

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	31/07/2018 15:18
Date Of Accident	30/07/2018 17:15
Exact Location Of Accident	WOODLANDS CAUSEWAY TWDS WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBJ623B
Insured/Policyholder	
Name Of Registered Owner	KAREL JULIANUS BIN AMIR
NRIC No	S1551087J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91831484
Alternative Phone No	OFFICE-91831484

Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS 1.8LX 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	5100738917
Cover Note Number	

Driver

Name of Driver	KAREL JULIANUS BIN AMIR
NRIC No	S1551087J
Date Of Birth	18/06/1962
Occupation	INDOOR
Date Of Driving Pass	08/11/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91831484
Fax Number	
Contact Number	OFFICE-91831484
Email Address	NOEMAIL

Address	BLK 734 WOODLANDS CIRCLE #03-361
Postcode	730734
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
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)	2
Passenger 1	NAME: : MARDINA BTE MOHD RAMLI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4599999 - FAX NO: 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20180731/2098.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD3535P
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)

DETAILS OF INJURED PERSON 1

Name KAREL JULIANUS BIN AMIR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SBJ623B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MARDINA BTE MOHD RAMLI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SBJ623B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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

Varicella A - SBT 6233

U2E-H1 C412 B - SSD 3535P

(LUNNY LANE)



Toward
Singapore

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

REPORT NUMBER
: F/20180731/2098

REPORT MADE TECK GHEE NPP.

OFFICER IN-CHARGE
SGT 2 TAN WEI REN

ACCIDENT ALONG WOODLANDS CAUSEWAY TOWARDS SINGAPORE

VEHICLE A - SBJ 623B

VEHICLE B - SDD 3535P

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: 12/21/18

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

Police Report



**SINGAPORE
POLICE FORCE**



F/20180731/2098

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Report No. F/20180731/2098

POLICE REPORT (NP299)

Police Station Of Origin
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Date/Time Report Made 31/07/2018 12:57	Vide Report No.	Station Diary No. 10
Name Of Informant KAREL JULIANUS BIN AMIR	Address APT BLK 734 WOODLANDS CIRCLE #03-361 SINGAPORE 730734	
ID Type / ID No. NRIC NO / S1551087J	Contact No. Home/Office 91831484	Mobile
Nationality SINGAPORE CITIZEN	Email Address	
Occupation WAREHOUSE ASSISTANT	Sex Male	Age 56
Institution/School Name	Date of Birth 18/06/1962	Race Indonesian
Date/Time Of Incident 30/07/2018 17:15	Location Of Incident CAUSEWAY SINGAPORE Toward Singapore Checkpoint	

Brief details.

On 30/07/2018 at about 1714hrs, I was driving a vehicle bearing registration number SBJ623B with my wife namely Mardina Bte Mohd Ramli, S6929659I, Hp: 8133 8164 as an passenger along causeway road toward Singapore checkpoint. I was driving along the most left lane with 2 lane road. A car bearing registration number SJD3535P overtake a vehicle behind me subsequently he did not stop and hit onto my rear vehicle. we alighted from vehicle and exchanged of particulars and took photos of the accident and left.

Signature Of Officer Recording The Report: F / Sgt 2 TAN WEI REN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/07/2018 12:57
Officer In-Charge Of Case: F / Ang Mo Kio South N.P.C / Sgt 2 TAN WEI REN Contact No.: 64519999	Classification Of Case:
Authentication Stamp	

Police Report



SINGAPORE
POLICE FORCE



F/20180731/2098

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180731/2098

On the same day at about 1900hrs, My wife and I felt pain at the back and my right foot was swollen as well.

We decided to proceed to Novena Medical Center to make a check. My wife and I were given 7 days MC from 31/07/2018 to 06/08/2018.

I wish to state that I have the video footage of the accident and my car sustained dent and scratches at the rear bumper. I also wishes to state that I am lodging this report for my own record purpose and insurance claims.

Signature Of Officer Recording The Report: F / Sgt 2 TAN WEI REN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/07/2018 12:57
Officer In-Charge Of Case: F / Ang Mo Kio South N.P.C / Sgt 2 TAN WEI REN Contact No.: 64519999	Classification Of Case:
Authentication Stamp	54 036



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

