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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	14/06/2018 16:41
Date Of Accident	14/06/2018 06:45
Exact Location Of Accident	COLLYER QUAY BEFORE RAFFLES PLACE MRT STATION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR5579B
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97984296
Alternative Phone No	OFFICE-97984296
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 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	5094921806
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD FAZLI BIN JAFFAR
NRIC No	\$70193941

NRIC No S7019394I
Date Of Birth 10/06/1970
Occupation OUTDOOR
Date Of Driving Pass 01/08/2013

Driving Experience 4 YEARS AND 10 MONTHS

Gender MALE

Mobile Number +65-97678065

Fax Number

Contact Number OFFICE-97678065

EMail Address NOEMAIL

Address BLK 101 BEDOK NORTH AVENUE 4

#03-1946

Postcode 460101

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

insurance company of briver'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

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

YES

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180614/2090.

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 WC7929L

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 INJURED PERSON 1

Name MOHAMMAD FAZLI BIN JAFFAR

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK

SJR5579B

YES

NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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:
 - 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:
 - 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 an equirements 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

NRIC/FIN No.:

Accident Sketch Plan

ETCH PLAN		
Colley Guay	A A	A: 53R 55798 B: WC7929L
CRIBE CIRCUMSTANCES Refor to police	0 of the accident 2 re part - T/20 180614 120	90.
CLARATION e declare the foregoing part	Wars are true in every respect.	
cyholder's Signature e & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8

Police Report





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

1 of 3 Report No. T/20180614/2090

Date/Time Report Made: 14/06/2018 15:26		fade:	Vide Report No.:	Station Diary No.	
Informa	nt's Particu	ulars	Annual Control of the	表现的图像是有效的。	
	Informant: IMAD FAZL	I BIN JAFFAR	Address: APT BLK 101 BEDOK NTH A SINGAPORE 460101	VE 4 #03-1946 HDB-BEDOK	
	/ ID No.: D / S701939	941	Contact No.: Home/Office: Mobile: 97678065		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 48	Date of Birth: 10/06/1970	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/06/2018 06:45	Type of Location Straight Road	
Location: Along Road 1 COLLYER QU RAFFLES PL Weather: Clear	JAY ACE MRT STATIO	Road Surface:		Road Speed Limit:	
Traffic Flow: Tra		Dry Traffic Control:		Traffic Volume: Moderate	
Traffic Flow: One Way		Not Controlled		Moderate	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJR5579B	Car	KIA	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR	Red	Seriously Damaged	0
WC7929L	Car	ISUZU	CYH52S	Blue	Slightly Damaged	0

Police Report





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

2 of 3 Report No. T/20180614/2090

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTION DATE TIME AND LOCATION
AS I WAS ABOUT TO CHANGE LANE TO THE RIGHT, I SAW A LORRY BEHIND ON THE FAR MOST
RIGHT LANE CHANGING TO HIS LEFT LANE WITHOUT SIGNALING. AS MY VEHICLE WAS
INFRONT OF HIS LORRY, I PROCEED TO CHANGE MY LANE BUT THE LORRY DRIVER WAS
DIRVING TOO FAST AND BEFORE I COULD COMPLETELY HANGE MY LANE. THE LORRY
ALREADY HIT MY RIGHT RAR AND DRAG ALL THE WAY. THE DAMAGE WENT FROM MY FRONT
RIGHT AND REAR RIGHT DOOR.

I WAS GIVEN 3 DAYS OF MC AT HORIZON MEDICAL.

