

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	06/07/2018 12:56
Date Of Accident	02/07/2018 20:15
Exact Location Of Accident	PAYA LEBAR ROAD (OPP. PAYA LEBAR SQUARE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF3449U
Insured/Policyholder	
Name Of Registered Owner	ADEN GARAGE LEASING
Co Reg No	53377055J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86465262

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
Exact Purpose for which vehicle was being used at time of accident	
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	5101050547 TP
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NUH BIN MOHAMED KOMARI
NRIC No	S8619092C
Date Of Birth	17/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2011
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86465262
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 469 ANG MO KIO AVE 10 #12-942
Postcode	560469
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	DRIZZLING
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: : NUR AISHAH BTE MOHAMED AMEER GENDER: : FEMALE
Passenger 2	NAME: : MUHAMMAD SHAY ULAIS BIN MUHD NUH GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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	SH6440G
Vehicle Make/Model/Colour	HYUNDAI I40 1.7 CRDI
Details Of Properties	
Vehicle Category	TAXI
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 MUHAMMAD NUH BIN MOHAMED KOMARI
Approximate Age
Injuries Sustain PAIN ON RIGHT LOWER BACK, SPINE TO PELVIS AREA
Injured person in which vehicle? SJF3449U
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NUR AISHAH BTE MOHAMED AMEER
Approximate Age
Injuries Sustain BROKEN LEFT TOES
Injured person in which vehicle? SJF3449U
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name MUHAMMAD SHAY ULAIS BIN MUHD NUH
Approximate Age
Injuries Sustain SHOCK
Injured person in which vehicle? SJF3449U
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

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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 GARAGE
LEASING

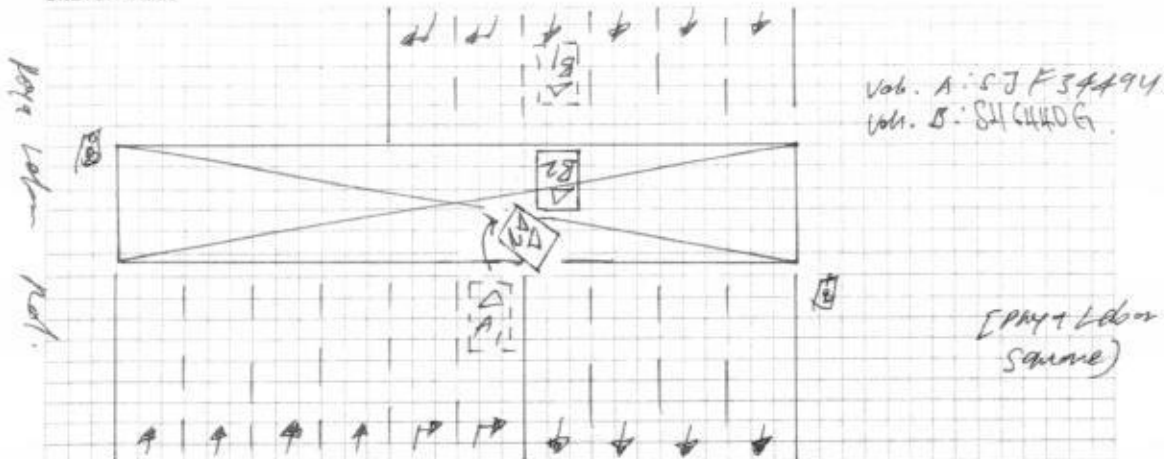
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 6 JUL 2018

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

ADEN GARAGE
LEASING

Policyholder's Signature:
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: - 6 JUL 2018

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4
Singapore 415933

Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

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

Individual Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180703/2164

1 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No: T/20180703/2164

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2018 20:41	Vide Report No.:	Station Diary No.: 92
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Informant's Particulars

Name of Informant: MUHAMMAD NUH BIN MOHAMED KOMARI	Address: APT BLK 469 ANG MO KIO AVENUE 10 #12-942 SINGAPORE 560469		
ID Type / ID No.: NRIC NO / S8619092C	Contact No.: Home/Office: Mobile: 86465262		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 31	Date of Birth: 17/07/1986	Type of Informant: Driver
Race: Javanese	Language: English		Institution / School Name:
Occupation: Apprentice Jockey	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/07/2018 20:15	Type of Location: Straight Road
Location: Along Road 1 PAYA LEBAR ROAD Opposite Paya Lebar Square				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF3449U	Car	HONDA	FIT	Blue		2

Details of Person Involved

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

Individual Statement Pg. 1



**SINGAPORE
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T/20180703/2164

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Police Station Of Origin:
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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180703/2164

CONTINUATION OF REPORT

Passenger			
Name	NUR AISHAH BINTE MOHAMED AMEER	ID No.	S9108409J
Related Vehicle	SJF3449U (Car)	Contact No.	83142997
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/07/2018	Date Discharge	03/07/2018
No. of Days granted Medical Leave	10	Degree of Injury	NIL
Driver			
Name	MUHAMMAD NUH BIN MOHAMED KOMARI	ID No.	S8619092C
Related Vehicle	SJF3449U (Car)	Contact No.	86465262
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/07/2018	Date Discharge	03/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	MUHAMMAD SHAY ULAIS BIN MUHD NUH	ID No.	T1736011B
Related Vehicle	NIL	Contact No.	NIL
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 02/07/2018 at around 2015hrs, I was driving vehicle bearing: SJF3449U on the most right lane of paya lebar road. At that point of time, my wife was seated at the back seat together with my eight months old baby. I was approaching the junction when the traffic light turned red and the green arrow indicator came on.

The vehicle ahead of me turned right into PIE Changi and I proceeded with making a U-turn. In the midst of making the u-turn, I noticed a taxi from opposite direction coming towards my vehicle at a high speed. I was unable to avoid the collision as the taxi was coming at a high speed. The taxi collided into the rear left passenger door where my wife and baby was seated at. After the collision, SCDF officers who was coincidentally at the scene assisted my wife and baby to alight from the vehicle. Traffic police and ambulance arrived at scene and we were conveyed to Tan Tock Seng Hospital. I suffered from pain at my right lower back, spine to pelvis area and my wife sustained from broken left



**SINGAPORE
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T/20180703/2164

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Tel No: 1800-4519999

Report No: T/20180703/2164

CONTINUATION OF REPORT

toes. My baby did not sustain from any physical injury but was in shock due to the accident. The left side of the car was badly damaged and I did not manage to take down the particulars of the taxi driver as I was conveyed to the hospital.



**SINGAPORE
POLICE FORCE**



T/20180703/2164

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Report No. T/20180703/2164

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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: F / Sgt 2 YEO YUE LONG ROGER	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/07/2018 20:41
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No: 65476358	Classification Of Case:
Authentication Stamp NP168	