

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 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	22/07/2017 12:08
Date Of Accident	21/07/2017 12:30
Exact Location Of Accident	SELETAR EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV3965Y
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90000000

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5091802582
Cover Note Number	

Driver

Name of Driver	MUHAMAD AZHAR BIN RAHMAN
NRIC No	S8114337D
Date Of Birth	18/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	21/08/2004
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94214479
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	8 KAKI BUKIT AVENUE 4 #05-50 PREMIER @ KAKI BUKIT
Postcode	415875
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 TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	5

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

AS PER POLICE REPORT No. T/20170721/7010. ATTENDED BY SITI

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	SGY6774X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF INJURED PERSON 1

Name	MUHAMAD AHZR BIN RAHMAN
Approximate Age	36
Injuries Sustain	
Injured person in which vehicle?	SGV3965Y
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



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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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



22 JUL 2017

IBAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

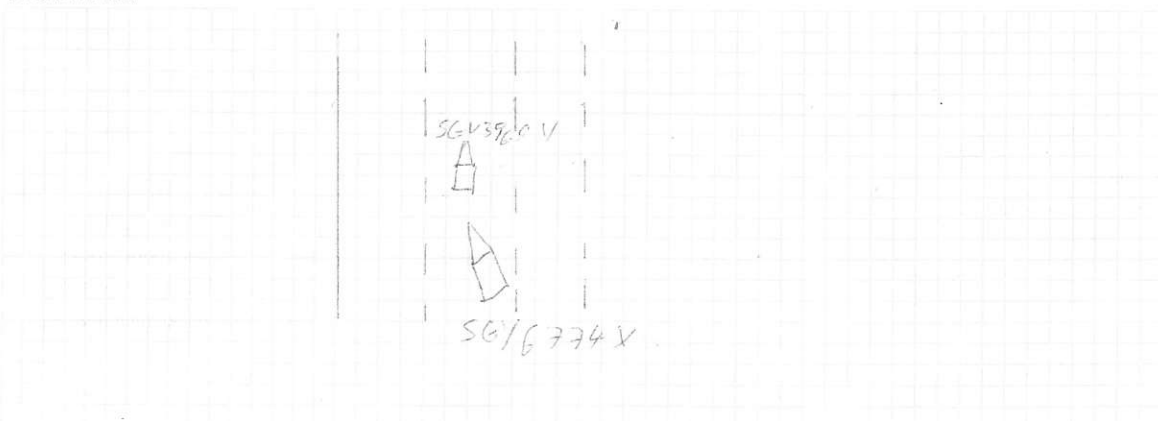
Email: vackb@singnet.com.sg

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

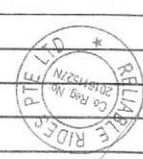
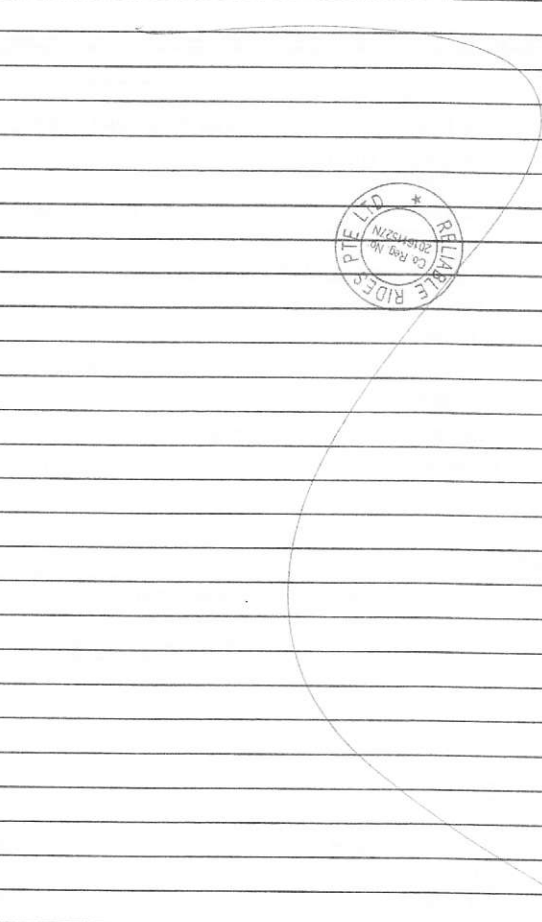
Sketch Plan



Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident

As Per Police Report.



Declaration

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



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)

22 JUL 2017
23 Kaki Bukit Ave 4
Singapore 415933

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20170721/7010

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

1 of 3

Report No. T/20170721/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2017 21:50	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMAD AZHAR BIN RAHMAN			Address: APT BLK 847 WOODLANDS STREET 82 #02-285 SINGAPORE 730847		
ID Type / ID No.: NRIC NO / S8114337D			Contact No.: Home/Office: Mobile: 94214479		
Nationality: SINGAPORE CITIZEN			Email: muhamadazhar4931@gmail.com		
Sex: Male	Age: 36	Date of Birth: 18/05/1981	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3,4		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/07/2017 12:30	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY AFTER MANDAI EXIT TOWARDS CTE Lamp Post Number: 368				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SGV3965Y	Car	HONDA		White	Seriously Damaged	4
SGY6774X	Car	TOYOTA	WISH	Grey	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20170721/7010

2 of 3

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

Report No. T/20170721/7010

CONTINUATION OF REPORT

Driver			
Name	MUHAMAD AZHAR BIN RAHMAN	ID No.	S8114337D
Related Vehicle	SGV3965Y (Car)	Contact No.	94214479
Hospital/Clinic	JIREH FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	21/07/2017	Date Discharge	21/07/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NG KIM SONG	ID No.	S1325074Z
Related Vehicle	SGY6774X (Car)	Contact No.	96688174
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I WAS DRIVING ALONG SLE TOWARDS CTE AFTER MANDAI EXIT, I WAS TRAVELLING ALONG LANE 2 AND DUE TO ROAD WORKS ALONG LANE 1, 1 VEHICLE LANE CHANGED INTO LANE 2 FROM LANE 1. I SLOWED DOWN TO ALLOW THE FRONT VEHICLE TO LANE CHANGE AND SUDDENLY I FELT AN IMPACT FROM THE REAR. I ALIGHTED MY VEHICLE AND NOTICED THAT A VEHICLE HAD HIT ONTO THE REAR OF MY VEHICLE. I THEN TOOK DOWN THE PARTICULARS OF THE OTHER DRIVER. I ALSO TOOK DOWN THE CONTACT NUMBER OF MY PASSENGER. THEY THEN TOOK ANOTHER VEHICLE WHERE THEY WERE SEND TO THE NEAREST EXIT OF THE HIGHWAY. ABOUT 30 MINUTES LATER, ONE OF THE PASSENGER CALLED ME TO INFORM THAT HE FELT PAIN IN THE BACK AND NECK AREA. I AM A GRAB DRIVER AND AT THE POINT OF ACCIDENT, I HAD 4 PASSENGER IN MY VEHICLE.



**SINGAPORE
POLICE FORCE**



T/20170721/7010

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

3 of 3

Report No. T/20170721/7010

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 /
WONG SIEU LUI
Contact No.: 65476423

Authentication Stamp
NP168

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

Date/Time:
21/07/2017 21:50

Classification Of Case:

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ACCIDENT STATEMENT

Date Of Report	21/07/2017 17:40
Date Of Accident	21/07/2017 12:30
Exact Location Of Accident	ALONG SLE TOWARDS TPE L/P:61/2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY6774X
Insured/Policyholder	
Name Of Registered Owner	LEOW HOCK MOI
NRIC No	S1335907E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96808331
Alternative Phone No	OFFICE-96808331

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC16A00252500
Cover Note Number	

Driver

Name of Driver	LEOW HOCK MOI
NRIC No	S1335907E
Date Of Birth	31/03/1958
Occupation	INDOOR
Date Of Driving Pass	26/01/2000
Driving Experience	17 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96808331
Fax Number	
Contact Number	OFFICE-96808331
EMail Address	NOEMAIL

Address	BLK 613 HOUGANG AVE 8 #12-536
Postcode	530613
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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 [OTHER]	HOUGANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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	SGV3965Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

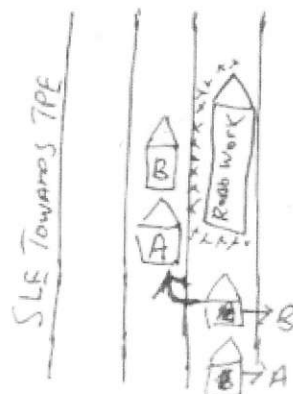
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



(A) SGY 6774 X

(B) SGV 3965 Y

Individual Statement

☐ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident: 21/7/2017 12:30pm
 Time: 12:30pm
 Location of Accident: Along SLE Towards TPE L/P: 61/2

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SGY 6774X
 Name of Policyholder: LEOW HOCK MOI
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S1335907E
 Address: BIK 613 HOUGANG AVE 8 #12-436 S530613
 Contact Number: Tel: 62884525 Hp: 96808331
 Occupation: INDOOR

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Toyota WISH
 Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others: _____
 Exact Purpose for which vehicle was being used at the time of accident: PRIVATE USE
 Are you claiming under your own insurance policy? ☒ Yes ☐ No
 Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: ECIC
 Type of Policy: ☐ Comprehensive ☐ TP Fire & Theft ☐ Third party
 Fleet Policy: ☐ Yes ☒ No
 Policy Number: MPC16A00252500

DRIVER

Name of Driver: NG KIM SONG
 NRIC/ FIN/ Passport: S1325074Z
 Date of Birth: 31 MAR 1958
 Occupation: INDOOR
 Driving Pass Date: 26 JAN 2000
 Gender: ☒ Male ☐ Female
 Contact Number: Tel: 96688174
 Address: BIK 613 HOUGANG AVE 8 #12-436 S530613
 Email Address: NOENWIL
 Was driver an employee of the Insured's Company? ☐ Yes ☒ No
 If No, relationship of Driver with the Insured: _____
 Vehicle Number of Driver's Own Vehicle (if applicable): _____
 Insurance of Driver's Own Vehicle (if applicable): _____

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc): HEAD ON REAR (INSURED HIT TP)
 Weather Conditions: ☒ Clear ☐ Raining ☐ Others
 Road Surface: ☐ Wet ☒ Dry ☐ Others
 Damage Area: _____

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes
 Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes
 Was any other vehicle(s) or property damaged? ☒ No ☐ Yes
 Was there any camera video footage (in car)? ☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☐ No ☒ Yes
 If Yes, please state which police station & Report No: _____
 Was notice of intended Prosecution given? ☒ No ☐ Yes
 If Yes, against whom? _____

Individual Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

Individual Statement

Describe Circumstances of the Accident

When I was travelling along SEB towards
TPE, there was a road works on-going on the
1st lane, a vehicle proceeded to change to 3rd
lane and I also followed to change to 3rd
lane. I did not saw vehicle of SRV 39654
and couldn't stopped in time but hit into
him.

No one was injured during this accident.

Declaration

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

Policyholder's Signature - Date &
Time

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

Witnessed by Reporting Officer
Personnel