

## 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	26/10/2018 12:46
Date Of Accident	24/10/2018 13:10
Exact Location Of Accident	ALONG JALAN BESAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2925M
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#### Insured/Policyholder

Name Of Registered Owner	RED DOT XPRESS PTE LTD
Co Reg No	201604134G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888

#### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 HR MICROBUS-2.5 D 2.5 4DR 5AT ABS D/A (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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098871254
Cover Note Number	

#### Driver

Name of Driver	JAPRI BIN JAFFAR
NRIC No	S1572213D
Date Of Birth	27/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	02/05/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85039919
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 708 WOODLANDS DRIVE 70 #04-29
Postcode	730708
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
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)	8
Passenger 1	NAME: : STUDENTS GENDER: : MALE
Passenger 2	NAME: : STUDENTS GENDER: : MALE
Passenger 3	NAME: : STUDENTS GENDER: : FEMALE
Passenger 4	NAME: : STUDENTS GENDER: : FEMALE
Passenger 5	NAME: : STUDENTS GENDER: : FEMALE
Passenger 6	NAME: : STUDENTS GENDER: : FEMALE
Passenger 7	NAME: : STUDENTS GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	<b>ROAD:</b> 3 WOODLANDS DRIVE 63 , <b>POSTCODE:</b> 737890 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

PLEASE REFER POLICE REPORT T/20181025/2119

**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	SJJ6138B
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	JAPRI BIN JAFFAR
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	PC2925M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## SKETCH PLAN

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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:

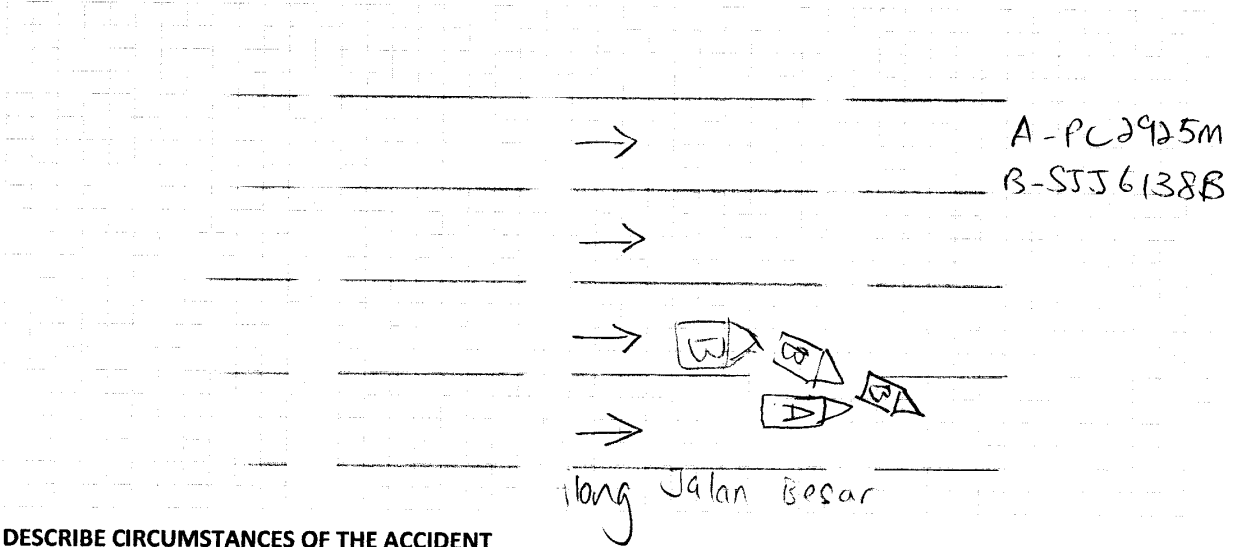
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please refer police report. T/20181025/2119

## 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.:



**SINGAPORE  
POLICE FORCE**



T/20181025/2119

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20181025/2119

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2018 17:14		Vide Report No.:		Station Diary No.: 100	
Name of Informant: JAPRI BIN JAFFAR		Address: APT BLK 708 WOODLANDS DRIVE 70 #04-29 SINGAPORE 730708			
ID Type / ID No.: NRIC NO / S1572213D		Contact No.: Home/Office: Mobile: 85039919			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 55	Date of Birth: 27/09/1963	Type of Informant: Driver		
Race: Boyanesse		Language:		Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/10/2018 00:00	Type of Location: Straight Road
Location: Along Road 1 JALAN BESAR				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

PC2925M	Bus/Coach/Mi nibus (School Children)	NISSAN	NV350 HR MICROBUS 2.5 4DR 5AT ABS D/AB	White	Slightly Damaged	7
SJJ6138B	Car	MERCEDES BENZ	A180 FL STYLE (R17 HLG)	Maroon	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20181025/2119

Police Station Of Origin:  
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3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20181025/2119

**CONTINUATION OF REPORT**

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	JAPRI BIN JAFFAR	ID No.	S1572213D
Related Vehicle	PC2925M (Bus/Coach/Minibus (School Children))	Contact No.	85039919
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/10/2018	Date Discharge	25/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name	FONG KUM SENG	ID No.	S1604801A
Related Vehicle	SJJ6138B (Car)	Contact No.	97530550
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.**

I am the driver of vehicle registration no. PC2925M.

On 25/10/2018 at about 1310hrs, my vehicle was travelling straight on lane 1/3 on Jalan Besar. I was keeping right as I intended to turn right onto Mayo Street. Traffic was congested and slow-moving.

Before Dunlop Street, vehicle SJJ6138B suddenly changed lanes to the right, in front of my vehicle without signalling. I could not react in time and this resulted in a collision between the right side of vehicle SJJ6138B and the front of my vehicle.

Both drivers checked for damage and exchange particulars. As a result of the impact, the left side of the front bumper of my vehicle was dented and scratched.

I sought my own medical treatment on the same day at a GP and was given 03 days MC for pain in my neck, shoulder, back area and right leg.

No Traffic Police or ambulance was at scene. I do not have any in-vehicle camera installed.



**SINGAPORE  
POLICE FORCE**



T/20181025/2119

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Report No. T/20181025/2119

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20181025/2119

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20181025/2119

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 / Sgt 2 LEONG JIA SHENG, KENNETH  Signature :  SGT KENNETH LEONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/10/2018 17:14
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

