

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	29/09/2018 09:09
Date Of Accident	10/09/2018 08:15
Exact Location Of Accident	SLE TOWARDS UPPER THOMSON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4294B
Insured/Policyholder	
Name Of Registered Owner	TRI AUTO PTE LTD
Co Reg No	201707438G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93213330
Alternative Phone No	OFFICE-93213330

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF GTI-2.0 TSI (A)
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	NUR SHAFIQAL HALIL
NRIC No	S9435980E
Date Of Birth	26/09/1994
Occupation	INDOOR
Date Of Driving Pass	28/02/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93213330
Fax Number	
Contact Number	
Email Address	NURSHAFIQAL@HOTMAIL.COM

Address	BLK 546 WOODLANDS DRIVE 16 #04-201
Postcode	730546
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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 ON COLLISION
Weather Conditions	RAINING
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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]	TRAFFIC POLICE HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer police report attached

Attachment(s)

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

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:

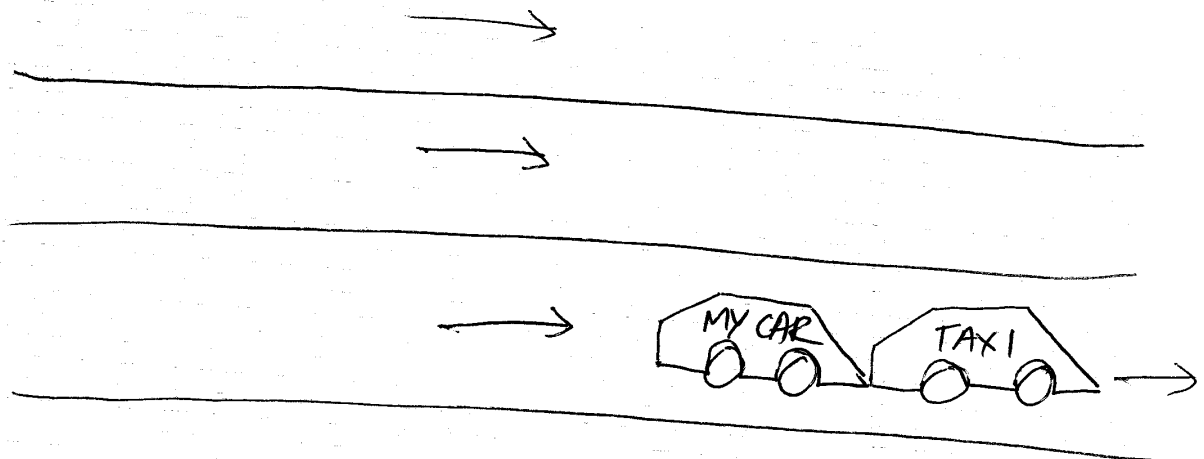
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

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:
NRIC/FIN No.:

Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8228859G



Name
LIN HANJIE
林 汉 杰

Race
CHINESE

Date of birth
04-09-1982

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9435980E



Name
NUR SHAFIQAL BIN HALIL
نور شفيق بن خليل

Race
JAVANESE

Date of birth
26-09-1994

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number
S9435980E
Name
NUR SHAFIQAL BIN HALIL

Exp. Date: 26 Sep 1994
Issue Date: 28 Feb 2018



002778009C



Identification Card

4321406



NRIC No. S8228859G



Date of Issue
09-01-2013

Address
APT BLK 13 HOLLAND DRIVE
#11-50
SINGAPORE 271013

4320151



NRIC No. S9435980E



Date of Issue
24-06-2009

Address
APT BLK 546 WOODLANDS DRIVE 16
#04-201
SINGAPORE 730346

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

Ch Class 2B Motorcycles <= 200 CC
Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor transport vehicles <= 2500 kg

EFFECTIVE DATE
12 Apr 2018
28 Feb 2018

S / No. 9000279771

NP 428A

NP 428A



Licence No. S9435980E

Police Report



T/20180928/2087

1 of 3

Report No. T/20180928/2087

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No -

Report Number T/20180928/2087

Vide Report Number T/20180926/2017

Date/Time of Report Made 28/09/2018 14:20

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant NUR SHAFIQAL BIN HALIL

ID Type / ID No. NRIC NO / S9435980E

Home/Office

Mobile 93213330

Email

Type of Accident Non-Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 10/09/2018 08:15

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB7693Z	TAXI	CHEVROLET		Red	Slightly Damaged	1
SLN4294B	Car	VOLKSWAGO N		Black	Slightly Damaged	0

Police Report



T/20180928/2087

2 of 3

Report No. T/20180928/2087

Continuation of CSF For NP168

Brief Facts.

I have previously lodged a traffic accident report vide T/20180926/2017 however there are some facts that need to be amend.

On the above mentioned date, time and location I was driving vehicle bearing plate number SLN4294B along SLE towards TPE near Thomson road exit when the taxi driving bearing plate number SHB7693Z infront of me made a sudden stop(jam brake). My vehicle then hit onto the rear portion of the taxi. Both of us stopped and exchange information.

Police Report



T/20180928/2087

3 of 3

Report No. T/20180928/2087

Continuation of CSF For NP168

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.

Case Sensitivity No

Officer-In-Charge of Case TP / GIA /
WONG SIEU LUI

Classification of Case 1) NON-INJURY / OTHERS

Informant Signature: 