

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	05/09/2018 11:58
Date Of Accident	04/09/2018 16:15
Exact Location Of Accident	QUEENSWAY SLIP RD INTO COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF468J
Insured/Policyholder	
Name Of Registered Owner	SHIN-HAN LIMO SERVICES
Co Reg No	53315973C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98575910

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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	YES
Policy Number	5086951265-01
Cover Note Number	

Driver

Name of Driver	ABU BAKAR BIN BARMAWI
NRIC No	S7419992E
Date Of Birth	23/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2011
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93793389
Fax Number	
Contact Number	
EEmail Address	ABU18863@GMAIL.COM

Address	BLK 23 TOA PAYOH EAST #08-219
Postcode	310023
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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: : KWAN WEI MING,MATTHEW 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	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180905/2033

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ3495R
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 ABU BAKAR BIN BARMAWI

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJF468J

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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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.



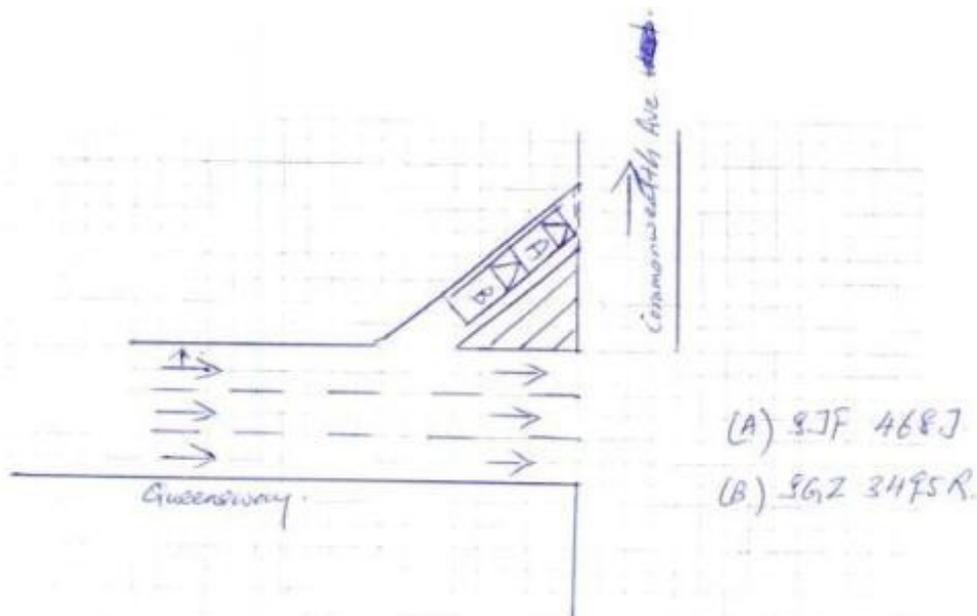
Policyholder's Signature
Date & Time:

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

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

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

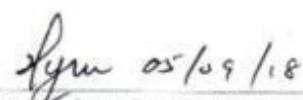
On 04/09/18 at @ 1615 hrs, I was travelling in my vehicle (9JF 468J) along Queensway slip road into Commonwealth Ave. I stopped my vehicle at the end slip road to give way to the traffic on the main road. Suddenly, a vehicle (9G2 3495R), from behind collided onto the rear portion of my vehicle.

DECLARATION

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


 Reporting Centre Personnel's Signature
 Date:


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


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

Individual Statement



SINGAPORE
POLICE FORCE



T/20180905/2033

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

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Report No. T/20180905/2033

CONTINUATION OF REPORT

Driver			
Name	ABU BAKAR BIN BARMAWI	ID No.	S7419992E
Related Vehicle	SJF468J (Car)	Contact No.	93793389
Hospital/Clinic	Yishun Polyclinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/09/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 04/09/2018 at about 1615hrs, I was at the left filter lane along Queensway Underpass towards Commonwealth Avenue near the New Town Primary School in my vehicle Silver-colored Toyota Altis SJF468J. I was with a passenger (Kwan Wei Ming, Matthew, S8731992Z, Blk 104 Spottiswoode Park Road #10-116, HP:96743475). I came to a halt just before the pedestrian crossing. I was stationary when another car Grey-colored Honda Stream SGZ3495R collided into the rear of my vehicle. I did not feel any pain at that point of time. I made a check with my passenger and the driver(Barr Robert Scott, S7288525B, Blk 11 Farrer Road #03-04, HP:94777320) of SGZ3495R whom did not have any passenger in his vehicle. Both informed that they are uninjured. I then made a check with the damage done to my vehicle and discovered that the left bumper of my vehicle was dented. There is a slight misalignment damage to the SGZ3495R vehicle plate. We both agreed to settle the matter privately and left the vicinity of the accident.

On 05/09/2018 at about 0400hrs, I woke up and felt pain to my lower back. I then went to see a doctor at Yishun Polyclinic at about 0754hrs and was given 3 days MC from 05/09/2018 to 07/09/2018 for my muscle injury to the lower back.

I wish to state that I have an in-car camera at the front of my car.

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/20180905/2033

2 of 3

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

Report No: T/20180905/2033

CONTINUATION OF REPORT

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Police Report



SINGAPORE
POLICE FORCE



T/20180905/2033

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768627
Tel No: 1800-8529999

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Report No: T/20180905/2033

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 65474865 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 2 BERNARD LAU MENG WAI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/09/2018 10:37
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case: SN 085
Authentication Stamp NP 153	Signature:  Singapore Police Force