

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	17/08/2018 13:31
Date Of Accident	15/08/2018 13:45
Exact Location Of Accident	CTE TWDS CITY NEAR BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR7966P
Insured/Policyholder	
Name Of Registered Owner	AUTOHOME TRADING
Co Reg No	52827128L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68580019

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5087895579-02
Cover Note Number	-

Driver

Name of Driver	JUHAIRI BIN JUMIEN
NRIC No	S8739231G
Date Of Birth	25/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	26/08/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97251902
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 694A WOODLANDS DRIVE 62 #02-10
Postcode	731694
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	6
Passenger 1	NAME: : NUR AFIKA BINTE AMAT ALI GENDER: : FEMALE
Passenger 2	NAME: : NORAINI BINTI AHAMD GENDER: : FEMALE
Passenger 3	NAME: : NOORNAFIZA GENDER: : FEMALE
Passenger 4	NAME: : AQIL GENDER: : MALE
Passenger 5	NAME: : ARISSA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 GBG9671T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver LEE KHUAY TAT
NRIC/Passport Number S6934155A
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SDY2903C
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 JUHAIRI BIN JUMIEN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGR7966P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NUR AFIKA BINTE AMAT ALI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGR7966P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name NORAINI BINTI AHAMD
Approximate Age

Injuries Sustain	BODY
Injured person in which vehicle?	SGR7966P
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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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

Braddell Exit

A = SGR 7966P
B = G8G 7671T
C = SDY 2903E

C/E twds City near Braddell Exit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:

Accident Sketch Plan

I WAS TRAVELLING ALONG CTE TWDS CITY NEAR BRADDELL EXIT, WHEN NOTICED VEH INFRONT SLOW DOWN AND STOP. AS SUCH I FOLLOW TO SLOW DOWN AND STOP. ALL OF A SUDDEN I FELT AN IMPACT FROM BEHIND, DUE TO THE IMPACT MY VEH BEEN PUSH FORWARD HIT ONTO VEH INFRONT OF ME. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO GBG9671T) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180817/2017

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20180817/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2018 04:04	Vide Report No.:	Station Diary No.: 43
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Informant's Particulars			
Name of Informant: JUHAIRI BIN JUMIEN		Address: APT BLK 694A WOODLANDS DRIVE 62 #02-10 SINGAPORE 731694	
ID Type / ID No.: NRIC NO / S8739231G		Contact No.: Home/Office: Mobile: 97251902	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 25/11/1987	Type of Informant: Driver
Race: Javanese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/08/2018 13:40	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY Beside Braddell Road Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: 3 Way Vehicle Collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG9671T	Van				Slightly Damaged	0
SDY2903C	Car				Slightly Damaged	0
SGR7966P	Car				Seriously Damaged	5

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180817/2017

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20180817/2017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE KHUAY TAT	ID No.	S6934155A
Related Vehicle	GBG9671T (Van)	Contact No.	96602733
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
Driver			
Name	JUHAIRI BIN JUMIEN	ID No.	S8739231G
Related Vehicle	SGR7966P (Car)	Contact No.	97251902
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	NUR AFIKA BINTE AMAT ALI	ID No.	S9229195B
Related Vehicle	SGR7966P (Car)	Contact No.	86471367
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180817/2017

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20180817/2017

CONTINUATION OF REPORT

Passenger			
Name	NORAINI BINTI AHMAD	ID No.	S2184144G
Related Vehicle	SGR7966P (Car)	Contact No.	91397420
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 15 August 2018 at about 1340hrs, I was driving along CTE at the most left lane. Right before Braddell exit, the vehicle in front slowly come to a stop and subsequently I also stop. However, after stopping my vehicle, I heard a loud impact from my rear and afterwards my vehicle was moved forward due to the impact and end up hitting the car in front of me.

I came down to make a check on my vehicle and the drivers who were affected. The vehicle in front of me bearing registration plate number SDY2903C received a minor scratch at the rear bumper. However, the driver was in a hurry for a meeting and states that having his plate number is good enough for me to follow up with him and I acknowledge.

My vehicle bearing registration plate number SGR7966P received damages on the number plate, a dent in between the front bumper and bonnet, my left and right back side windows is broken and my rear vehicle is totally dented and badly damage. The driver behind my vehicle bearing registration plate number GBG9671T received a dent at the front of the bumper.

I managed to exchange particular with the driver behind me. I wish to state that I received 3 days MC due to the incident. My passengers, both my mother and my wife, both received 5 days MC and 2 days MC respectively. There were no traffic police or ambulance at scene. There is also no government properties damage during the incident.

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T/20180817/2017

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20180817/2017

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:

J /

MUHAMMAD AMIRRUDDIN BIN ABDULLAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

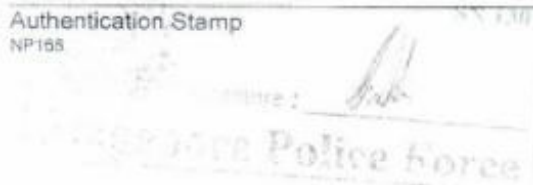
Signature Of Informant:

Date/Time:

17/08/2018 04:04

Classification Of Case:

Authentication Stamp
NP165



Accident Photo



Accident Photo



Accident Photo



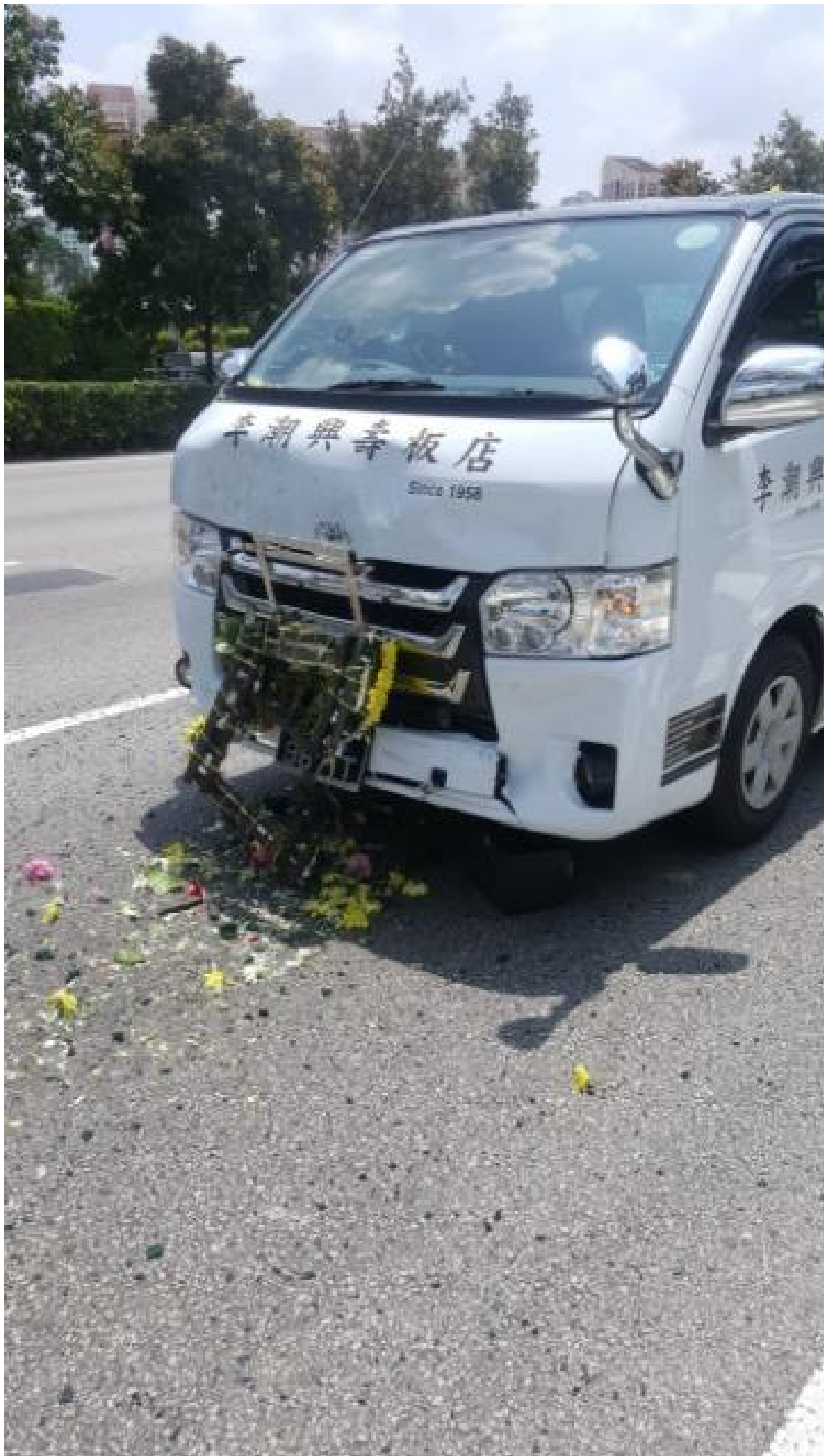
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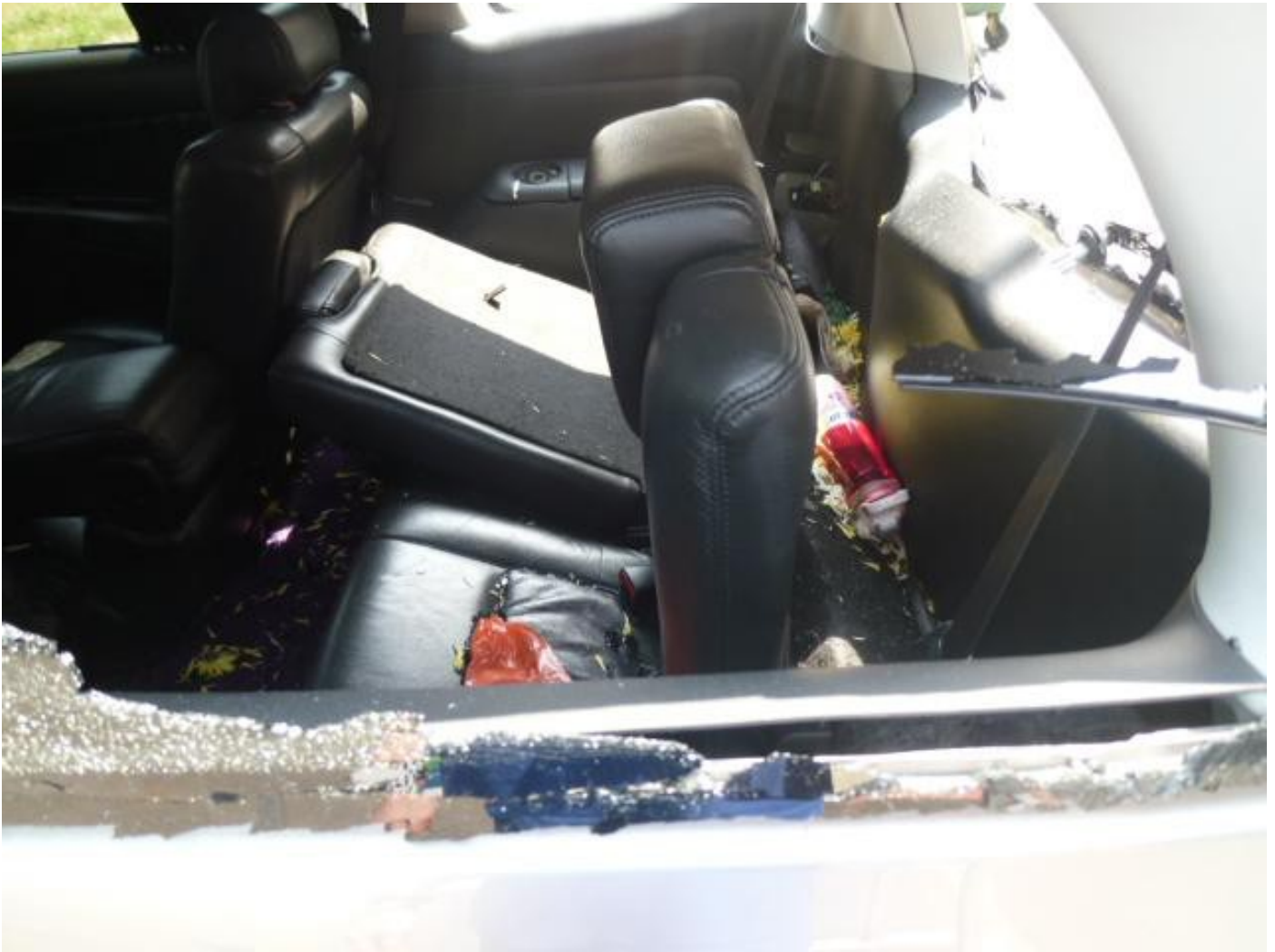
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