

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	21/11/2018 15:20
Date Of Accident	20/11/2018 11:10
Exact Location Of Accident	JALAN BESAR NEAR L/P: 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3140X
Insured/Policyholder	
Name Of Registered Owner	JUZ RENT PTE LTD
Co Reg No	201309705W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088339
Alternative Phone No	OFFICE-90088339

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5079903991-02
Cover Note Number	

Driver

Name of Driver	ABDUL RAHIM BIN MOHAMED
NRIC No	S1730526C
Date Of Birth	12/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1983
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96631434
Fax Number	
Contact Number	OFFICE-96631434
EEmail Address	NOEMAIL

Address	BLK 9 HAIG ROAD #05-399
Postcode	430009
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181120/2115.

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	GBE8084E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

Accident Sketch Plan

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.:

Accident Sketch Plan

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2019/120/215.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20181120/2115

1 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20181120/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2018 16:41		Vide Report No.: A/20181120/0052		Station Diary No.: 44	
Informant's Particulars					
Name of Informant: ABDUL RAHIM BIN MOHAMED			Address: APT BLK 9 HAIG ROAD #05-399 SINGAPORE 430009		
ID Type / ID No.: NRIC NO / S1730526C			Contact No.: Home/Office: Mobile: 96631434		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 12/11/1965	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:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/11/2018 11:10	Type of Location: Straight Road
Location: Along Road 1 JALAN BESAR				
Lamp Post Number: 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
GBE8084E		NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Silver	Slightly Damaged	0
SJR3140X		TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Slightly Damaged	0

Police Report



SINGAPORE
POLICE FORCE



T/20181120/2115

Police Station Of Origin:
MacPherson NPP
54 Pipl Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20181120/2115

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL RAHIM BIN MOHAMED	ID No.	S1730526C
Related Vehicle	SJR3140X	Contact No.	95631434
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 20 November 2018 at about 11:10am, I was travelling on lane 4 along Jalan Besar in vehicle SJR3140X approaching a bus stop. I wanted to lane change to the lane on my right. I then proceeded to check my rear mirror. When I turned back to the front, that was when I collided into the rear of vehicle G8E8084E.

After the collision, I exited my vehicle to check on the damages. The front left of my bumper was dented n due to the collision. Shortly after, Traffic Police and ambulance arrived and took down the particulars of all parties involved.

Police Report



SINGAPORE
POLICE FORCE



T/20181120/2115

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20181120/2115

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 CHAN LIP YANG, DEMIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Signature Of Informant:

Date/Time:

20/11/2018 16:41

Classification Of Case:

Authentication Stamp

NP163

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

