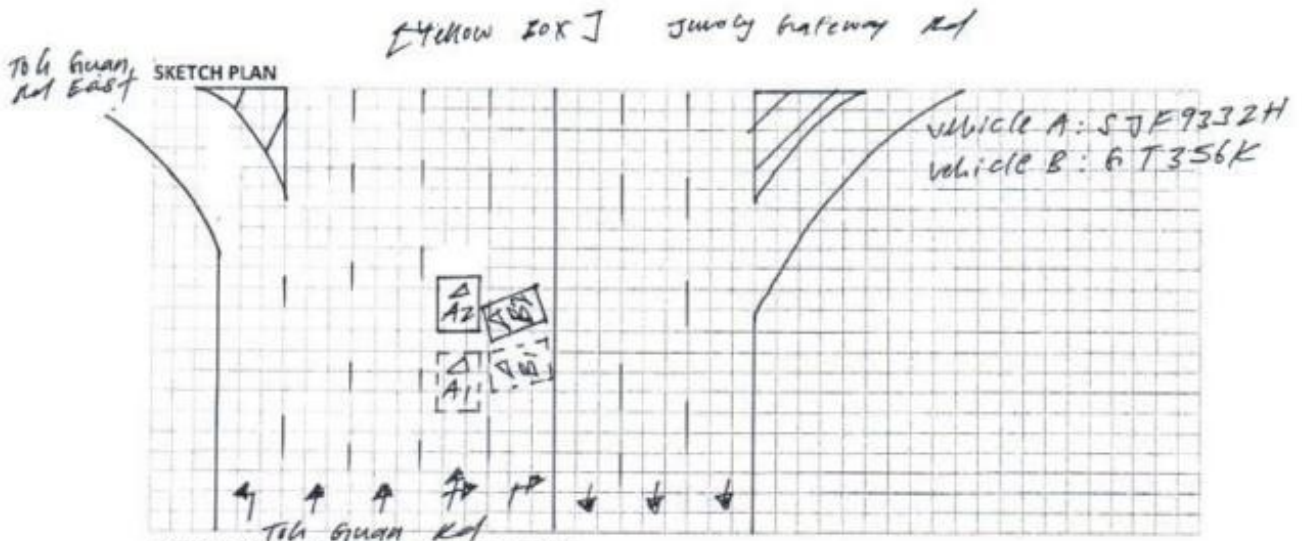
ADEN LEASING
1 SUNBURY ROAD #06-14
S(627615)

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. 7/2018 0530/2019

DECLARATION

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

ADEN LEASING
1 SUNVIEW ROAD #06-14

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.:

©NCCP Form 10-10-10

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180530/2019

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

1 of 3

Report No. T/20180530/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2018 11:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ZAMRI ABDULLAH @WRITER ZUBIN PARVEZ			Address: APT BLK 83 MACPHERSON LN #03-245 HDB-GEYLANG SINGAPORE 360083		
ID Type / ID No.: NRIC NO / S7921520A			Contact No.: Home/Office: Mobile: 87422630		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 30/07/1979	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/05/2018 11:10	Type of Location:
Location: Junction of Road 1 and Road 2 TOH GUAN ROAD JURONG GATEWAY ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GT356K	PICK UP	NISSAN	P/UP LOWBED	Blue		0
SJF9332H	Car	TOYOTA	PREVIA 8 SEATER	Silver		2

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180530/2019

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

2 of 3

Report No. T/20180530/2019

CONTINUATION OF REPORT

Driver			
Name	ZAMRI ABDULLAH @WRITER ZUBIN PARVEZ	ID No.	S7921520A
Related Vehicle	SJF9332H (Car)	Contact No.	87422630
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/05/2018	Date Discharge	29/05/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

ON 28/5/2018 AT ABOUT 1109HRS AT TOH GUAN ROAD,

I WAS IN THE VEHICLE AND WAS STATIONARY AS IT WAS RED LIGHT. I WAS WATING TO TURN RIGHT AND WAS GOING TOWARDS NG TENG FONG HOSPITAL. ALL OF A SUDDEN, FROM THE OPPOSITE DIRECTION, A CAR CRASHED INTO THE DRIVER SIDE OF MY VEHICLE. THE IMPACT CAUSED MY HEAD TO HIT AGAINST THE WINDSCREEN AND CAUSED IT TO SHATTER. I WAS WEARING MY SEATBELT AT THAT POINT IN TIME. THE GLASS FRAGMENTS FELL ALL OVER MY FACE AND I WAS TRAPPED IN MY CAR UNTIL AMBULANCE ARRIVED AND HELPED TO GET ME OUT. I WAS THEN CONVEYED TO NG TENG FONG HOSPITAL. I WAS GIVEN 5 DAYS MC AND HAVE TO RETURN AS I STILL HAVE SHATTERED GLASS FRAGMENTS IN MY EAR.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180530/2019

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

3 of 3

Report No. T/20180530/2019

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 /
LEE KWANG HONG KENDRICK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/05/2018 11:13

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMED FADZLY BIN ABDUL AZIZ
Contact No.: 65476355

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

