

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	17/10/2018 10:33
Date Of Accident	16/10/2018 17:45
Exact Location Of Accident	BEFORE CHAI CHEE STREET AND BEDOK NORTH ST 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ1915Y
Insured/Policyholder	
Name Of Registered Owner	SAPIYAH BINTE MOHAMED
NRIC No	S7323812I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92340062
Alternative Phone No	OFFICE-92340062

Vehicle Particulars

Manufacturer	CHEVROLET
Model	ORLANDO-1.4 (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101294263
Cover Note Number	

Driver

Name of Driver	OMAR BIN SUMON
NRIC No	S7047828E
Date Of Birth	25/10/1970
Occupation	OUTDOOR
Date Of Driving Pass	21/05/1998
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96179772
Fax Number	
Contact Number	
EEmail Address	OMARSUMON70@GMAIL.COM

Address	BLK 759 JURONG WEST STREET 74 #11-102
Postcode	640759
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 - HEAD TO REAR
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20181016/2168

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	SLA750X
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 OMAR BIN SUMON

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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. 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:

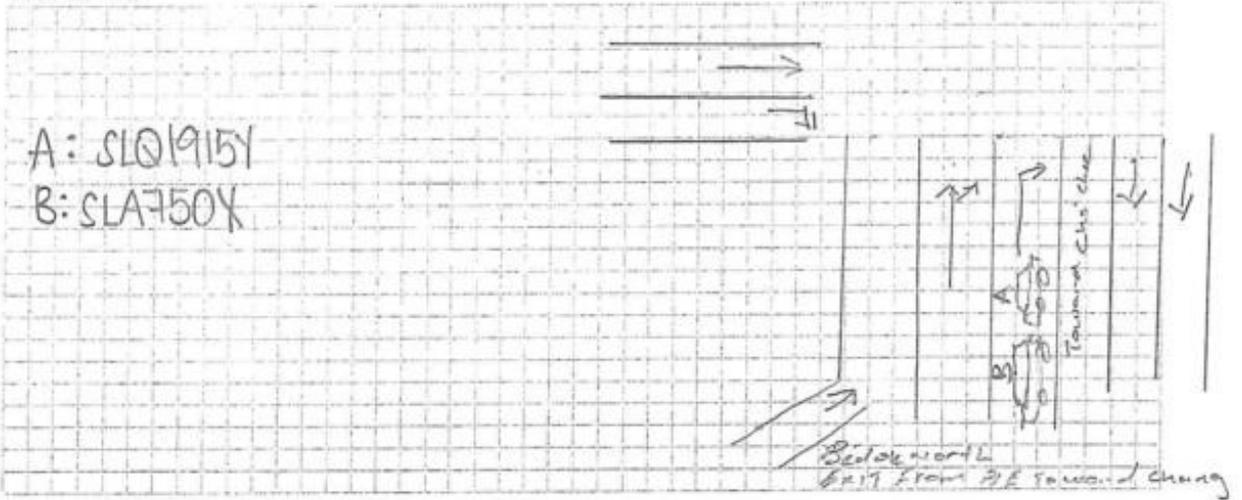


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REPORT NO: T12918101612168

Refer to Police Report

The area for describing the circumstances of the accident is a large rectangular box with horizontal lines. At the top left, the report number 'REPORT NO: T12918101612168' is handwritten. A diagonal line runs from the bottom left corner to the top right corner of the box. The text 'Refer to Police Report' is written across this 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 Signature
Name:
NRIC/FIN No.:



Accident Photo



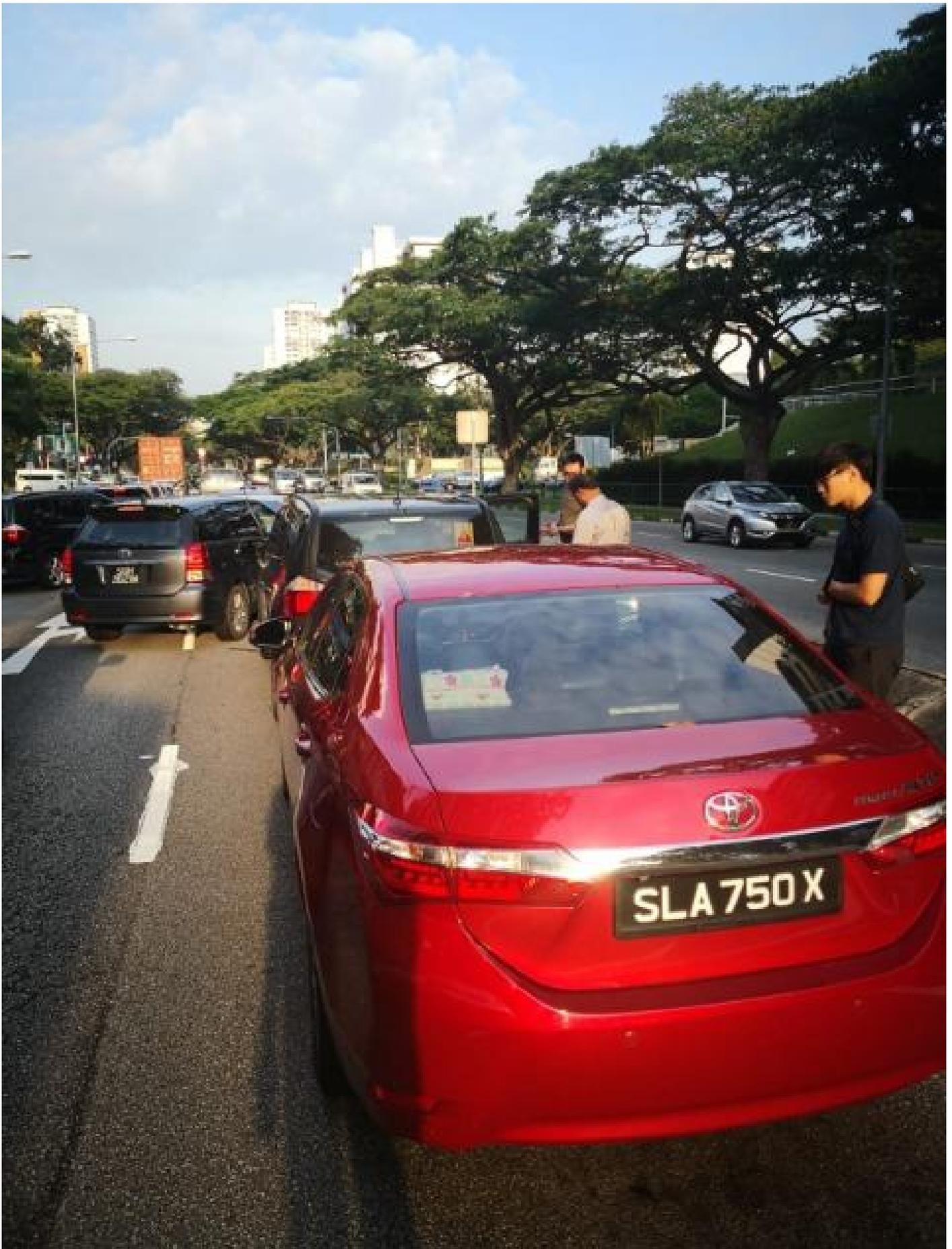
Accident Photo



Accident Photo



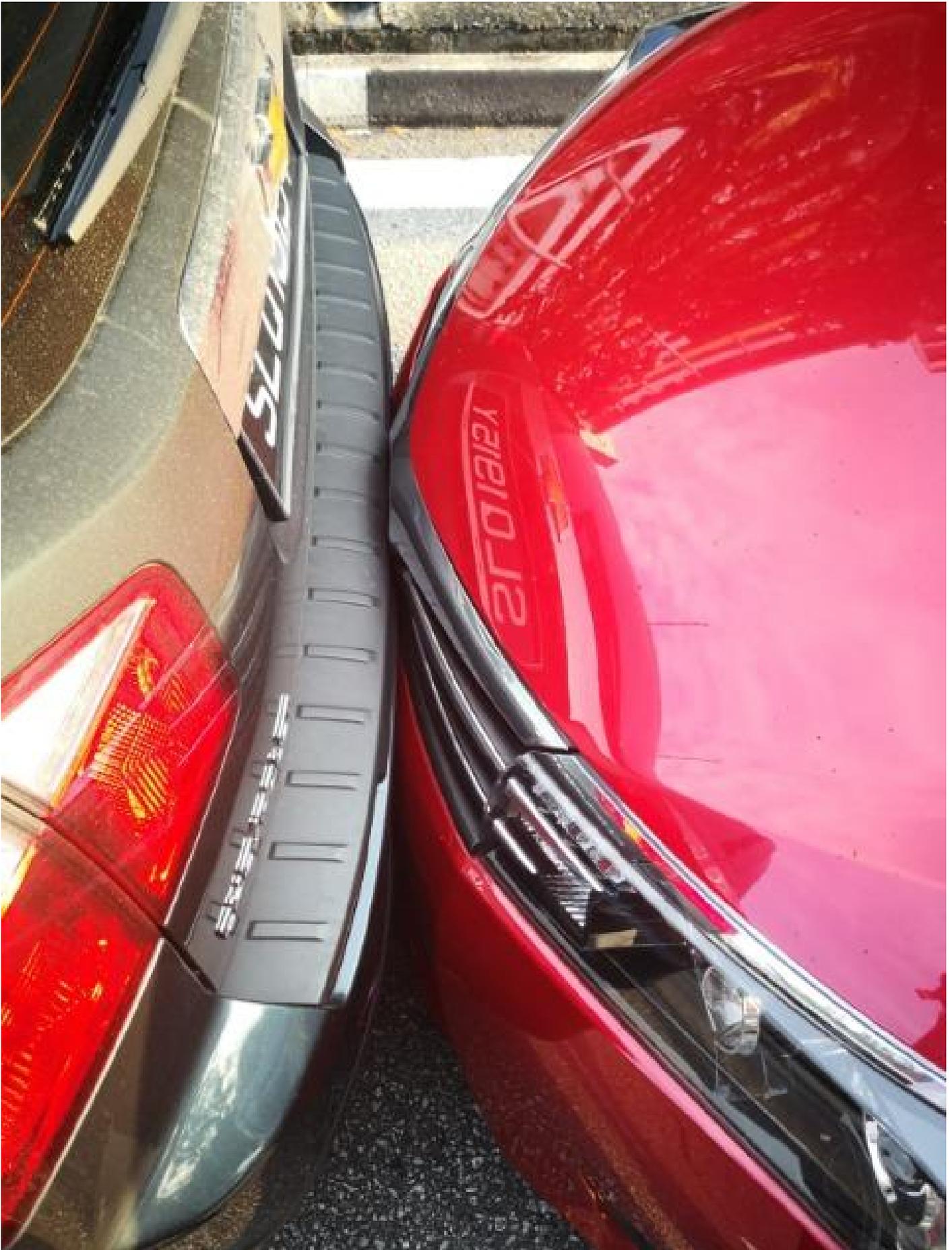
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Reporting Photo





Reporting Photo



Reporting Photo



Reporting Photo



Reporting Photo



Reporting Photo



Reporting Photo



Identification Card



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7323812I**



Name
SAPIYAH BINTE MOHAMED



Race
MALAY

Date of Birth
03-07-1973

Sex
F

Country of Birth
SINGAPORE



3367850



NRIC No. **S7323812I**



Blood Group
-

Date of issue
10-07-2003



APT BLK 759 JURONG WEST STREET 74 #11-102
SINGAPORE 640759
NRIC No: **S7323812I** Date: **02-08-2004** No: **1994673**

Medical Doc



FRONTIER MEDICAL ASSOCIATES
 (privately owned by Frontier Medical Associates (Pty) Ltd)
 113, #113 Jurong West Street 41-143 Singapore 64-6711
 Tel: 68673140 Fax: 68671170

TAX INVOICE

DHAR BIN SUMON (S1041628E)
 750 JURONG WEST STREET
 74
 #11-102
 SINGAPORE 640750

Invoice No. : GPC 000394
 Invoice Date : 18 Oct 2018
 ACRA No. : 200901277C
 Doctor : Tan Hsu-Chen Andrea

ITEM NAME	QTY	ADJ	TOTAL
ARCOXIA 90MG	5.00 tab/s	\$0.00	\$15.00
DICLOFENAC GEL 75G	1.00 tube	\$0.00	\$9.00
OMEPRAZOLE 20MG	5.00 cap/s	\$0.00	\$4.00
PARACETAMOL 450MG/PHENIBACRINE	10.00 tab/s	\$0.00	\$3.00
Consultation General Service		\$0.00	\$29.00
Final Bill			\$57.00
Cash Rounding			\$0.00
Payment received by Cash - RE006715			\$57.00
Outstanding Balance			\$0.00

Police Report



**SINGAPORE
POLICE FORCE**



T/2018/019/2168

1 of 3

Report No. T/2018/019/2168

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929898

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2018 21:50	Vide Report No.:	Station Diary No.: 172
--	------------------	---------------------------

Informant's Particulars			
Name of Informant: OMAR BIN SUMON		Address: APT BLK 759 JURONG WEST STREET 74 #11-102 SINGAPORE 640758	
ID Type / ID No.: NRIC NO / S7047828E		Contact No.: Home/Office:	Mobile: 96179772
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 25/10/1970	Type of Informant: Driver
Race: Boyanese		Language:	Institution / School Name:
Occupation: SERVICE TECHNICIAN		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/10/2018 17:45	Type of Location: Straight Road
Location: Along Road 1 BEDOK NORTH AVENUE 1 before Chai Chee Street and Bedok North Street 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: between stationary vehicle - Head to Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA750X	Car			Red	Slightly Damaged	0
SLQ1915Y	Car			Grey	Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20181016/2168

2 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649492
Tel No: 1800-7929999

Report No. T/20181016/2168

CONTINUATION OF REPORT

Brief Details.

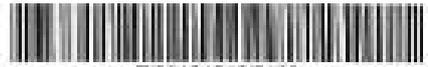
On 16/10/2018 at about 1745hrs I was driving my vehicle SLQ1975Y, along Bedok North Ave 1 towards Chai Chee Street. I was heading to Al-Ansar Mosque. I was waiting for the traffic light to turn green at the junction of Bedok North Ave 1 and Chai Chee Street when a car, SLA750X, suddenly hit my rear vehicle. After the collision I then went down to checked my car and talk to the other party. My car rear bumper was slightly damaged. The other party namely, Vellasamy Periasamy, S7084544Z, Hp: 91005542 then claims he was on neutral gear and did not engaged the break hence the vehicle role forward and cause the collision. We then exchanged particulars and move on with our activities.

After accident I went to see a doctor who told me that I sustain back and left shoulder injury. He then gave me 3 days MC. I was then told by my insurance company that I have to make a police report hence I m lodging this report.

Police Report



SINGAPORE
POLICE FORCE



T/20181018/2188

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No: T/20181018/2188

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/ MUHAMMAD SAYFIQ BIN ZURAIMI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/10/2018 21:50
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No: 65476151 SN 137	Classification Of Case:

Authentication Stamp
 NP168  Signature: 
 - Police Force



FRONTIER MEDICAL ASSOCIATES
(wholly owned by Frontier Medical Associates (JV) Pte Ltd)
Blk 678D Jurong West St 64 #01-347 Singapore 644678
Tel: 68622140 Fax: 68622170

Medical Certificate

Date of Visit: 16-Oct-2018

MC No.: CI-TXQ0FA

This is to certify that

Name: OMAR BIN SUMON

NRIC: S7047828E

is Unfit for Work

for 3 day(s) from 17-Oct-2018 to 19-Oct-2018

Remarks:



Doctor: Tan Hsu-Chen Andrea
MCR: M18799B

FRONTIER MEDICAL ASSOCIATES
(FRONTIER MEDICAL ASSOCIATES (JV) PTE LTD)
Blk 678D Jurong West Street 64
#01-347 Singapore 644678
Tel 6862 2140 Fax: 68622170

* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.