

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	26/06/2018 14:03
Date Of Accident	25/06/2018 19:50
Exact Location Of Accident	SEMPAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF1253E
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Insured/Policyholder

Name Of Registered Owner	MUHAMMAD KHAIRUL ANWAR BIN ZAINUDIN
NRIC No	S8773627Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83233377
Alternative Phone No	OTHERS-83233377

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5043896765-08
Cover Note Number	

Driver

Name of Driver	SUDIRMAN BIN MOHD ROHANI
NRIC No	S1524419D
Date Of Birth	03/03/1962
Occupation	INDOOR
Date Of Driving Pass	27/08/1980
Driving Experience	37 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81542154
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 899C WOODLANDS DRIVE 50 #02-290
Postcode	732899
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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)	1

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.

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	SCY8728P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEW KOK QUAN
NRIC/Passport Number	S8782739I
Contact Number	97911261
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBA2961J
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	SUDIRMAN BIN MOHD ROHANI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJF1253E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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, etc.)

Reporting Centre Personnel's Consent

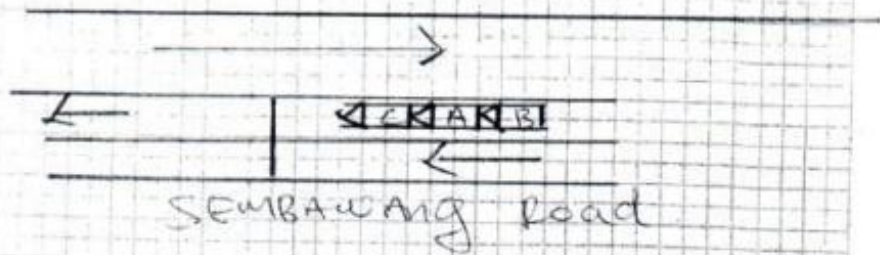
Accident Sketch Plan

SKETCH PLAN

A SJP1253E

B SC-1 8728P

C GBA 2961J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Signature
Date & Time:

Driver's Signature
(If driver is not the motorist)

Reporting Centre Personnel's Name

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180626/7003

2 of 4

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

Report No. T/20180626/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW KOK QUAN	ID No.	S87827391I
Related Vehicle	SJF1253E (Car) SCY8728P	Contact No.	97911261
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SUDIRMAN BIN MOHD ROHANI	ID No.	S1524419D
Related Vehicle	SJF1253E (Car)	Contact No.	81542154
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	25/06/2018	Date Discharge	25/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TEO LAY ENG	ID No.	S7307138J
Related Vehicle	NIL GBA 2961J	Contact No.	94303237
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I Sudirman Bin Mohd Rohani driver of vehicle SJF1253E Model NISSAN Sunny saloon. At about 750pm I was driving along Sembawang Road.
While I was driving suddenly the vehicle van GBA 2961J in front of me make a jam brake. I manage to jam brake my vehicle but my vehicle was hit at the rear SIDE of my car by vehicle SCY8728P which cause my car to move forward and hit the rear side of the van GBA2961J in front of me.

The impact of the accident cause me moving forward and back and my head hit the back rest. All my belonging was shattered inside my car. I felt drowsy after the impact and pain at my rear head and

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180626/7003

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

Report No. T/20180626/7003

CONTINUATION OF REPORT

chest.. After taking all the drivers involved particular and my car was towed and went to Khoo Teck Puat Hospital with friend help to check up the pain at my rear head,neck and chest pain and was discharged with 3 days Medicle Leave.

Thank you .

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



Police Report



**SINGAPORE
POLICE FORCE**



T/20180625/7003

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 85470000

1 of 4

Report No. T/20180625/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2018 10:48	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: SUDIRMAN BIN MOHD ROHANI		Address: APT BLK 899C WOODLANDS DRIVE 50 #02-290 SINGAPORE 732899		
ID Type / ID No.: NRIC NO / S1524419D		Contact No.: Home/Office: Mobile: 81542154		
Nationality: SINGAPORE CITIZEN		Email: sudir42@yahoo.com		
Sex: Male	Age: 56	Date of Birth: 03/03/1962	Type of Informant: Driver	
Race: Javanese		Language: English	Institution / School Name:	
Occupation: PROJECT COORDINATOR		Driving Licence Information: Class: 2,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/06/2018 19:50	Type of Location: Straight Road
Location: SEMBAWANG ROAD				
Lamp Post Number: 194				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA2961J	Van			Red	Slightly Damaged	0
SCY8728P	Car	MERCEDES BENZ		Red	Slightly Damaged	0
SJF1253E	Car				Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180625/7003

Police Station Of Origin:
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Tel No: 65470000

2 of 4

Report No. T/20180625/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW KOK QUAN	ID No.	S87827391I
Related Vehicle	SJF1253E (Car) SCY8728P	Contact No.	97911261
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SUDIRMAN BIN MOHD ROHANI	ID No.	S1524419D
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Date Treatment	25/08/2018	Date Discharge	25/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TEO LAY ENG	ID No.	S7307138J
Related Vehicle	NIL GBA 2961J	Contact No.	94303237
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Police Report



**SINGAPORE
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T/20180628/7003

3 of 4

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Report No. T/20180628/7003

CONTINUATION OF REPORT

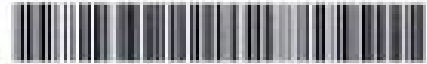
chest.. After taking all the drivers involved particular and my car was towed and went to Khoo Teck Puat Hospital with friend help to check up the pain at my rear head,neck and chest pain and was discharged with 3 days Medicine Leave.

Thank you .

Police Report



**SINGAPORE
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T/20180628/7003

4 of 4

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Report No. T/20180628/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SITIMARSITA BINTE BOHARI
Contact No: 65476219

Authentication Stamp
NP188

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
26/08/2018 10:48

Classification Of Case: