#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

- 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

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	ACCIDENT STATEMENT
Date Of Report	11/10/2018 16:55
Date Of Accident	10/10/2018 16:45
Exact Location Of Accident	ALONG TANGLIN ROAD INFRONT OF BRUNEI EMBASSY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX963C
Insured/Policyholder	
Name Of Registered Owner	ALPINE CAR RENTAL PTE LTD
Co Reg No	199003483E

Mobile Phone No

**Email Address** 

Alternative Phone No OFFICE-65113023

**Vehicle Particulars** 

Manufacturer OPEL

Model Mokka-1.6 (A)

Exact Purpose for which vehicle was being used at

time of accident

RENTAL USE - GRAB

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

NOEMAIL

If No, Please state action to be taken

THIRD PARTY
PRIVATE HIRE

Insurance Company

Vehicle Category

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5093613878

Cover Note Number

Driver

Name of Driver ISKANDAR LIM BIN ABDULLAH

 NRIC No
 S6903225G

 Date Of Birth
 25/01/1969

 Occupation
 OUTDOOR

 Date Of Driving Pass
 20/01/1987

Driving Experience 31 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91513497

Fax Number

Contact Number

EMail Address NOEMAIL

Address

608 CLEMENTI WEST

Postcode

120608

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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?

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

CLEMENTI N.P.C

Police Station Address

ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY:

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJL2826P

Vehicle Make/Model/Colour

HONDA

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

### SKETCH PLAN

# IMPORTANT NOTICE

- I 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
- 4 -. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance' 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
- 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 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary (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
- (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (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

NRIC/FIN No .:

6 STL>826P Brunci (2) - Yellow Box





1 of 3

Report No. T/20181011/2002

## Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

REPORT OF A	TRAFFIC	ACCIDENT
		ACCIDEN !

Date/Time Report Made: 11/10/2018 00:19 Informant's Particulars		Vide Report No.:	Ctati Di
		F-96	Station Diary No.:
Informan	· ·	Address:	
/ ID No :		APT BLK 608 CLEMENTI W SINGAPORE 120608	/EST STREET 1 #09-85
tv:		Home/Office:	Mobile: 91513497
Age: 49	Date of Birth	Type of Informant:	
		Language:	Institution / Sahari M
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B.2A 2 3.4 5	Institution / School Name:  Date of Expiry:
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	int's Parti f Informani AR LIM BI / ID No.: D / S69032 ty: ORE CITIZ Age: 49	int's Particulars Informant: AR LIM BIN ABDULLAH ID No.: O / S6903225G ty: ORE CITIZEN  Age: Date of Birth: 49 25/01/1969	Int's Particulars Informant: AR LIM BIN ABDULLAH  Address: APT BLK 608 CLEMENTI W SINGAPORE 120608 Contact No.: Home/Office: Email:  ORE CITIZEN  Age: Age: Age: Date of Birth: 25/01/1969 Date of Informant: Driver Language:

General Information of the Ac  Type of Non-Injury		Drink	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T		
Accident:		Drive:	Date/Time of Accident:	Ту	pe of Location
Location: Along Road 1			10/10/2018 16		Straight Road
TANGLIN ROA					
Weather: Drizzling	road towards Jervois	road outside the main e	entrance of the bri	ınei embassy	(
Traffic Flow:	•	road outside the main e Road Surface: Wet	entrance of the bro	nei embassy Road Spe	/ eed Limit:
Traffic Flow: Dual Carriage V	Vav	Traffic Control		Road Spe	ed Limit:
Traffic Flow: Dual Carriage V Type of Collision	Vav	Traffic Control: Traffic Light - Worki		Road Spe Traffic Vol Moderate	ed Limit:

	ASSESSED TO THE REAL PROPERTY OF THE PARTY		
Make	Model	Color	Condition
	Honda Civic	White	Condition No of Passer
		. wille	Seriously 0
	Opel Mocca	Dod	Damaged
	X	Red	Seriously 0
		Honda Civic	Honda Civic White  Opel Mocca Red X

Details of Person Involved	Damaged
Ally redestrian involved No.	
No. of Pedestrians Injured: NIL	Liso of D.
	Use of Pedestrian Crossing: NA





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

2 of 3 Report No. T/20181011/2002

CONTINUATION OF REPORT

Name	A A L L L L L A A A A A A A A A A A A A	A STATE OF THE PARTY OF THE PAR			The second secon	
Name	MUHAMMAD FIRADUS BIN NOAH		ID No.		S8509344D	
Related Vehicle	SJL2826P (Car)				North Control (Section and Control)	
	OUCEDEOF (Car)		Contact No.		93369406	
Hospital/Clinic	NIL D.		Class of Driving Licence & Expiry Date		A STATE OF THE STA	
					Class: NIL Date of Expiry: NIL	
Date Treatment						
	4	Date Disc	charge	NIL		
Driver	ted Medical Leave NIL	Degree o	f Injury	NIL		
Name	ISKANDARLIMBULA				CONTRACTOR SHOWS	
	ISKANDAR LIM BIN ABDULLAH		ID No.		S6903225G	
Related Vehicle	SI V0620 (0 )		-20000		-50002230	
Total Vollicie	SLX963C (Car)		Contact No.		91513497	
Hospital/Clinic	NIII				01010401	
-sopital/Oll/IIC	NIL		Class of Driving Licence &		Class: 2B,2A,2,3,4,5 Date of Expiry: NIL	
Date Treatment	NIL	water land to the second	Expiry [			
lo. of Days grant	-1.1.1	Date Disch	harge N	VIL		
	ed Medical Leave NIL	Degree of		VIL		

### Brief Details.

On the 10/10/2018 at about 1640hrs, I was travelling on along Tanglin Road with my vehicle(SLX963C) which was a two-way dual carriage lane(leftmost lane) towards Jervois Road to fetch my customer from Crest Condominium when I crashed head on into the side of the white Honda Civic Car(SJL2826P) which suddenly turned right from Tanglin road towards the Grange Road/Napier Road towards the Brunei Embassy as the driver did not stop and check for oncoming traffic. The incident happened at the yellow damaged. The left front side of the Honda Civic Vehicle was damaged. I wish to state that I applied my embassy.

No police or ambulance attended the scene. I have a front and back in-built car camera installed in my vehicle. No one was injured.





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

3 of 3 Report No. T/20181011/2002

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: D / VARSHAN SHANKAR	Signature Of Informant:
Signature Of Interpreter:  Not applicable	Date/Time: 11/10/2018 00:19
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
uthentication Stamp	SN 37
Leven	
SIGNATURE	