

## 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 liability.
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	12/10/2018 18:10
Date Of Accident	15/08/2018 09:25
Exact Location Of Accident	ALONG TO OUTRAM ROAD BEFORE CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9524L
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#### Insured/Policyholder

Name Of Registered Owner	ACTIVE VISUAL PTE LTD
Co Reg No	200402540H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68340233

#### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN PANEL LWB 3.0 5DR 5MT ABS A/B 2WD
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ17-003828
Cover Note Number	N.A

#### Driver

Name of Driver	NORAZUAN BIN MOHD NOR
NRIC No	S8704716D
Date Of Birth	08/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	15/12/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91862331
Fax Number	
Contact Number	
EEmail Address	NORAZUAN@AV.COM.SG

Address	HDB BUKIT PANJANG, 141 PETIR ROAD #02-266
Postcode	670141
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
Was any body injured in the Accident?	NO
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 [OTHER]	ORCHARD NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to Police Report Ref: T/20180815/2040 lodged at Orchard NPC. On 15/08/2018 at about 0925hrs, I was driving along CTE tunnel exit towards Outram road. I was driving along the left most lane at a 4-way road. I would like to note that there was heavy traffic. As I was moving off, I accidentally collided a taxi cab SHB7937X from behind. No parties involved was injured in the collision. The front signal cover light was damaged. The taxi cab rear bumper suffered some scratches. I am lodging for recording purposes. I exchanged particulars with the taxi driver and both went our separate ways. No government property was damaged from this 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	SHB7937X
Vehicle Make/Model/Colour	CHEVROLET EPICA 2.0DSL
Details Of Properties	NIL
Vehicle Category	TAXI
Name of Driver	MR YEO
NRIC/Passport Number	
Contact Number	97642585
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: : PASSENGER 1

GENDER: :

**SKETCH PLAN****IMPORTANT NOTICE**

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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 liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. 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 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.
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.

**VERIFIED BY AJAX MARS  
REPORTING OFFICER**

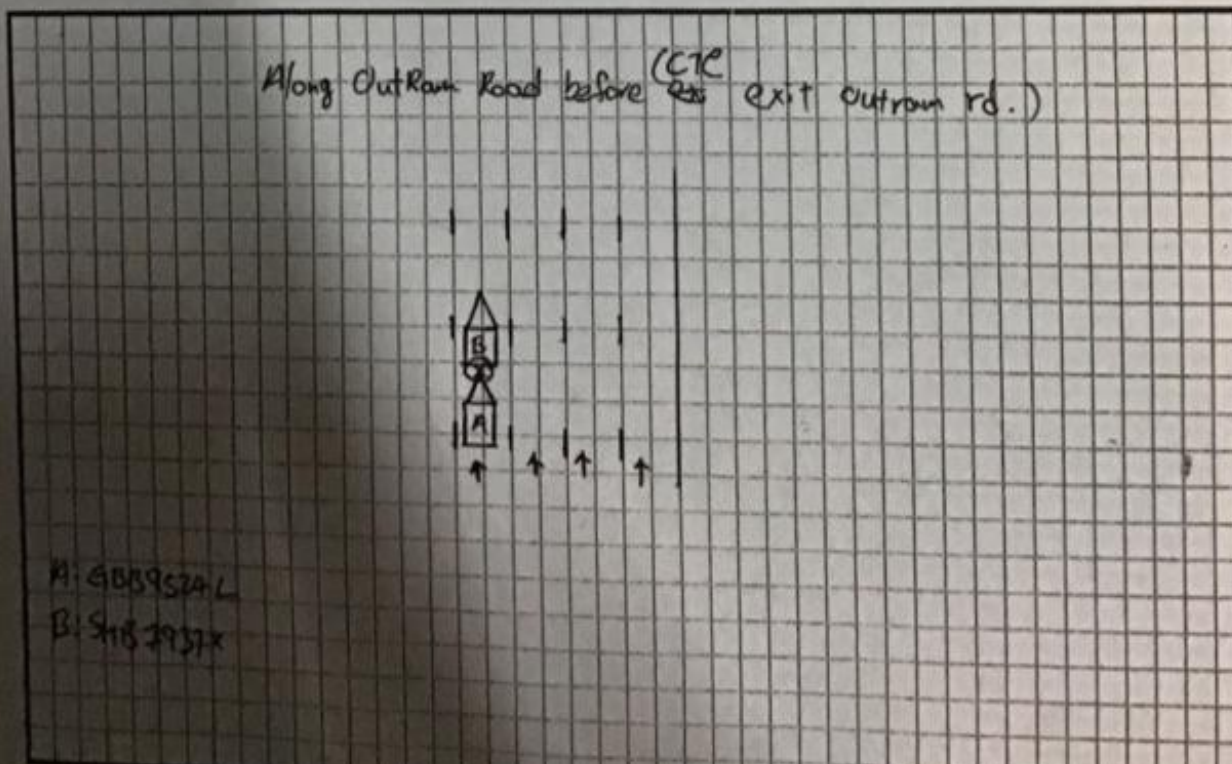
Johnny

Voo Cheon Yee

Witnessed by Reporting Centre  
Personnel

Policyholder's Signature / Date & Time

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

**Sketch Plan**

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180815/2040

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

1 of 3

Report No. T/20180815/2040

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2018 11:26	Vide Report No.:	Station Diary No.: 39
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### Informant's Particulars

Name of Informant: NORAZUAN BIN MOHD NOR	Address: APT BLK 141 PETIR ROAD #02-266 SINGAPORE 670141		
ID Type / ID No.: NRIC NO / S8704716D	Contact No.: Home/Office: Mobile: 91862331		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 31	Date of Birth: 08/03/1987	Type of Informant: Driver
Race: Malay	Language:		Institution / School Name:
Occupation: TECHNICHIAN	Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/08/2018 09:25	Type of Location: Straight Road
Location: Along Road 1 OUTRAM ROAD  before CTE exit outram rd.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
GBB9524L	Van				Slightly Damaged	0
SHB7937X	Car				Slightly Damaged	1



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180815/2040

2 of 3

Report No. T/20180815/2040

Police Station Of Origin:

Orchard N.P.C

51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

### CONTINUATION OF REPORT

#### **Brief Details.**

On 15/08/2018 at about 0925hrs I was driving along CTE tunnel exit towards outram road. I was driving along the left most lane at a 4-way road. I would like to note that there was heavy traffic. As I was moving off, I accidentally collided a taxi cab SHB7937X from behind. No parties involved was injured in the collision. The front signal cover light was damaged. The taxi cab rear bumper suffered some scratches. I am lodging for recording purposes. I exchanged particulars with the taxi driver and both went our separate ways. No government property was damaged from this accident.

Police Report



SINGAPORE  
POLICE FORCE



T/20180815/2040

3 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20180815/2040

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:

E /

Sgt 2 MUHAMMAD SHAZWI BIN AZMI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /

Staff Sgt WONG SIEU LOI  
SINGAPORE  
POLICE FORCE  
65476151

SN 172

Authentication Stamp  
NP168

SIGNATURE

Signature Of Informant:

Date/Time  
15/08/2018 11:26

Classification Of Case:

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S8704716D**



Name

**NORAZUAN BIN MOHD NOR**

Race

**MALAY**

Date of birth

**08-03-1987**

Sex

**M**

Country of birth

**SINGAPORE**

**S8704716D**

**REPUBLIC OF SINGAPORE**

**DRIVING LICENCE**

Licence Number

**S8704716D**

Name:

**NORAZUAN BIN MOHD NOR**

Birth Date: **08 Mar 1987**

Issue Date: **15 Dec 2017**



**002754537A**

Driving License

4907599



NRIC No. S8704716D

Date of issue  
05-11-2012

APR. 1K 141 PETIR ROAD #02-268  
SINGAPORE 670141

NRIC No: S8704716D Date: 02/10/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	15 Dec 2017

NP 428A

Licence No: S8704716D



**Addendum Sheet Pg. 1**



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66S0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MBHH18132810 Vehicle Registration No: GBB9524L

Name (as shown in NRIC) : NORAZUAN BIN MOHD NOR NRIC/FIN/Passport No : S8704716D

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore ( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 91862331

Email Address : NORAZUAN@AV.COM.SG

Date of Accident : 15/08/2018 Time of Accident : 09:25

Place of Accident : ALONG TO OUTRAM ROAD BEFORE CTE

Insurance Company: EQ INSURANCE COMPANY LTD

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Co Reg No.

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Boey Loke  
NRIC/FIN No.:  
Date: 12 Oct 2018