

## 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	07/11/2018 16:01
Date Of Accident	07/11/2018 08:40
Exact Location Of Accident	CTE TWDS AYE 10.5KM LAMP POST 243
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR5863E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROYAL LIMO
Co Reg No	53336920K
Email Address	PATRICK@RAFFLESDEV.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97442880

### Vehicle Particulars

Manufacturer	HONDA
Model	INSIGHT-1.3 G (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095305744
Cover Note Number	DRIVO CLASSIC

### Driver

Name of Driver	SALMAN AL-FARISI@BRIDGES ANDRE
NRIC No	S1185420F
Date Of Birth	27/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	10/06/1982
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93896627
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 386 YISHUN RING RD #05-1715
Postcode	760386
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : FEMALE

#### 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

SEE ATTACHED POLICE REPORT NO: T/20181107/2062

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG4923A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SURENDHARAN SAKKARAVARTHI S/O SAMRAJ AHSOCKAN
NRIC/Passport Number	S9141891F
Contact Number	
Address	

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN9281B  
Vehicle Make/Model/Colour  
Details Of Properties VEHICLE C  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver WONG HOCK HIM  
NRIC/Passport Number F1329723K  
Contact Number 91295501  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name UNKNOWN PASSENGER  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJR5863E  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name SALMAN AL-FARISI@BRIDGES ANDRE  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJR5863E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address BLK 386 YISHUN RING RD #05-1715  
Postcode 760386

## Sketch Plan Pg. 1



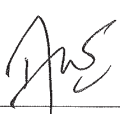


### SKETCH PLAN

#### IMPORTANT NOTICE

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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: 7/4/18 3:40PM	  Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
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**SINGAPORE  
POLICE FORCE**



T/20181107/2062

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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/20181107/2062

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/11/2018 13:51	Vide Report No.: E/20181107/0060	Station Diary No.: 58
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**Informant's Particulars**

Name of Informant: SALMAN AL-FARISI			Address: APT BLK 635 PASIR RIS DRIVE 1 #07-596 SINGAPORE 510635		
ID Type / ID No.: NRIC NO / S1185420F			Contact No.: Home/Office: Mobile: 93896627		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 27/09/1956	Type of Informant: Driver		
Race: Eurasian			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/11/2018 08:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY  CTE(AYE) 10.5KM Lamp Post Number: 243				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG4923A	Van					0
SJR5863E	Car	HONDA	INSIGHT 1.3G A	Silver	Seriously Damaged	1
UNKNOWN (Not Accurate)	Lorry					0





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



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Report No. T/20181107/2062

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SURENDHARAN SAKKARAVARTHI S/O SAMRAJ AHSOCKAN	ID No.	S9141891F
Related Vehicle	GBG4923A (Van)	Contact No.	NIL
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
<b>Driver</b>			
Name	SALMAN AL-FARISI	ID No.	S1185420F
Related Vehicle	SJR5863E (Car)	Contact No.	93896627
Hospital/Clinic	K. B. TAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/11/2018	Date Discharge	07/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	WONG HOCK HIM	ID No.	F1329723K
Related Vehicle	UNKNOWN (Lorry)	Contact No.	91295501
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.**

On 07/11/2018 at about 0730hours, I was driving my vehicle number bearing the registration number: SJR5863E with a passenger seated at the rear passenger seat. I was driving along CTE, at about 10.5km. As the traffic was heavy, I was stationary on the left most lane. When I stopped there was a safe distance between me and the vehicle in front of me which was a lorry.

Suddenly, I felt an impact coming from the rear of vehicle. Due to the impact my vehicle then surged forward and collided onto the lorry which was in front of me. I then stepped out of my vehicle and noticed that I silvered colored van had collided onto the rear of my vehicle. The van was bearing the registration





**SINGAPORE  
POLICE FORCE**



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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/20181107/2062

**CONTINUATION OF REPORT**

number: GBG4923A. I then asked for the driver particulars and he provided me with his NRIC which I took a pictures of it. The driver then suddenly just drove off.

My passenger informed me that she felt pain at her neck area and was bleeding from the mouth area. I then called police and ambulance for assistance immediately.

My vehicle was dented at the front and rear portion. The van was damaged at the front portion. The lorry in front of my vehicle had minor damage so he inform me that he will be going off but he provided me with his particulars.

The Traffic Police came and took my statement and memory card as I had an in-vehicle camera installed in my vehicle. The officer gave me an incident number E/20181107/0060. My passenger was then conveyed to hospital by ambulance.

I felt pain in my neck area so I went to see a doctor and was given 3 days medical leave.

My current address had been changed to Blk 386 Yishun Ring Road #05-1715.





**SINGAPORE  
POLICE FORCE**



T/20181107/2062

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Report No. T/20181107/2062

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1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**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 MUHAMMAD ALIF BIN AZALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/11/2018 13:51

Officer In Charge Of Case:

TP / GIT /  
Staff Sgt YAN MINGSHENG DANIEL  
Contact No.: 65476252

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE  
POLICE FORCE**

SIGNATURE