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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	24/07/2018 15:55	
Date Of Accident	23/07/2018 22:30	
Exact Location Of Accident PIE (TUAS) AFTER CORPORATION RD EXIT		
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJV476B	
Insured/Policyholder		
Name Of Registered Owner	NORZAHARI SAIFUL BIN SUHAIME	
NRIC No	S8007523E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91598701	
Alternative Phone No	OFFICE-91598701	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	ESTIMA AERAS 2.4 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	THIRD PARTY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	

Policy Number 5093874577

Cover Note Number

Driver

Name of Driver NORZAHARI SAIFUL BIN SUHAIME

NRIC No S8007523E

Date Of Birth 12/03/1980

Occupation INDOOR

Date Of Driving Pass 30/10/2003

Driving Experience 14 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91598701

Fax Number

Contact Number OFFICE-91598701

EMail Address NOEMAIL

BLK 105 TECK WHYE LANE Address

#06-492

Postcode 680105

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

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? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 3

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : MALE

Passenger 2 NAME: : -

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name NANYANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 2 JURONG WEST AVENUE 5, POSTCODE: 649482, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-7929999 - FAX NO: 67912972

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180723/2201.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKE9079H Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 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)

Lunderstand, 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:
 - 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:
 - 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 Personwel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

ARIES - O CONTRACTOR	
NAMICUE B- SUES	(36.5)
nemicre B - 2460	->
	J TAD
	→ <u>1</u>
	→ TBD'
SCRIBE CIRCUMSTANCES OF TH	E ACCIDENT
As Per source re	
	7/20140723/2201
were come 10 - SJV	4763
WHI OUR B- SICE	907914
CLARATION e declare the foresping particulars ar	
CLARATION e declare the foregoing particulars an	

Date & Time:

NRIC/FIN No.:





Police Station Of Origin:

Nanyang N.P.C

2 Jurong West Avenue 5 SINGAPORE

Tel No: 1800-7929999

1 of 4 Report No. T/20180723/2201

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: J/20180723/0238 Station Diary No. 23/07/2018 23:44

23/01/2010 23.44			3/20100/23/0230	202	
Informa	nt's Partic	ulars			
Name of Informant: NORZAHARI SAIFUL BIN SUHAIME			Address: APT BLK 105 TECK WHYE LANE #06-492 SINGAPORE 680105		
ID Type / ID No.: NRIC NO / S8007523E		23E	Contact No.: Home/Office:	Mobile: 91598701	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Age: Date of Birth: Male 38 12/03/1980			Type of Informant: Driver	110	
Race: Boyanese			Language: English	Institution / School Name:	
Occupation: TECHNICAL SERVICE		ICE	Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 23/07/2018 22:30	Type of Location: Bend	
PAN ISLAND Along PIE To	Traveling Toward Road 2 EXPRESSWAY wards Tuas, near to 33.8kr	m mark. After Co	rporation Road Exit.	*** (*********************************	
Weather: Clear	r: Road Dry			Road Speed Limit:	
Traffic Flow: One Way				Traffic Volume: Light	
Type of Collis Between Mov	ion; ing Vehicles - Head To Re	ar		Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJV476B	Car	TOYOTA	ESTIMA AERAS 2.4 A	White	Slightly Damaged	2
SKE9079H	Car	HONDA	FIT 1.3G A	White	Seriously Damaged	

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	





Effective

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 2 of 4 Report No. T/20180723/2201

Expiry Date

Tel No: 1800-7929999

Details of Vehicle Insurance
Vehicle No. Insurance Company

CONTINUATION OF REPORT

Insurance No

Expiry Date

NIL

NIL

Date Discharge

Degree of Injury

50V470D	Limited	ce Co-Operative	5093874577	30/08/2017	30/09/2018	
Details of F	Person Involved		744 AN 124 AND	- 14 PRO 15 TOWN	Charles and	
Any Pedest	rian Involved: No					
No. of Pede	strians Injured: NIL	U	lse of Pedestrian Cro	of Pedestrian Crossing: NA		
Driver		Mark Mark Mark Mark Mark Mark Mark Mark		THE REAL PROPERTY.		
Name	NORZAHARI SAIF	NORZAHARI SAIFUL BIN SUHAIME		S8007523E		
Related Vel	nicle SJV476B (Car)	SJV476B (Car)		0. 91598701		
Hospital/Cli	nic NIL	NIL		Class: 2B,2 Date of Exp	C. 14 C. 15	

Brief Details.

Date Treatment NII

No. of Days granted Medical Leave

On 23/07/2018 at about 2230hrs, I was driving my vehicle, SJV476B along Pan-Island Expressway (PIE) towards Tuas. The weather was clear and the road was dry. I was travelling with my father, Suhalme, Hp: 98731707 sitting at the front passenger seat while my mother, Zainab, Hp: 97633201 sitting at the left rear passenger seat.

NIL

After driving pass the Corporation Road exit, I was travelling at the second lane. It was a flyover and the road direction is slightly bend to the right. While driving, I felt an impact on the rear right side of the vehicle and as such I stopped my vehicle and I notice that the vehicle that collided with mine had overturned. The vehicle that had overturned is a white Honda Jazz bearing the registration number SKE 9079H. I made a check on my vehicle and established that there was damage such as scratches and dents at the rear right side bumper.

Traffic Police and Ambulance arrive at the scene and the driver of the vehicle SKE 9079H who was a male Malay was conveyed to the hospital by ambulance and as such I was unable to establish the particulars of the driver of SKE 9079H. 01 of the Malaysian rider who stopped to help divert the traffic spoke to the Traffic Police officer however I do not have his particulars as well.

I will be going to the hospital with my passengers tomorrow dated on 24/07/2018 to conduct a medical check.

I wish to state that there was no in car camera installed in my vehicle, I am unsure if there was any camera nearby that capture the incident. I was given a case card J/20180723/0238 and the IO in charge is Ivan HP 65476170.



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999



/20180723/2201

3 of 4

Report No. T/20180723/2201

CONTINUATION OF REPORT





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 4 of 4 Report No. T/20180723/2201

CONTINUATION OF REPORT

01		-	En.	-	-
-31	cei	uc	п	ıaı	п

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: J / Staff Sgt LOW YONG CHIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2018 23:44
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138	Classification Of Case:
Authentic Stamp Signanue: Singapore Police Force	













