

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	22/10/2018 15:07
Date Of Accident	21/10/2018 22:55
Exact Location Of Accident	AIRPORT BOULEVARD TO PIE(BEFORE PIE TUAS EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD2496P
Insured/Policyholder	
Name Of Registered Owner	EC CARZ RENTAL
Co Reg No	53353843B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90670493

Vehicle Particulars

Manufacturer	MAZDA
Model	5
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5103485806
Cover Note Number	

Driver

Name of Driver	SUHARTO BIN ISMAIL
NRIC No	S1803984B
Date Of Birth	11/02/1967
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1994
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90670493
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 630 YISHUN STREET 61 #04-43
Postcode	760630
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	DRY

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: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

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	SHC8150L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 SUHARTO BIN ISMAIL

Approximate Age 51

Injuries Sustain SLIGHT

Injured person in which vehicle? SMD2496P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

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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 (b) 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



A - SMP 2496P

B - stc 850L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer

12/11/20

Key of

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 General Personnel's Signature

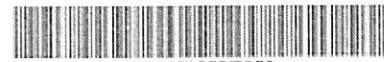
Name:

MRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20181022/2050

1 of 3

Report No. T/20181022/2050

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2018 12:21		Vide Report No.:		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: SUHARTO BIN ISMAIL			Address: APT BLK 630 YISHUN STREET 61 #04-43 SINGAPORE 760630		
ID Type / ID No.: NRIC NO / S1803984B			Contact No.: Home/Office: Mobile: 90670493		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 11/02/1967	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/10/2018 22:55	Type of Location: Roundabout
Location: Along Road 1 Traveling Toward Road 2 AIRPORT BOULEVARD PAN ISLAND EXPRESSWAY Just before PIE (Tuas) exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8150L	Car					0
SMD2496P	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20181022/2050

2 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20181022/2050

CONTINUATION OF REPORT

Driver			
Name	SUHARTO BIN ISMAIL	ID No.	S1803984B
Related Vehicle	SMD2496P (Car)	Contact No.	90670493
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/10/2018	Date Discharge	22/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 21/10/2018 at about 2255hrs, I was driving along Airport Boulevard. I just picked up a passenger from Airport Terminal 3 and was heading towards Bukit Batok Ave 5. I was driving along the fourth lane from the right and was going towards PIE (Tuas). Just as I was under the bridge, the vehicle in front of mine applied his brakes. I also applied my brakes and came to a complete stop.

Suddenly, I heard a sound and felt an impact at the back of my vehicle. I then asked my passenger if he was okay and he was fine. I came out of my vehicle and talked to the vehicle behind mine (SHC8150L). I then assessed the damages on my vehicles and asked the driver for his particulars. However, the driver of SHC8150L did not want to give me his particulars and just told me to claim insurance. As I did not want to argue with him, I just took picture of his plate number and my vehicle, and continued on my journey.

My vehicle suffered dents on the left side of my rear bumper. I am unsure how much the damages cost. The next day, I went to see a doctor and was given a 5 day MC. I am suffering from neck and back pain.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20181022/2050

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Report No. T/20181022/2050

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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 TEO YEE WAN, RENNY

Signature Of Interpreter:

Not applicable

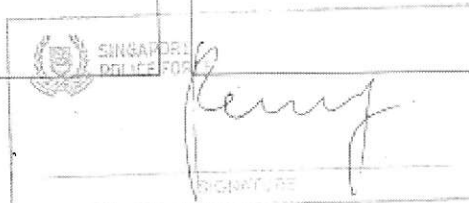
Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE.

Contact No.: 65476414

Authentication Stamp
NP168



Signature Of Informant:

Date/Time:

22/10/2018 12:21

Classification Of Case: