

## 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	19/07/2018 18:29
Date Of Accident	18/07/2018 22:00
Exact Location Of Accident	ALONG BISHAN TOWARDS ANG MO KIO AVENUE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC765E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUALITY LEASING PRIVATE LIMITED
Co Reg No	201312796G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81473352
Alternative Phone No	OFFICE-81473352

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5095501120
Cover Note Number	

### Driver

Name of Driver	MOHD FIROS BIN JAMALUDIN
NRIC No	S8317249E
Date Of Birth	10/06/1983
Occupation	INDOOR
Date Of Driving Pass	23/06/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81473352
Fax Number	
Contact Number	OTHERS-81473352
Email Address	NOEMAIL

Address	BLK 476A UPPER SERANGOON VIEW #12-514
Postcode	531476
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
Number of vehicles involved in the accident	2
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , <b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER FRONT VIEW ONLY
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FW5037U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	MOHD FIROS BIN JAMALUDIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKC765E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### 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.

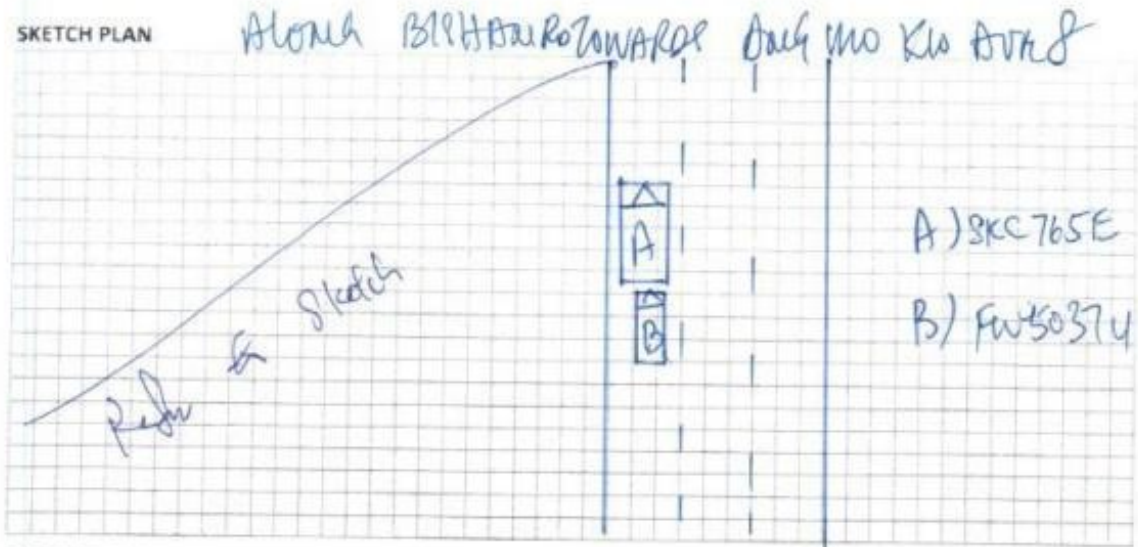
Policyholder's Signature  
Date & Time:

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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said time, date & location,

I was travelling on the left-most lane when suddenly

I felt a huge impact from the rear.

I alighted & noticed it was vehicle 'B' who barge

onto my rear portion causing damages to my vehicle.

Police Report. 7/20/8019/2007.

## 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:

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

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# POLICE REPORT



POLICE FORCE

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999



Report No: T/20180718/2007  
1 of 5

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/07/2018 01:30	Vide Report No.: E/20180718/0152	Station Diary No.: 9
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### Informant's Particulars

Name of Informant: MOHD FIROS BIN JAMALUDIN		Address: APT BLK 476A UPPER SERANGOON VIEW #12-514 SINGAPORE 531476	
ID Type / ID No.: NRIC NO / S8317249E		Contact No.: Home/Office: Mobile: 81473352	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 10/06/1983	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: IT ENGINEER		Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/07/2018 22:00	Type of Location: Straight Road
Location: Along Road 1 BISHAN ROAD ANG MO KIO AVENUE 8 Bishan Road heading towards Ang Mo Kio Avenue 8				
Lamp Post Number: 33				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
W5037U	Motorcycle				Seriously Damaged	0
KC765E	Car	HONDA	Civic	Grey	Seriously Damaged	0

# POLICE REPORT



**POLICE FORCE**

T/20180719/2007

2 of 3

Report No. T/20180719/2007

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MOHD FIROS BIN JAMALUDIN	ID No.	S8317249E
Related Vehicle	SKC765E (Car)	Contact No.	81473352
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight



## Brief Details.

On 18/07/2018 at about 2200hrs, I was driving my vehicle (SKC765E) along Bishan Road towards Ang Mo Kio Avenue 8. I was driving as per normal and the traffic was light at that point of time. I was travelling on the most left lane when I heard a loud sound felt an impact from the rear of my vehicle. I then came to a stop and did not see what had happened. When I stepped out of my vehicle, I saw a motorcyclist lying on the floor. I immediately went over to render assistance and called for the ambulance as he claimed that he was unable to move. Shortly after, the ambulance and Traffic Police attended to us. The motorcyclist was then conveyed to hospital. I made a check on my vehicle and saw my left rear to be damaged and the bumper was dislodged.

Due to the impact of the accident, I suffered back, neck pain as well as to my left wrist and elbow. I went to see a doctor and was given 5 days of Medical Leave. I wish to state that I have an in car camera installed on the front of my vehicle.



POLICE REPORT

 <b>SINGAPORE POLICE FORCE</b>		 T/20180719/2007	
Station Of Origin: Toa Payoh N.P.C. Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999		3 of 3 Report No. T/20180719/2007	
CONTINUATION OF REPORT			
<b>Sketch Plan</b> Informant is not able to provide sketch plan			
<p><b>IMPORTANT:</b> 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 <u>report number</u> as reference.</p>			
Signature Of Officer Recording The Report: Sgt 2 NEO ZUO QUAN		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 19/07/2018 01:30	
Officer In Charge Of Case: / GIT / THABAGESH JEYATHESH Contact No: 65476232 POLICE FORCE		Classification Of Case:	
Authentication Stamp SN 16B			



Accident Photo



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