

## 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 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. 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	02/10/2018 17:25
Date Of Accident	02/10/2018 06:05
Exact Location Of Accident	WOODLANDS AVE 6 BEFORE JUNC WOODLANDS DR 16
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG5071S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HANIFAH BTE ARIS
NRIC No	S6934321Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91061482
Alternative Phone No	OFFICE-91061482

### Vehicle Particulars

Manufacturer	TOYOTA
Model	YARIS E AUTO
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5020873184-11
Cover Note Number	

### Driver

Name of Driver	NIZAM BIN WAHAB
NRIC No	S7007414A
Date Of Birth	28/02/1970
Occupation	INDOOR
Date Of Driving Pass	23/01/1996
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93892197
Fax Number	
Contact Number	OFFICE-93892197
Email Address	NOEMAIL

Address	120 WOODLANDS AVENUE 5 #02-43
Postcode	739020
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WMG7305 (BUS)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT - T/20181002/2089.

### 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	WMG7305
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	TEE SAN HAI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

9

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

Passenger 3

NAME: :

GENDER: :

Passenger 4

NAME: :

GENDER: :

Passenger 5

NAME: :

GENDER: :

Passenger 6

NAME: :

GENDER: :

Passenger 7

NAME: :

GENDER: :

Passenger 8

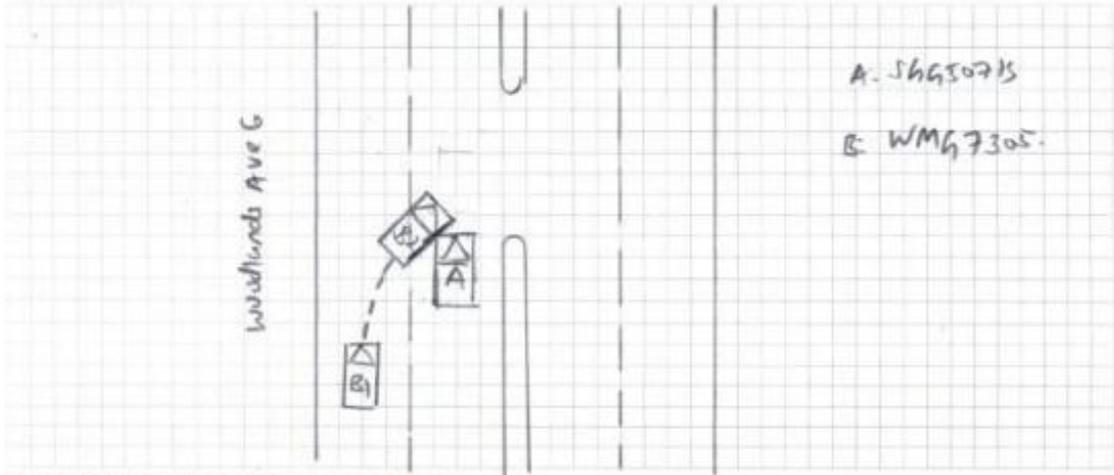
NAME: :

GENDER: :



Accident Sketch Plan

SKETCH PLAN



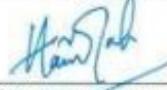
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2018/002/2089.

*(The rest of the form is crossed out with a diagonal line.)*

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.:



**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20181002/2089

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 3  
Report No. T/20181002/2089

**CONTINUATION OF REPORT**

Driver			
Name	NIZAM BIN WAHAB		ID No. S7007414A
Related Vehicle	SGG5071S (Car)		Contact No. 93892197
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	TEE SAN HAI		ID No. NIL
Related Vehicle	WMG7305 (Van)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

On 2/10/2018, at around 6.05am, I (SGG5071S, Toyota, Silver) was travelling along Woodlands Ave 6 Lane 1 when Malaysian Van (WMG7305, Toyota, Orange) driving on lane 2 cut into my lane as he had wanted to make an illegal U-turn. He did not signal his vehicle indicator right light before he made the turn as well. As a result, the Van hit onto the front left portion of my car.

My car suffered a large dent at the front left portion and I estimate the damages to be worth around SGD\$1500 to SGD\$2500/-. The other van suffered dents at the right side of his car, near the driver side. No one was injured during this accident. I would like to state that the other driver is a Malaysian and I was unable to get his contact detail. I am lodging this report for record and insurance purposes.

Police Report



SINGAPORE  
POLICE FORCE



T/20181002/2089

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

3 of 3

Report No. T/20181002/2089

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: G / Sgt 2 NG-KA WAI <i>w/SGT JIN EN</i>	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2018 14:23
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219 	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



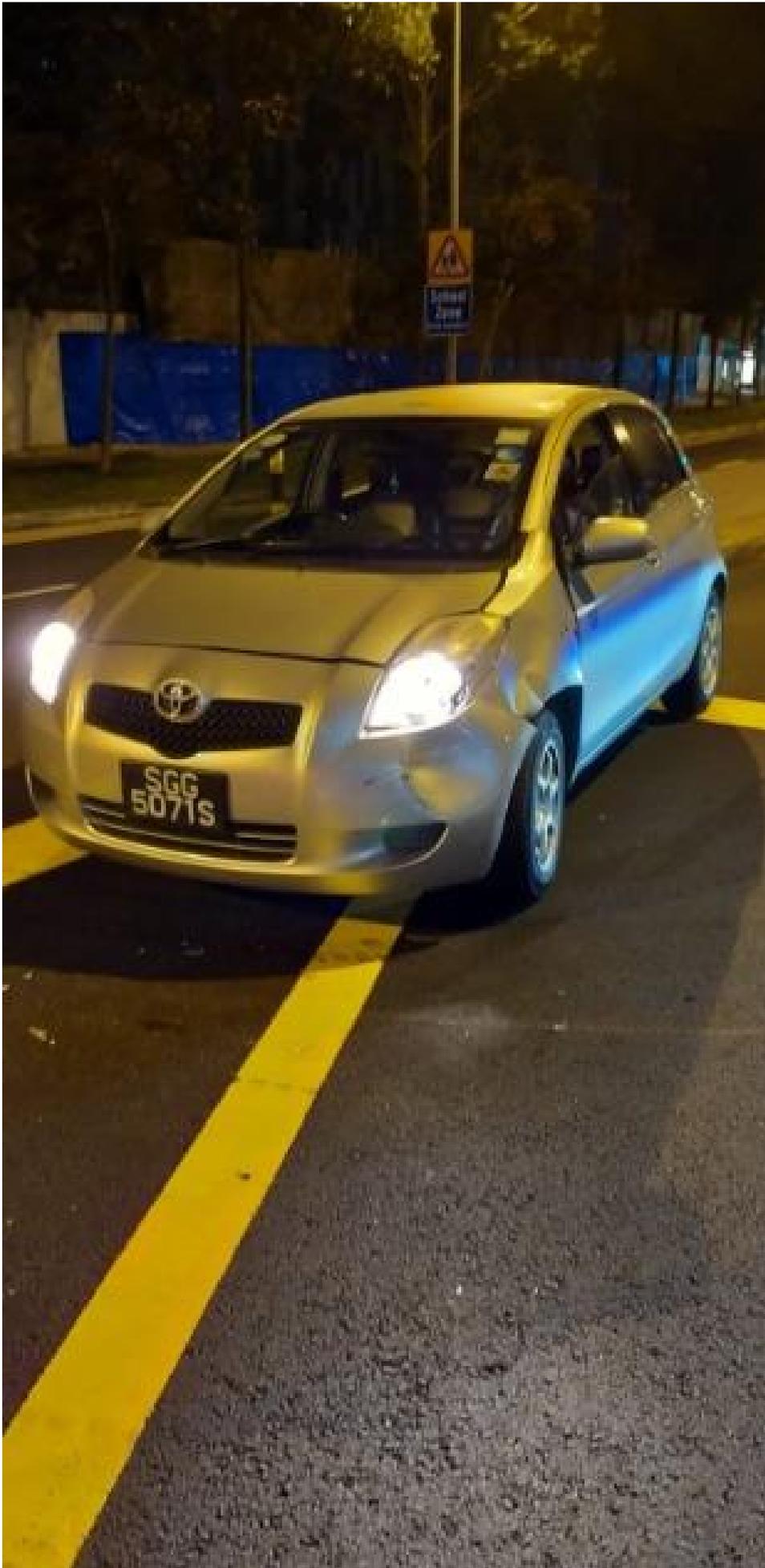
Accident Photo



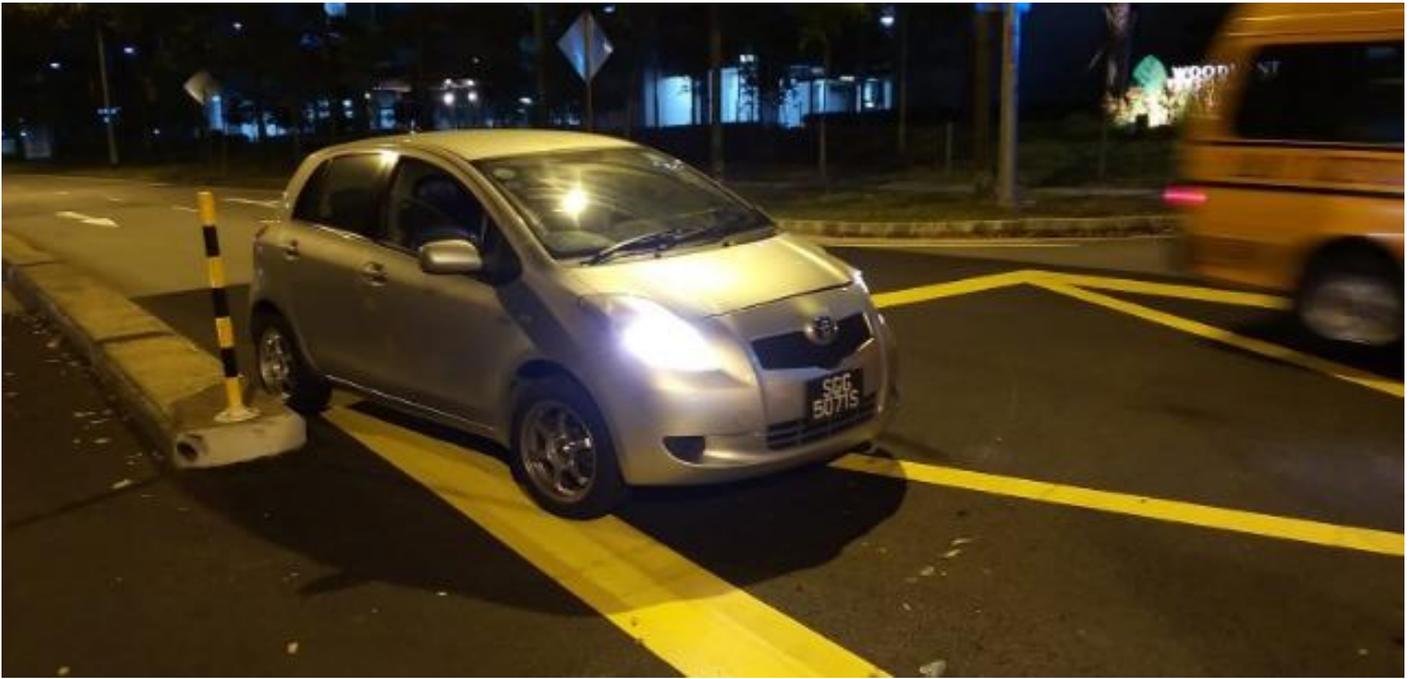
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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



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: S465500200 / 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 : MHA118127924 Vehicle Registration No: 56452913
Name(as shown in NRIC) : Nizam Bin Lurah NRIC/FIN/Passport No : 5707414
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : 120 Woodlands Avenue 5 #02-43 Singapore(739520)
Contact (Tel) : Mobile No. : 93892197
Email Address :
Date of Accident : 2/10/18 Time of Accident : 06:05
Place of Accident : Woodlands Ave 6 before Jane Woodlands Dr 16.
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:

1. Amend Name of registered owner - Hafidul Dik Aji

Policyholder / Driver's Signature
Date:

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