

## 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	27/08/2018 14:05
Date Of Accident	25/08/2018 17:30
Exact Location Of Accident	ANG MO KIO AVE 1 TWDS UPPER THOMSON DIRECTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA6140E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	D'LOFTY LIFESTYLE
Co Reg No	53114499B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97439434
Alternative Phone No	OFFICE-97439434

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8S 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101446794
Cover Note Number	

### Driver

Name of Driver	RAJIS BIN ISHAK
NRIC No	S8903814F
Date Of Birth	01/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91093370
Fax Number	
Contact Number	OTHERS-91093370
Email Address	NOEMAIL

Address	BLK 162 YISHUN STREET 11 #06-246
Postcode	760162
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
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?	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: : NIL GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180826/2018

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD6706C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	RAJIS BIN ISHAK
Approximate Age	
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SMA6140E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## SKETCH PLAN

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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 upon application by interested parties.
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:

*[Signature]*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 27/8/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN

VEHICLE A - SMAG40E  
VEHICLE B - XD6706C

WAS TRAVELLING OVER 1 TOWARDS WATER THOMSON RD

3 →

2 →

1 →



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG ROAD NO 100 OVER 1 TOWARDS  
WATER THOMSON RD DIRECTION, I WAS ON THE SECOND LANE.

WHILE TRAVELLING FORWARD, SUDDENLY I FELT A GREAT  
IMPACT FROM THE RIGHT SIDE OF MY VEHICLE.

DISMOUNTED FROM MY VEHICLE AND REALIZED IT WAS A  
VEHICLE WITH REG PLATE NUMBER (XD6706C) THAT COLLIDED  
TO MY VEHICLE WHEN SWERVING INTO MY VEHICLE. TRAVELLING  
LANE.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR  
CAMERA.


VEHICLE A - SMAG40E

VEHICLE B - XD6706C

### 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:  
NIC/PIN No.:

Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180826/2018

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

2 of 3

Report No. T/20180826/2018

**CONTINUATION OF REPORT**

**Brief Details.**

On 25/08/2018 at about 1730hrs, I was travelling in my car(White Honda Civic / SMA6140E) along Ang Mo kio Avenue 1.

While travelling on a straight road, suddenly I felt an impact from the side, immediately I stopped by the side of the road.

There was no visible injury on me and my passenger but both of us felt a pain on our back. I got down my vehicle and discovered the right side of my passenger door was slightly dent, back bumper was slightly damaged. There was a slight damaged at the front of the other vehicle. There was no visible injury on the other party, we managed to exchange particulars. No ambulance or traffic police at scene.

I wish to state that there was a in car camera in my vehicle . I had 3 days MC from Khoo Teck Puat hospital from 26/8/2018 to 28/8/2018.



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



Accident Photo





Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180826/2018

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20180826/2018

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2018 08:03	Vide Report No.:	Station Diary No.: 32
--------------------------------------------	------------------	--------------------------

Informant's Particulars			
Name of Informant: RAJIS BIN ISHAK		Address: APT BLK 162 YISHUN STREET 11 #06-246 SINGAPORE 760162	
ID Type / ID No.: NRIC NO / S8903814F		Contact No.: Home/Office: Mobile: 91093370	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 01/02/1989	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B, 2A, 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/08/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 1 Towards Ang Mo Kio Avenue 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SMA6140E	Car				Slightly Damaged	1
XD6706C	Lorry					0

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180826/2018

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Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20180826/2018

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# Police Report



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POLICE FORCE**



T/20180826/2018

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Tel No: 1800-8529999

3 of 3

Report No: T/20180826/2018

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:

F /

SI LEE YAO-MING, KEVIN-GABRIEL

*See Lee Yashun*

Signature Of Informant:

*Roz*

Signature Of Interpreter:

Not applicable

Date/Time:

26/08/2018 08:03

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

*zh*

Authentication Stamp

NP168