

## 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	11/07/2018 14:45
Date Of Accident	09/07/2018 00:30
Exact Location Of Accident	BLK 509 TAMPINES CENTRAL DRIVEWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU7619L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD
Co Reg No	201631486C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97984296
Alternative Phone No	OFFICE-97984296

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO 1.5L AT ABS D/AIRBAG 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093297212
Cover Note Number	

### Driver

Name of Driver	SITI NOR RIZARTUL BINTE ALI
NRIC No	S7000551D
Date Of Birth	06/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	17/10/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82534281
Fax Number	
Contact Number	OFFICE-82534281
Email Address	NOEMAIL

Address	BLK 12 MERPATI ROAD #05-125
Postcode	370012
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	SIDE SWIPE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	5
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180711/2059.

#### 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 Witness 1

NameERRAH NATASHA

Phone Number84578943

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberGZ8458R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle CategoryCOMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)0

## Accident Sketch Plan

### SKETCH PLAN

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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.



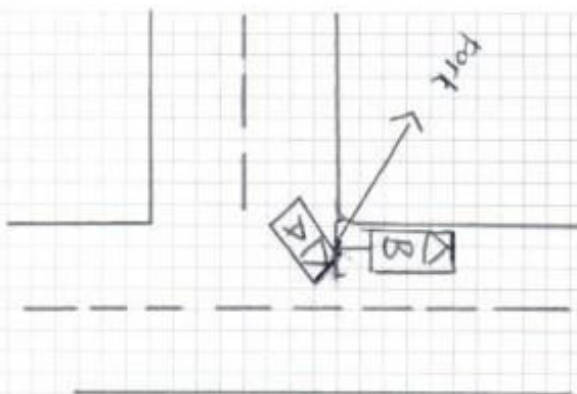
Policyholder's Signature  
Date & Time:

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: SDU7619L  
B: G28458R

Blok 509 Tampines Central 1  
Drive Way

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180711/2059

## DECLARATION

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



Policyholder 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/20180711/2059

1 of 3

Report No. T/20180711/2059

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2018 13:55	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: SITI NOR RIZARTUL BINTE ALI	Address: APT BLK 12 MERPATI RD #05-125 SINGAPORE 370012		
ID Type / ID No.: NRIC NO / S7000551D	Contact No.: Home/Office: Mobile: 82534281		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 48	Date of Birth: 06/01/1970	Type of Informant: Driver
Race: Malay	Language: English		Institution / School Name:
Occupation: Grab Driver	Driving Licence Information: Class: 3A Date of Expiry:		

### General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/07/2018 00:30	Type of Location: Car Park
Location: Along Road 1 TAMPINES CENTRAL 1				
Blk 509 Carpark.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ8458R	TOW TRUCK	ISUZU	NHR69E	Blue		0
SDU7619L	Car	NISSAN	LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR	Grey		4

### Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20180711/2059

2 of 3

Report No. T/20180711/2059

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	SITI NOR RIZARTUL BINTE ALI		ID No. S7000551D
Related Vehicle	NIL		Contact No. 82534281
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Witness</b>			
Name	ERRAH NATASHA		ID No. S9820035E
Related Vehicle	NIL		Contact No. 84578943
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 time, I was sending a passenger to Blk 509 Tampines Central 1 from Holland Village. As one of my passengers is handicapped, I needed to drop him off at the Car Park bay. I was making a left turn into the carpark bay when I jammed brakes as I noticed that there was a Tow Truck parked at the edge of the left turn on the double yellow line, with no hazard lights on. I horned and tried to High beam the tow truck to get the driver to move as he was blocking the road but to my dismay, there was nobody in the Tow Truck. Suddenly, the driver of the Tow Truck came from behind and was started shouting and was being very aggressive towards me. I alighted from my vehicle to talk to him about leaving his vehicle here but he insisted that he was right and continued being aggressive towards me. After awhile into the exchange, He told me to try to move my vehicle to the right. At that point of time, I did not know that the fork from the tow truck was beneath my vehicle so when I tried to move to the right, it caused the fork to get dragged beneath my vehicle. The driver was screaming at me again saying "What are you doing?!" He was also accusing me of trying to damage his vehicle and that I hit his leg and called the police.

When the police arrived, they spoke to both parties, came back and told me to make a police report as he was making a false accusation against me. The passengers that were on my vehicle are willing to be my witnesses and testify for me. The entire incident took about 1 hour.



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180711/2059

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

3 of 3

Report No. T/20180711/2059

## 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 /  
ZENG ZI CONG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/07/2018 13:55

Officer In Charge Of Case:  
TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476232

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Authentication Stamp  
NP168

Signature:



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





## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66550020G / 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.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA118089146 Vehicle Registration No: SD076196  
Name(as shown in NRIC) : Siti Nur Rizqah Datin Ak NRIC/FIN/Passport No : S7000551D  
(\*Vehicle Driver / ~~Vehicle Owner~~\*) Please delete as appropriate  
Address : Blk 12 Marphat Road #25-125 Singapore(S7002)  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 82534281  
Email Address : \_\_\_\_\_  
Date of Accident : 9/2/18 Time of Accident : 00:30  
Place of Accident : Blk 509 Tampines Central Driveaway  
Insurance Company : NTUC

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend to reporting to third party claim.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Policyholder / Owner's Signature  
Date: \_\_\_\_\_

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