





## 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	16/11/2018 14:50
Date Of Accident	16/11/2018 09:30
Exact Location Of Accident	BEDOK NORTH RD TOWARDS BARTLEY RD EAST FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8764K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EAST WEST COURIER SERVICES PTE. LTD.
Co Reg No	201130040M
Email Address	AZMILSHAH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87807174
Alternative Phone No	OFFICE-87807174

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5104197707
Cover Note Number	

### Driver

Name of Driver	NUR AZMIL SHAH PUTRA BIN NORAZMAL
NRIC No	S8421710G
Date Of Birth	22/07/1984
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2013
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87807174
Fax Number	
Contact Number	OTHERS-87807174
Email Address	AZMILSHAH@HOTMAIL.COM

Address	BLK 333C ANCHORVALE LINK #14-314
Postcode	543333
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	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181116/2046

#### 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	EM5599D
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	NUR AZMIL SHAH PUTRA BIN NORAZMAL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBH8764K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

East West Courier Services Pte Ltd  
116 Lavender Street  
#03-01 Pek Chuan Building  
Singapore 338730  
Tel: 6292-4212 Fax: 6292-4472

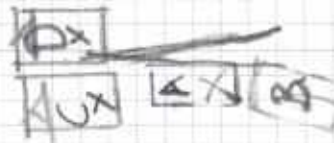
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

BALTIMORE ROAD EAST FLYOVER



A) GBH/B764K  
B) EM 5599D

BROOK MOUNT ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Report to D-Lock Report  
1/2018/11/16/2016

DECLARATION

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

East West Courier Services Pte Ltd

116 Lavender Street  
#03-01 Pek Chuan Building

Singapore 338730  
Tel: 6292-4272 Fax: 6292-4472  
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/20181116/2046

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20181116/2046

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2018 13:14	Vide Report No.:	Station Diary No.: 34
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### Informant's Particulars

Name of Informant: NUR AZMIL SHAH PUTRA BIN NORAZMAL			Address: APT BLK 333C ANCHORVALE LINK #14-314 SINGAPORE 543333	
ID Type / ID No.: NRIC NO / S8421710G			Contact No.:	Mobile: 87807174
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 22/07/1984	Type of Informant: Driver	
Race: Javanese			Language: English	Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/11/2018 09:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BEDOK NORTH ROAD BARTLEY ROAD EAST Bedok North Road towards Bartley Road east flyover				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EM5599D	Car				Slightly Damaged	0
GBH8764K	Van				Slightly Damaged	0

### Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20181116/2046

2 of 3

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20181116/2046

**CONTINUATION OF REPORT**

Driver			
Name	NUR AZMIL SHAH PUTRA BIN NORAZMAL	ID No.	S8421710G
Related Vehicle	GBH8764K (Van)	Contact No.	87807174
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/11/2018	Date Discharge	16/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the 16/11/2018 at about 0930hrs, I was driving along Bedok North Road towards Bartley Road east flyover in my company's van (GBH8764K ). My vehicle was driving upslope. There were two vehicles right in front of me who were not giving way to one another. Upon approaching the merging lane, one vehicle suddenly did a brake right in front of me. I then reacted by also hitting the brakes. My vehicle was stationary for about a few seconds when suddenly I felt a impact that came from the back. I came off from my vehicle and found that a car(EM5599D)'s front left had collided into the right rear of my vehicle. I exchanged particulars with the driver. There were damages to the rear of my van. When I was on the way back to my company, I felt aching on my neck and back. I went to Shalom Clinic and Surgery and received 3 days MC for whip lash injury from the accident.





**SINGAPORE  
POLICE FORCE**



T/20181116/2046

3 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20181116/2046

**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:  
D /  
Sgt 3 ROGER GOH XIN YAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
16/11/2018 13:14

Classification Of Case:

SIGNATURE

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# Shalom Clinic + Surgery

Alexandra Village  
Blk 123, #01-104  
Bukit Merah Lane 1  
Singapore 150123  
Tel: 6278 0270  
Fax: 6278 4215

**Shalom Clinic + Surgery**

Alexandra Village  
Blk 123 Bukit Merah Lane 1  
#01-104 Singapore 150123  
Tel: 6278 0270 Fax: 6278 4215

## MEDICAL CERTIFICATE

Number: 0000070525

Date: 16-Nov-2018

This is to certify that the following patient:

Name: NUR AZMIL SHAH PUTRA BIN NORAZ NRIC: S8421710G

is UNFIT FOR DUTY for 3 days  
from 16/11/2018 to 18/11/2018 inclusive.

Whip lash injury

**DR. LAWRENCE SOH**  
MA, MBBS, MSc(OM), FAMS  
MCR: M02610G



## Claim Handling

Accident MT/1020076

Policy No.	5104197707	Vehicle No.	GBH8764K	GST Registration No.	
Certificate No.					
Policyholder Name	EAST WEST COURIER SERVICES PTE, LTD.	Cover Type	Comprehensive	Policyholder NRIC	201130040M
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	87807174	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	<input type="text" value="No"/>
KFK	+ No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private HVA	No
<b>Accident Details</b>					
Report Date	16/11/2018 15:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/11/2018	Time of Accident h:mm	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	88DOK NORTH RD TOWARDS BARTLEY RD EAST FLYOVER				
<b>Excess</b>					
Own damage Excess	000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	115 LAVENDER STREET	Address 2	#03-01 PEK CHUAN BUILDING	Address 3	SINGAPORE 338730
Address 4		Address Type	Singapore address	Post Code	338730
Unit No.	03-01	Related Policy Number	5076129966-03		
<b>DI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUR AZMIL SHAH PUTRA BIN NI	Driver NRIC	S842171DG	Driver DOB	22/07/1984
Register Date of Driver License	11/07/2013	Driver Age	34	Driving Experience	5
Contact No.(Mobile)	87807174	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 333C #14-314	Address 2	ANCHORVALE LINK	Address 3	ANCHORVALE ISLES
Address 4	SINGAPORE 543333	Address Type	Foreign address	Post Code	543333
Unit No.	14-314				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	GBH8764K	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	EAST WEST COURIER SERVICES	Insured NRIC	201130040M
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		CI		TP	
Claim Description	GBH8764K / EM5599D ON 15 Nov 2018			Vehicle Number	EM559
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Reserve No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	16/11/2018 15:18
Report Taken By	ROSLE WAHAB			Date Received	16/11/2018

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1020076	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/11/2018 15:18
Path *			
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Message Read			
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
RAC_BUKIT_MERAH_3006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 16 Nov 2018 15:18		Photos	Normal
		Description	Photos 2018-11-16



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Nov 2018 15:18

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Photos 2018-11-16

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NRIC/ Driving License

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NRIC/ Driving License 2018-11-16

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SAS 2018-11-16

Video List

Uploaded By/Date

Folder Date

File Name

Source

[Display in New Window](#)
[Scan and uploading](#)



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Licence Number: **S8421710G**  
 Name: **NUR AZMIL SHAH PUTRA BIN NORAZMAL**  
 Birth Date: **22 Jul 1984**  
 Issue Date: **11 Jul 2013**

00220 1005K



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8421710G**



**NUR AZMI SHAH PUTRA BIN NORAZMAL**  
 نوره عزميل شاه پوترا بين نورعزميل  
 JAVANESE  
 Date of Birth: **22-07-1984** Sex: **M**  
 Country of Birth: **SINGAPORE**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

**EFFECTIVE DATE**

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg **11 Jul 2013**

NP 428A

Licence No: **S8421710G**



**S8421710G**



Board Group: **B1** Date of Issue: **30-01-1996**  
**APT BLX 333C ANCHORVALE LINK #14-314**  
**SINGAPORE 643333**  
 NRIC No: **S8421710G** Date: **13/05/2014**

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="16/11/2018 11:56"/>
Vehicle No.(For Motor)	<input type="text" value="G8H8764K"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104197707		EAST WEST COURIER SERVICES PTE. LTD.	201130040M	GCV	Comprehensive	G8H8764K	G8H8764K	16/10/2018	15/10/2019