

## 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	27/10/2018 16:58
Date Of Accident	26/10/2018 16:20
Exact Location Of Accident	LOYANG AVENUE TOWARDS TAMPINES
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX6200T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHAHRIAN BIN RASID
NRIC No	S6912820C
Email Address	IANXX69@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90275413
Alternative Phone No	OTHERS-90275413

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 CVT (A)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097935035
Cover Note Number	

### Driver

Name of Driver	SHAHRIAN BIN RASID
NRIC No	S6912820C
Date Of Birth	20/04/1969
Occupation	INDOOR
Date Of Driving Pass	21/05/1996
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90275413
Fax Number	
Contact Number	OTHERS-90275413
Email Address	IANXX69@YAHOO.COM.SG

Address	65 LOYANG VIEW
Postcode	507205
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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)	2
Passenger 1	NAME: : SON GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JQH9746
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

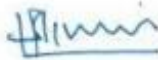
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#### **8. Consent under the Personal Data Protection Act (PDPA)**

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 (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.

 27 Oct 2018

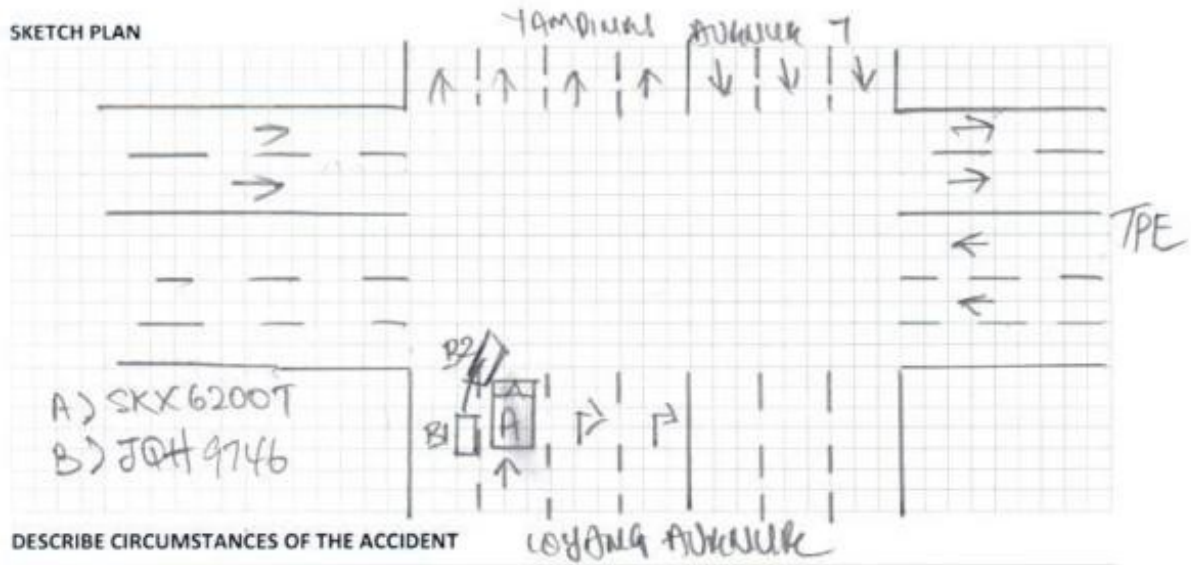
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 27/10/2018  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
7/2018/1027/2045

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Himin 27 Oct 2018

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

[Signature] 27/10/2018  
Reporting Centre Personnel's Signature  
Name: Rashli Umar  
NRIC/FIN No.:



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181027/2045

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20181027/2045

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2018 12:48	Vide Report No.:	Station Diary No.: 41
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## Informant's Particulars

Name of Informant: SHAHRIAN BIN RASID	Address: 65 LOYANG VIEW SINGAPORE 507205		
ID Type / ID No.: NRIC NO / S6912820C	Contact No.: Home/Office: Mobile: 90275413		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 49	Date of Birth: 20/04/1969	Type of Informant: Driver
Race: Boyanesse	Language: English		Institution / School Name:
Occupation: TECHNICIAN	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 26/10/2018 16:20	Type of Location: Straight Road
Location: Along Road 1 LOYANG AVENUE				
Towards to Tampines				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JQH9746	Motorcycle					0
SKX6200T	Car	TOYOTA	WISH 1.8 CVT	Grey	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKX6200T	NTUC Income Insurance Co-Operative Limited	5097935035	08/02/2018	07/02/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181027/2045

Police Station Of Origin:  
Pasir Ris N.P.C.  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20181027/2045

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHAHRIAN BIN RASID	ID No.	S6912820C
Related Vehicle	SKX6200T (Car)	Contact No.	90275413
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 26/10/2018 at about 1619hrs, I was driving my vehicle, registration plate number SKX6200T and was driving along Loyang Ave towards to Tampines. At that time, I was travelling at lane number 3.

At the junction, I stop my car as the traffic was red in favor. When the traffic light turns to green in favor, I then moved off. While I was moving off, one Malaysia motorcycle registration plate number JQH9746 from the 4th lane suddenly make a right turn towards to TPE. As such the rider had collided on my front left portion of my vehicle and he then left.

I wish to state the rider did not stop when collided with my vehicle and I have an in Car Camera installed.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181027/2045

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20181027/2045

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 /

Staff Sgt IDRIS BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/10/2018 12:48

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Classification Of Case:



SINGAPORE  
POLICE FORCE

SIGNATURE



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



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