

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	05/12/2018 12:05
Date Of Accident	14/11/2018 06:30
Exact Location Of Accident	BKE (PIE) AFTER BUKIT PANJANG RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU3733H
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS G 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094921806-01
Cover Note Number	

Driver

Name of Driver	ZAKARIAH B MOHD YUSOFF
NRIC No	S1674645B
Date Of Birth	10/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	30/09/1984
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85091410
Fax Number	
Contact Number	OFFICE-85091410
Email Address	NOEMAIL

Address	BLK 480 PASIR RIS DRIVE 4 #02-455
Postcode	510480
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	RAINING
Road Surface	WET

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?	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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

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	SCM3118X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE KEE SENG
NRIC/Passport Number	S1583789F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

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

BKE (PTE).

A. JEU3733H
A: 5(M) 318X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statement.

A blue diagonal line is drawn across the page, starting from the left margin and extending towards the right margin, positioned roughly in the middle vertically.

DECLARATION

I/We declare that 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.:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



G/20180801/2142

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POLICE REPORT (NP322)

Report No. G/20180801/2142

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

Date/Time Report Made 01/08/2018 19:23	Vide Report No.	Station Diary No. 108
Name Of Informant ZAKARIAH B MOHD YUSOFF	Address APT BLK 480 PASIR RIS DRIVE 4 #02-455 SINGAPORE 510480	
ID Type / ID No. NRIC NO / S1674645B	Contact No. Home/Office	Mobile 85091410
Nationality SINGAPORE CITIZEN	Email Address	
Occupation GRAB DRIVER	Sex Male	Age 54
Institution/School Name	Date of Birth 10/06/1964	Race Malay
	Language	
Date/Time Of Incident 01/08/2018 06:00	Location Of Incident GOLDHILL PLAZA SINGAPORE	

Brief details.

On the above mentioned date, time and location, I discovered the below mentioned items missing. I made a search but to no avail. I am lodging this report for recording purposes.

Property Information

Signature Of Officer Recording The Report: G / Sgt 2 JEREMY CHUNG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2018 19:23
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp DICKSON TAN LIP SHIN Contact No.: 62447200	Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645



Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



G/20180801/2142

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POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20180801/2142

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Lost				1		One black wallet.
2	Identity Card	Lost	SINGAP ORE NRIC			1		One NRIC belonging to ZAKARIAH B MOHD YUSOFF.
3	Licence	Lost	PVDL			1		One PVDL belonging to ZAKARIAH B MOHD YUSOFF.
4	Ezlink Card	Lost				1		One adult ezlink card.
5	CashCard	Lost				1		One cashcard.

Signature Of Officer Recording The Report:

G / Sgt 2 JEREMY CHUNG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/08/2018 19:23

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp DICKSON TAN LIP SHIN
Contact No.: 62447200

Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645

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POLICE
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Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



G/20180801/2142

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POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20180801/2142

6	Credit Card / Debit Card/ ATM Card	Lost	POSB			1	One POSB ATM card belonging to ZAKARIAH B MOHD YUSOFF.
7	Shell petrol card	Lost				1	One shell petrol card belonging to ZAKARIAH B MOHD YUSOFF.
8	Cash	Lost				1	Singapore Dollars 100.00 Cash amounting to S\$400.00 only.
9	Licence	Lost	Qualified Driving Licence			1	One driving licence belonging to ZAKARIAH B MOHD YUSOFF.

Signature Of Officer Recording The Report:

G / Sgt 2 JEREMY CHUNG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp DICKSON TAN LIP SHIN
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:
01/08/2018 19:23

Classification Of Case:

FUPO hotline number: 68429645

SINGAPORE
POLICE FORCE

J.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



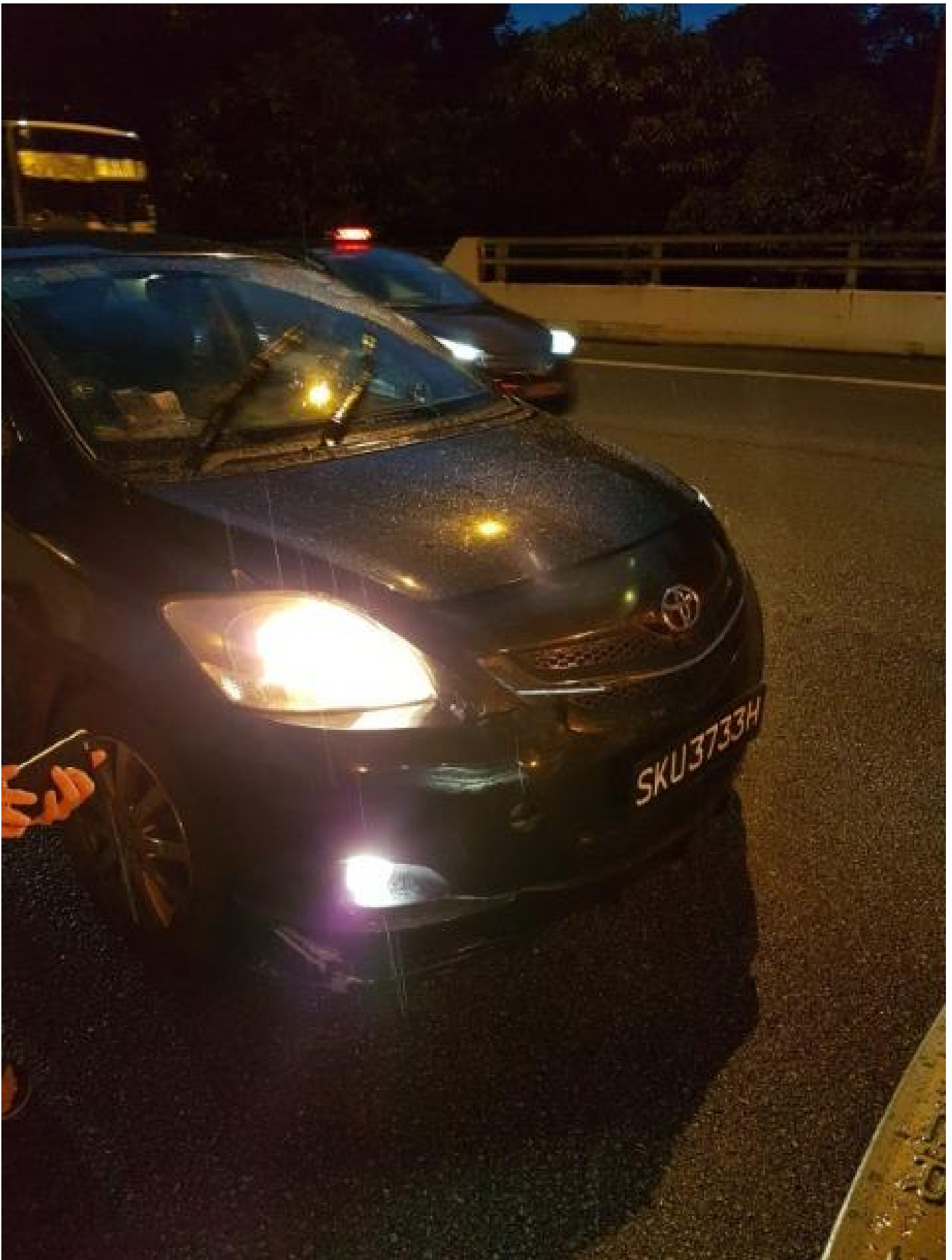
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0030 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118157262 Vehicle Registration No: SK43733H
 Name (as shown in NRIC) : ZAKARIAH B MOHD Yusoff NRIC/FIN/Passport No : S1674645B
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 480 PASIR RIS DRIVE 4, #02-455 Singapore 510480
 Contact (Tel) : - Mobile No. : 85091410
 Email Address : NOEMAIL
 Date of Accident : 14/11/2018 Time of Accident : 06:30
 Place of Accident : BKE (PIE) AFTER BUKIT PANJANG RD EXIT
 Insurance Company : NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend the Driving Passing Date.



Policyholder / Driver's Signature
 Date:

5/12/2018
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: