

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	30/11/2018 17:09
Date Of Accident	27/11/2018 07:20
Exact Location Of Accident	EUNOS AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2510B
Insured/Policyholder	
Name Of Registered Owner	M & N TRANSPORT SERVICES
Co Reg No	53259180A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82422765
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 MICROBUS 2.5 4DR 5AT ABS
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	5065236021-04 COMP
Cover Note Number	

Driver

Name of Driver	MUHAMAD SUHAIMI BIN OSMAN
NRIC No	S7501901G
Date Of Birth	08/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	16/02/1998
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82422765
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 801B KEAT HONG CLOSE #04-23
Postcode	682801
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	WET

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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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	PC4988T
Vehicle Make/Model/Colour	TOYOTA HIACE COMMUTER GL 3.0 A
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)

DETAILS OF INJURED PERSON 1

Name	MUHAMAD SUHAIMI BIN OSMAN
Approximate Age	43
Injuries Sustain	CHEST PAIN
Injured person in which vehicle?	PC2510B
Were seat belts worn?	
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.
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. 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.

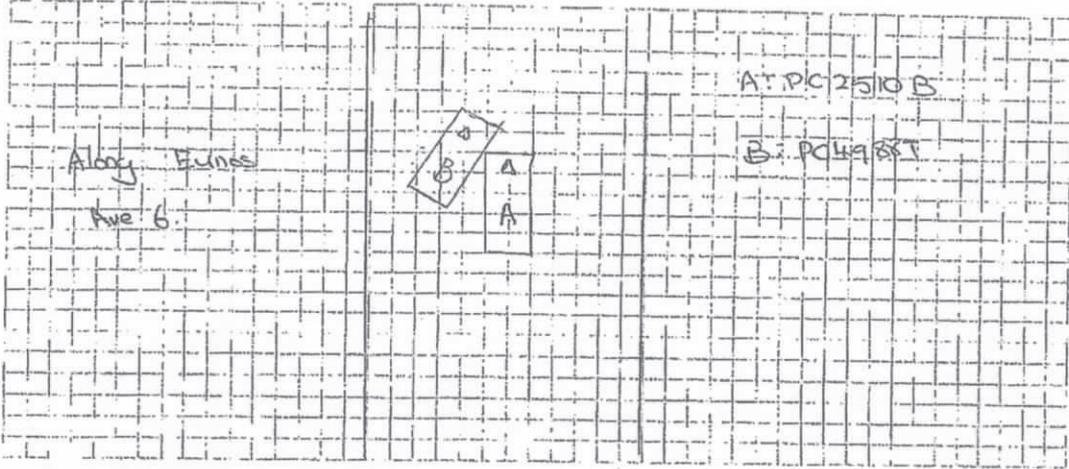
**M&N
TRANSPORT
SERVICES**

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 30 NOV 2018

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492800
Email: vaekb@idac.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~On 27/11/18 730 am at about~~

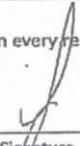
Refer to Police Report

DECLARATION

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

M&N
TRANSPORT
SERVICES

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 30 NOV 2018

IDAC KAKI BUKIT (P) S.S.
23 Kaki Bukit Ave -
Singapore 415933
Tel: 67416697 Fax: 67422203


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

Individual Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181130/2111

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3
Report No. T/20181130/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2018 16:05		Vide Report No.:		Station Diary No.: 61
Informant's Particulars				
Name of Informant: MUHAMAD SUHAIMI BIN OSMAN		Address: APT BLK 801B KEAT HONG CLOSE #04-23 SINGAPORE 682801		
ID Type / ID No.: NRIC NO / S7501901G		Contact No.: Home/Office: Mobile: 82422765		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 43	Date of Birth: 08/01/1975	Type of Informant: Driver	
Race: Malay		Language:	Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/11/2018 07:20	Type of Location: Straight Road
Location: Along Road 1 EUNOS AVENUE 6 Along Eunos Avenue 6				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
PC2510B	Bus/Coach/Minibus				Slightly Damaged	0
PC4988T	Bus/Coach/Minibus				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/20181130/2111

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 3
Report No. T/20181130/2111

CONTINUATION OF REPORT

Driver			
Name	MUHAMAD SUHAIMI BIN OSMAN	ID No.	S7501901G
Related Vehicle	PC2510B (Bus/Coach/Minibus)	Contact No.	82422765
Hospital/Clinic	MY DOCTOR @ LAKESIDE	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	30/11/2018	Date Discharge	30/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 27/11/2018 at about 0720hrs, I was driving my vehicle on a one way road along Eunos Avenue 6 and there is another vehicle that was driving on my left, but he is slightly ahead of my vehicle. Suddenly, the vehicle swerved to its right, towards my direction. I could not stop my vehicle in time and hit onto the right side of his vehicle. Both of us then stopped our vehicle and alighted to make a check. I asked the driver why he had swerved towards my direction and he informed me that he had switched on his hazard light indicating that he had wanted to park his vehicle into one of the parking lot nearby. The driver had failed to check before he turns his vehicle to the right. I told him that I was driving next to his vehicle and could not see his hazard light. There was no lane marking on the road and he was driving to the most left side of the road. After the accident, the other driver then parked his vehicle and walked off. I took photos of the accident scene but did not managed to exchange my particulars with him. He was seen to be driving in a dangerous manner since I saw his vehicle from a few meters away. There is an in car camera in my vehicle but I am not sure if it is working. I sustained injuries on my chest due to the hard impact of the accident.



**SINGAPORE
POLICE FORCE**



T/20181130/2111

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20181130/2111

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 3 ABDUL SARHAN BIN ABDUL RIFFIN <i>A</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2018 16:05
Officer In Charge Of Case: TP / AEFT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219 <i>A</i>	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	