Police Report





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

3 of 3 Report No. T/20180614/2090

CONTINUATION OF REPORT

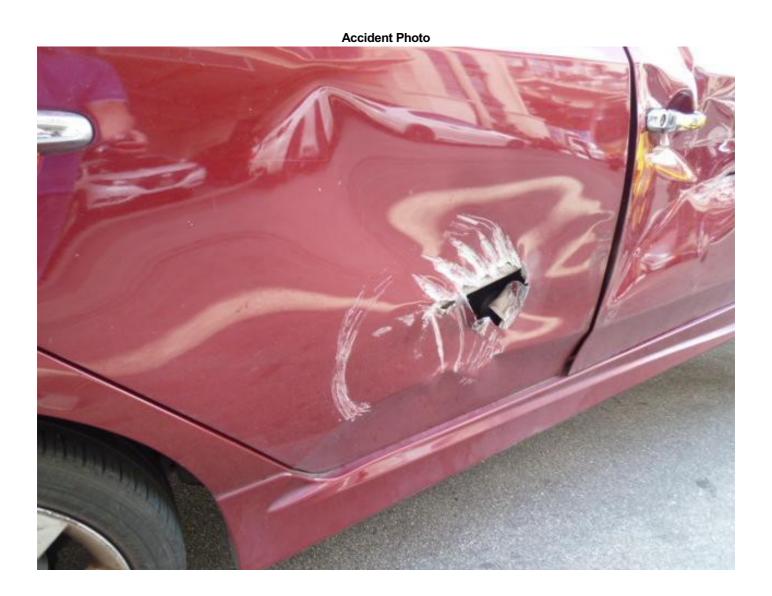
Sketch Plan

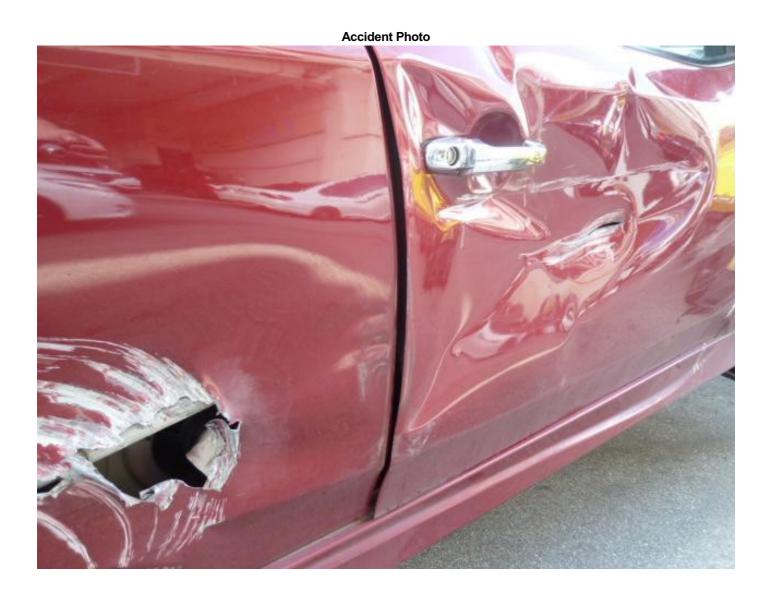
Informant is not able to provide sketch plan

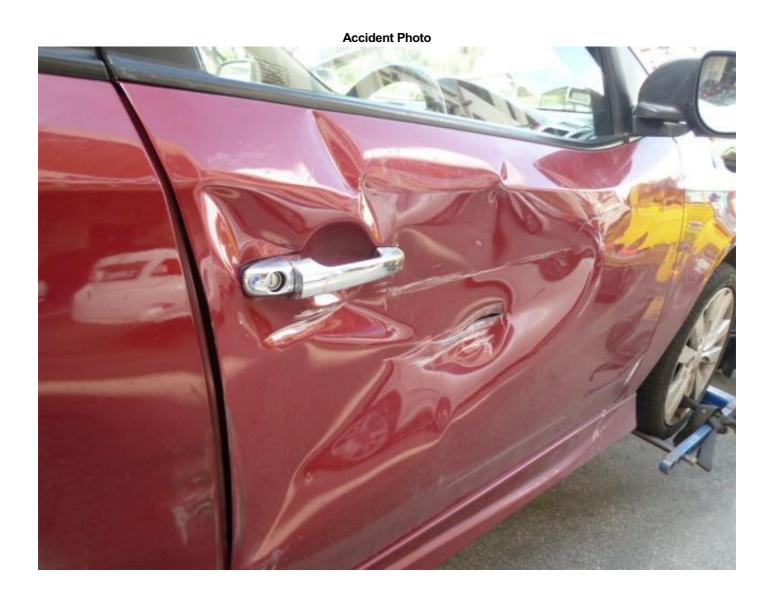
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / NG JIN SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/06/2018 15:26
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	<u></u>



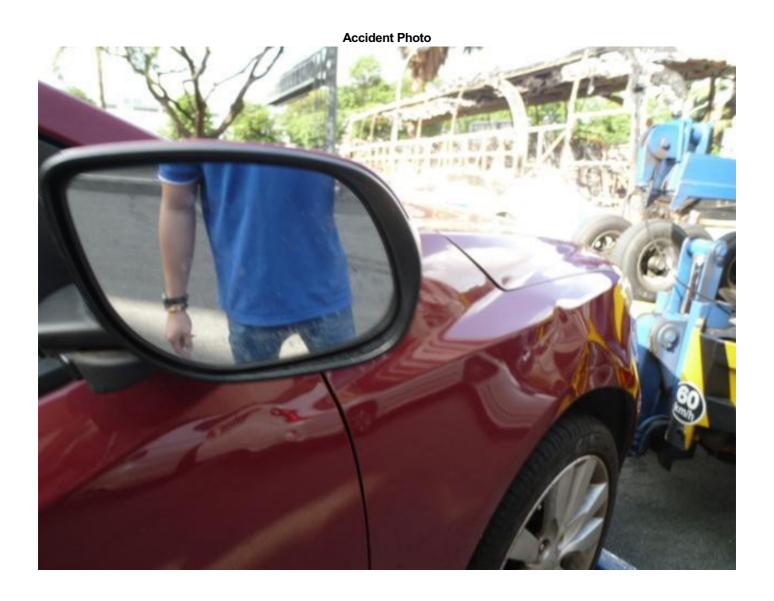


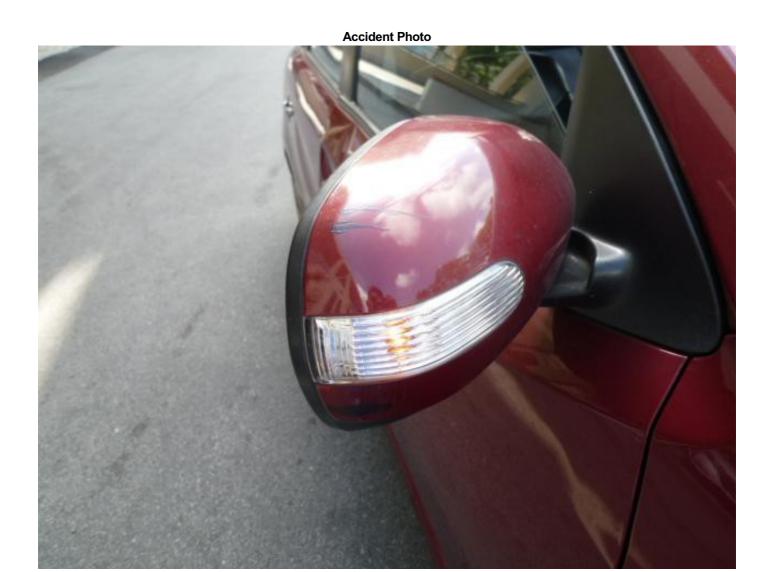




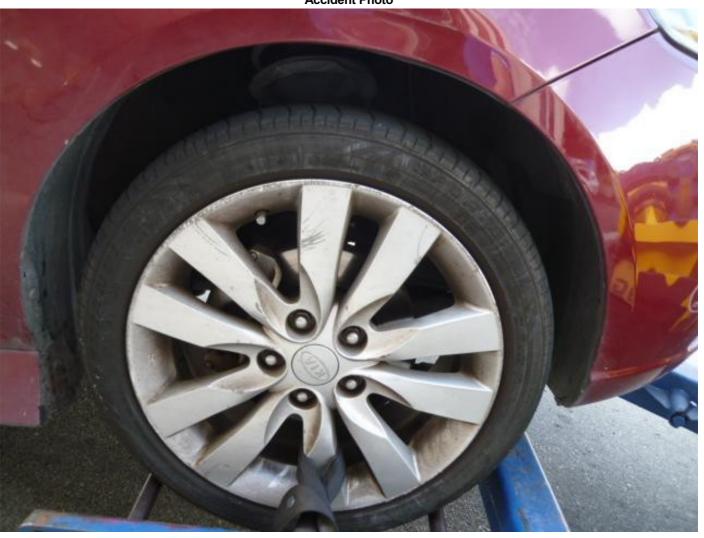










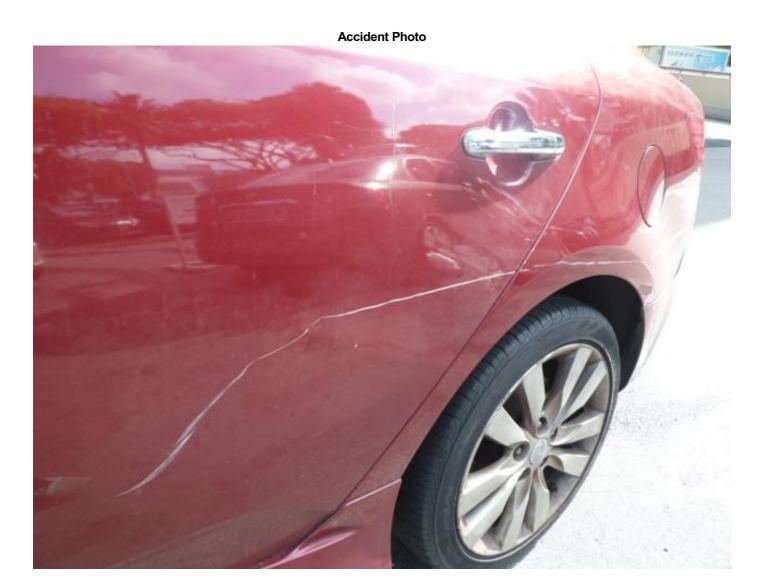












Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 5665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

	ADL	DENDUM	
) PARTICULARS OF	PERSON MAKING THE AMEND	OMENTS:	
Original Report N	PICF F0811 ANM : 0	Vehicle Registration No:	JR 5579B
Name(as shown in N	ici: Mohammad fuzli Bi	n JaHar NRIC/FIN/Passport No :	570193942
(*Vehicle Driver)	Vehicle Owner) (*) Please dele		
Address	: Blk 101 Bertok N	orth Avenue 4 \$0319	16 Singapore(¥6010
Contact (Tel)	97678055	Mobile No.:	
Email Address	1		
Date of Accident	: 14/6/18	Time of Accident :	6:45
Place of Accident	: Collyer away 42	bre Raddles thece me	1 station
Insurance Compa	ny: NTO C		
1. Amend	7		*
			.As
Policyholder / Drie Date:	ver's Signature	Reporting Centre Person Name: NRIC/FIN No.:	onnel's Signature