

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	03/09/2018 19:13
Date Of Accident	03/09/2018 08:00
Exact Location Of Accident	JUNCTION OF BT PANJANG RING ROAD/BT PANJANG ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLC4904H
Insured/Policyholder	
Name Of Registered Owner	FARAH NORLIZA BINTE GAZALI
NRIC No	S8435459G
Email Address	FADZLI.GAZALI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87786585
Alternative Phone No	OTHERS-87786585
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA-1.5 G (A)
Exact Purpose for which vehicle was being used at time of accident	COMMUTING TO WORK
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080385972-02
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD FADZLI BIN GAZALI
NRIC No	S8037559Z
Date Of Birth	24/11/1980
Occupation	INDOOR
Date Of Driving Pass	30/09/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87786585
Fax Number	
Contact Number	OTHERS-87786585
EEmail Address	FADZLI.GAZALI@GMAIL.COM

Address	BLK 126 PENDING ROAD #02-296
Postcode	670126
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180903/2075

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	PEDESTRIAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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. 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.

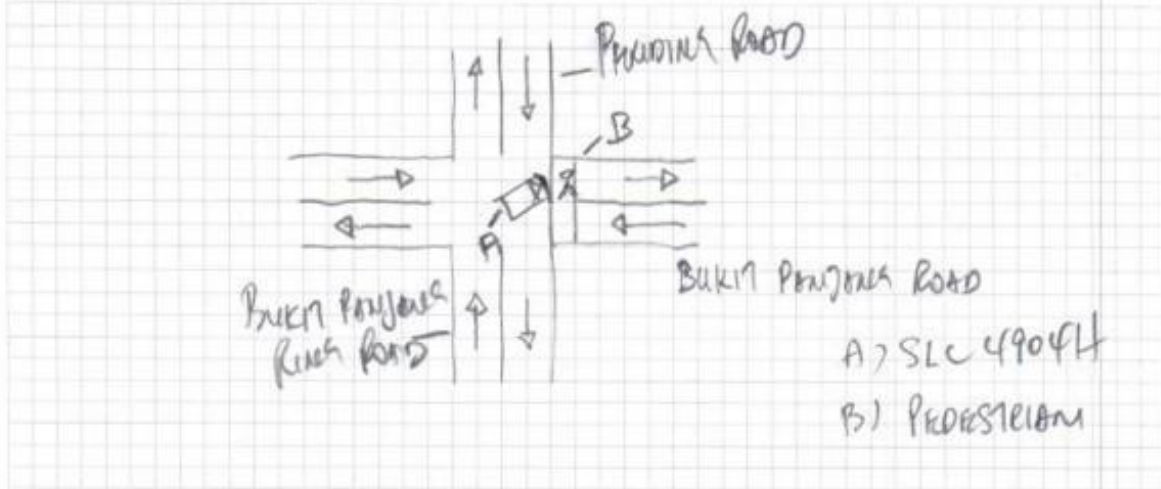
Policyholder's Signature
Date & Time:


3/9/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:


03/09/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
170180903/2075

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
 Date & Time:

[Signature] 3/9/18
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

[Signature] 03/09/2018
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180903/2075

1 of 3

Report No. T/20180903/2075

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2018 15:11		Vide Report No.: J/20180903/0080		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: MOHAMMAD FADZLI BIN GAZALI			Address: APT BLK 126 PENDING ROAD #02-296 SINGAPORE 670126		
ID Type / ID No.: NRIC NO / S8037559Z			Contact No.: Home/Office:		Mobile: 87786585
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 24/11/1980	Type of Informant: Driver		
Race: Bugis			Language: English		Institution / School Name:
Occupation: PROPERTY OFFICER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/09/2018 08:00	Type of Location:
Location: Junction of Road 1 and Road 2 BUKIT PANJANG RING ROAD BUKIT PANJANG ROAD At junction from Bukit Panjang Ring Road turning right into Bukit Panjang Road towards Bukit Panjang Flyover.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC4904H	Car	TOYOTA	SIENTA 1.5G A	Brown		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180903/2075

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

2 of 3

Report No. T/20180903/2075

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD FADZLI BIN GAZALI	ID No.	S8037559Z
Related Vehicle	SLC4904H (Car)	Contact No.	87786585
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 03/09/2018 at about 0800hrs, I was driving along Bukit Panjang Ring Road and arrived at the junction of Bukit Panjang Ring Road and Bukit Panjang Road. I was turning right into Bukit Panjang Road towards Bukit Panjang Flyover. I did not immediately turn as there was oncoming traffic therefore I was waiting in the middle of the junction. At this point of time the pedestrian crossing light was still flashing green. When the traffic light shows the green arrow for right turn and the pedestrian crossing light was red, I started turning right into Bukit Panjang Road. It was only when I turned into Bukit Panjang Road that I saw a old Chinese lady still on the pedestrian crossing coming from my right side. I jammed brake immediately but the front right side of my car still hit her left side. She fell to the ground. I immediately stopped my car at the side and together with other onlookers helped her to the side of the road. I then called for ambulance immediately. The ambulance arrived shortly followed by the Traffic Police. The lady was conveyed to Ng Teng Fong hospital. I was then advised by the traffic police officer to lodge a Traffic Accident Report. That is all.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999



T/20180903/2075

3 of 3

Report No. T/20180903/2075

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:

A /
Staff Sgt CHIA CHEE PIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/09/2018 15:11

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476394

Classification Of Case:

Authentication Stamp
NP168



Signature

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

