

## 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	21/08/2018 08:36
Date Of Accident	08/08/2018 11:30
Exact Location Of Accident	PIE - TOWARDS CHANGI EXIT 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV8068G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHAIDIR OTHMAN
NRIC No	S1584611I
Email Address	LURIAH-K@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-84844886
Alternative Phone No	OFFICE-84844886

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5098636504
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD KHAIRUL BIN KHAIDIR
NRIC No	S8919301Z
Date Of Birth	06/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84844886
Fax Number	
Contact Number	OFFICE-84844886
Email Address	LURIAH-K@LIVE.COM.SG

Address	6 CHOA CHU KANG GROVE #02-11
Postcode	688240
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	5
Passenger 1	NAME: : EMIL FAZIRA BTE KAMARI GENDER: : FEMALE
Passenger 2	NAME: : DEWI JULIANTI GENDER: : FEMALE
Passenger 3	NAME: : KALSOM BTE HASSAN GENDER: : FEMALE
Passenger 4	NAME: : KHAIDIR BIN OTHMAN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	<b>ROAD:</b> 9 MARSILING LANE , <b>POSTCODE:</b> 739146 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL1271Y
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Vehicle Make/Model/Colour	RED COLOR
Details Of Properties	FRONT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

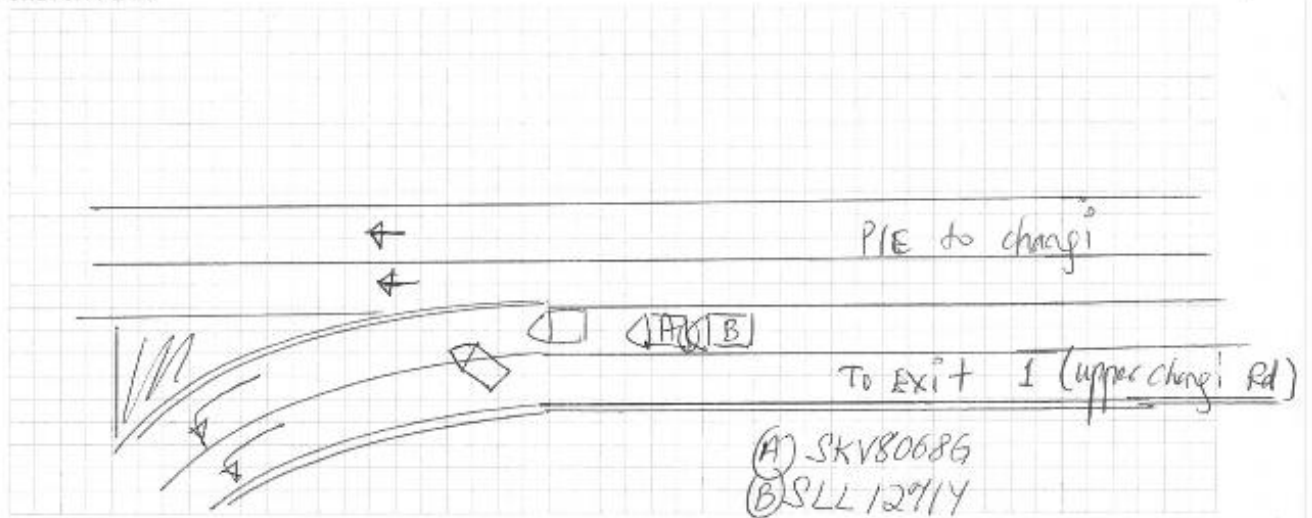
Name	EMIL FAZIRA
Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	SKV8068G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	DEWI
Approximate Age	
Injuries Sustain	REFR REPORT
Injured person in which vehicle?	SKV8068G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report  
T/20180808/2067

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time \_\_\_\_\_

Driver's Signature \_\_\_\_\_  
 (If different, use the following block)

Reporting Centre Personnel's Signature \_\_\_\_\_

## Sketch Plan #2

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

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

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

# Common Statement



**SINGAPORE POLICE FORCE**



T/20180808/2067

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

1 of 3

Report No. T/20180808/2067

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2018 13:42	Vide Report No.:	Station Diary No.: 52
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Informant's Particulars			
Name of Informant: MUHAMMAD KHAIRUL BIN KHAIDIR		Address: 6 CHOA CHU KANG GROVE #02-11 SINGAPORE 688240	
iD Type / ID No.: NRIC NO / S8919301Z		Contact No.: Home/Office: Mobile: 84844886	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 06/06/1989	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/08/2018 11:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY ALONG PIE TOWARDS CHANGI				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
SKV8068G	Car	HONDA	VEZEL 1.5X CVT	White	Slightly Damaged	5

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

# Common Statement



POLICE FORCE



Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

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Report No. T/20180808/2067

## CONTINUATION OF REPORT

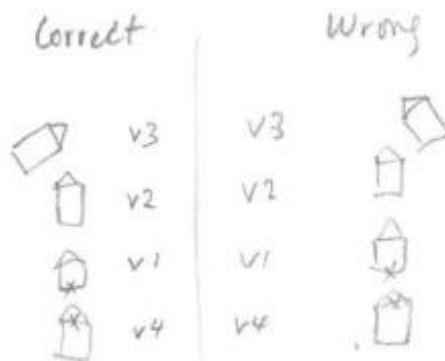
Driver			
Name	MUHAMMAD KHAIRUL BIN KHAIDIR	ID No.	S8919301Z
Related Vehicle	SKV8068G (Car)	Contact No.	84844886
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 08/08/2018 at about 1130hrs, I was driving vehicle with registration no: SKV8068G (V1) along PIE towards Changi 2nd or 3rd lane of the 4 lanes.

There was one vehicle in front of me (V2). I noticed that there was a vehicle on the right of unknown registration no; (V3) which went in front of V2 and swerve into our lane. Due to that, V2 jam break to avoid V3. I then managed to break on time. However, I felt an impact on the rear and cause my vehicle to move forward. Fortunately, my vehicle did not hit onto V2. V1 and V2 gave chase to V3 but to no avail. We then stop along the road side and I concluded that I will be lodging the report. As for the vehicle which hit onto my rear (V4), V4 was not with us.

No government property was damaged. No police and ambulance was at scene. There is CCTV in V2 and he will update me on V3 vehicle number. So far, no one was injured. V2 details are Male Chinese HP: 90084661.



Common Statement



POLICE FORCE



T/20180808/2067

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

3 of 3



Report No. T/20180808/2067

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/ Staff Sgt ABDUL SHYUKUR BIN SAPUAN  Signature :	Signature Of Informant: 
Signature Of Interpreter: Not applicable Singapore Police Force	Date/Time: 08/08/2018 13:42
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168	



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



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: S66SS0020G / 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 : M813/8108053 Vehicle Registration No: SKV8068G  
Name (as shown in NRIC) : Muhammad Khairul Bin Khaedir NRIC/FIN/Passport No : S8919301Z  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 6 Choa Chu Kang grove #02-11 Singapore (688240)  
Contact (Tel) : 84844886 Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 8/8/2018 Time of Accident : 11:30am  
Place of Accident : P18 - Towards Changi - EXIT 1  
Insurance Company : NACC

**(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:

I want to make a addendum on my  
type of claim from Third Party claim to Own  
Damage claim

Policyholder / Driver's Signature  
Date:

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

28/8/2018

## Addendum Sheet



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: S66550020G / 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 : MSI 318/08053-01 Vehicle Registration No : SKV 80686  
Name (as shown in NRIC) : Muhammad Khairul bin Khairul NRIC/FIN/Passport No : S 8919301 E  
(\*Vehicle Driver/ Vehicle Owner) (\*) Please delete as appropriate  
Address : 6 Choa Chu Kang Grove #02-11 Singapore (688244)  
Contact (Tel) : ✓ Mobile No. : 84848886  
Email Address : Luriah-k@live.com.sg  
Date of Accident : 08/08/2018 Time of Accident : 11:30AM  
Place of Accident : PIE towards Changi Exit 1  
Insurance Company : NTUC

#### (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:

Change to third party claim from own damage claim

  
Policyholder / Driver's Signature  
Date: 1/9/2018

  
Reporting Centre Personnel's Signature  
Name: 1/9/2018  
NRIC/FIN No.:  
Date: