

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 | 03/12/2018 10:50 |
| Date Of Accident | 01/12/2018 05:20 |
| Exact Location Of Accident | 60 YISHUN CENTRAL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | PC5745X |
|-----------------------------|---------|

Insured/Policyholder

| | |
|--------------------------|---------------------------|
| Name Of Registered Owner | THINK ONE LEASING PTE LTD |
| Co Reg No | 201115609M |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96788288 |
| Alternative Phone No | OFFICE-65553300 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE-3.0 D GL (A) |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | YES |
| Policy Number | 5070785764-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | MUHAMMAD SYAFI BIN AZMAN |
| NRIC No | S9701801D |
| Date Of Birth | 23/01/1997 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 14/12/2015 |
| Driving Experience | 2 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90786897 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | APT BLK 136 YISHUN RING ROAD #02-136 |
| Postcode | 760136 |
| 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 - U-TURN |
| Weather Conditions | RAINING |
| 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) | 2 |
| Passenger 1 | NAME: : IRA SHAFIQAH GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8929999 - FAX NO: 67673650 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

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 | SHB9994S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | VEHICLE B |
| Vehicle Category | TAXI |
| 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

NameIRA SHAFIQAH
Approximate Age
Injuries Sustain
Injured person in which vehicle?PC5745X
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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:

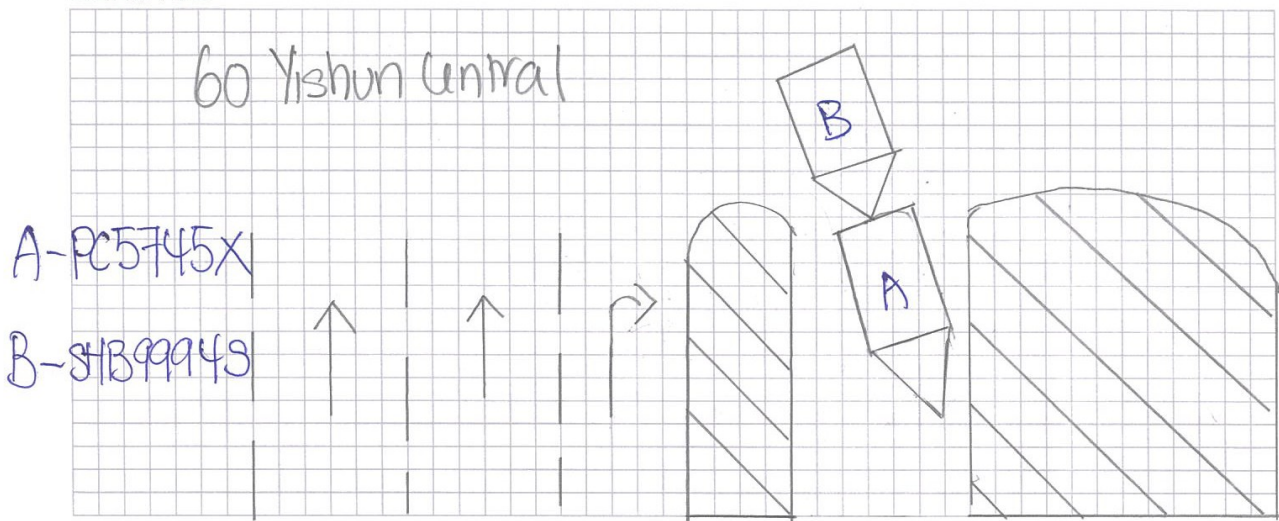
Driver's Signature
(If driver is not the policyholder)
Date & Time:

3/12/18
9:49 AM

Think One Autocare Pte Ltd
18 Defu Lane Avenue 2
Singapore 539522
Tel: 6844 2300 Fax: 6842 4988

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the Police Report.

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.:


Think One Autocare Pte Ltd
18 Defu Lane Avenue 2
Singapore 539522
Tel: 6844 3300 Fax: 6842 4988


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9701801D**
Name: **MUHAMMAD SYAFI BIN AZMAN**

Birth Date: **23 Jan 1997**
Issue Date: **14 Dec 2015**

 002502888C







REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9701801D**

Name: **MUHAMMAD SYAFI BIN AZMAN**

Race: **BOYANESE**
Date of birth: **23-01-1997** Sex: **M**
Country of birth: **SINGAPORE**






S9701801D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$


EFFECTIVE DATE 14 Dec 2015

Licence No: S9701801D




NP 428A

NRIC No. S9701801D



Date of Issue 07-08-2012

Address
APT BLK 136 YISHUN RING ROAD
#02-136
SINGAPORE 760136



4871062



**SINGAPORE
POLICE FORCE**



T/20181203/2154

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20181203/2154

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|---------------------------|----------------------------|
| Date/Time Report Made: 03/12/2018 19:46 | | Vide Report No.: | | Station Diary No.: 148 | |
| Informant's Particulars | | | | | |
| Name of Informant: MUHAMMAD SYAFI BIN AZMAN | | | Address: APT BLK 136 YISHUN RING ROAD #02-136 SINGAPORE 760136 | | |
| ID Type / ID No.: NRIC NO / S9701801D | | | Contact No.: Home/Office: Mobile: 90786897 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 21 | Date of Birth: 23/01/1997 | Type of Informant: Driver | | |
| Race: Boyanes | | | Language: | | Institution / School Name: |
| Occupation: PERSONAL DRIVER | | | Driving Licence Information: Class: 3A Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 01/12/2018 17:20 | Type of Location: X-Junction |
| Location: YISHUN CENTRAL Infront of Khoo Teck Puat Hospital | | | | |
| Weather: Raining | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Heavy |
| 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 |
|-------------|------|--------|-------|-------|------------------|-----------------|
| PC5745X | Van | TOYOTA | Ace | | Slightly Damaged | 1 |
| SHB9994S | Taxi | | | | 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/20181203/2154

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20181203/2154

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------------|--|-----------------------------------|
| Driver | | | |
| Name | MUHAMMAD SYAFI BIN AZMAN | ID No. | S9701801D |
| Related Vehicle | PC5745X (Van) | Contact No. | 90786897 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | 02/12/2018 | Date Discharge | 02/12/2018 |
| No. of Days granted Medical Leave | 02 | Degree of Injury | Slight |
| Driver | | | |
| Name | Neo Tuan Theng Victor | ID No. | S7041137G |
| Related Vehicle | NIL | Contact No. | 92700084 |
| 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 1st December 2018 at about 1710hrs, I was driving my company vehicle bearing PC5745X (Toyota) into Khoo Teck Puat Hospital to drop my grandmother off. Subsequently, I wanted to park my vehicle at the open space carpark opposite the hospital. When I was at the traffic light along Yishun Central, I wanted to make U-turn thus I made a right turn. As my vehicle was too long, I needed to reverse my car at the junction.

Before I could reverse my vehicle, a 'Transit' taxi bearing SHB9994S had hit onto the rear portion of my vehicle. At that point of time, I had one passenger with me who was seated at the back of vehicle. Due to the accident, my vehicle's left rear portion was dented and the rear bumper was slightly detached. No one was injured at that point of time, no pedestrian involved, no government property damaged and no Traffic police at scene. The taxi driver and I exchanged particulars for insurance claim purpose.

On 2nd December 2018, I realized that the left rear side of my company vehicle sustained scratches as well. As the impact from the accident was too strong, my passenger and I felt pain on our upper chest. Thus we went to Khoo Teck Puat Hospital for further examination. As such, we received two days medical leave.



**SINGAPORE
POLICE FORCE**



T/20181203/2154

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20181203/2154

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:

J /

Sgt 2 NURUL ATIQA BINTE DOL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

SN 117

Authentication Stamp

NP168

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:

03/12/2018 19:46

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



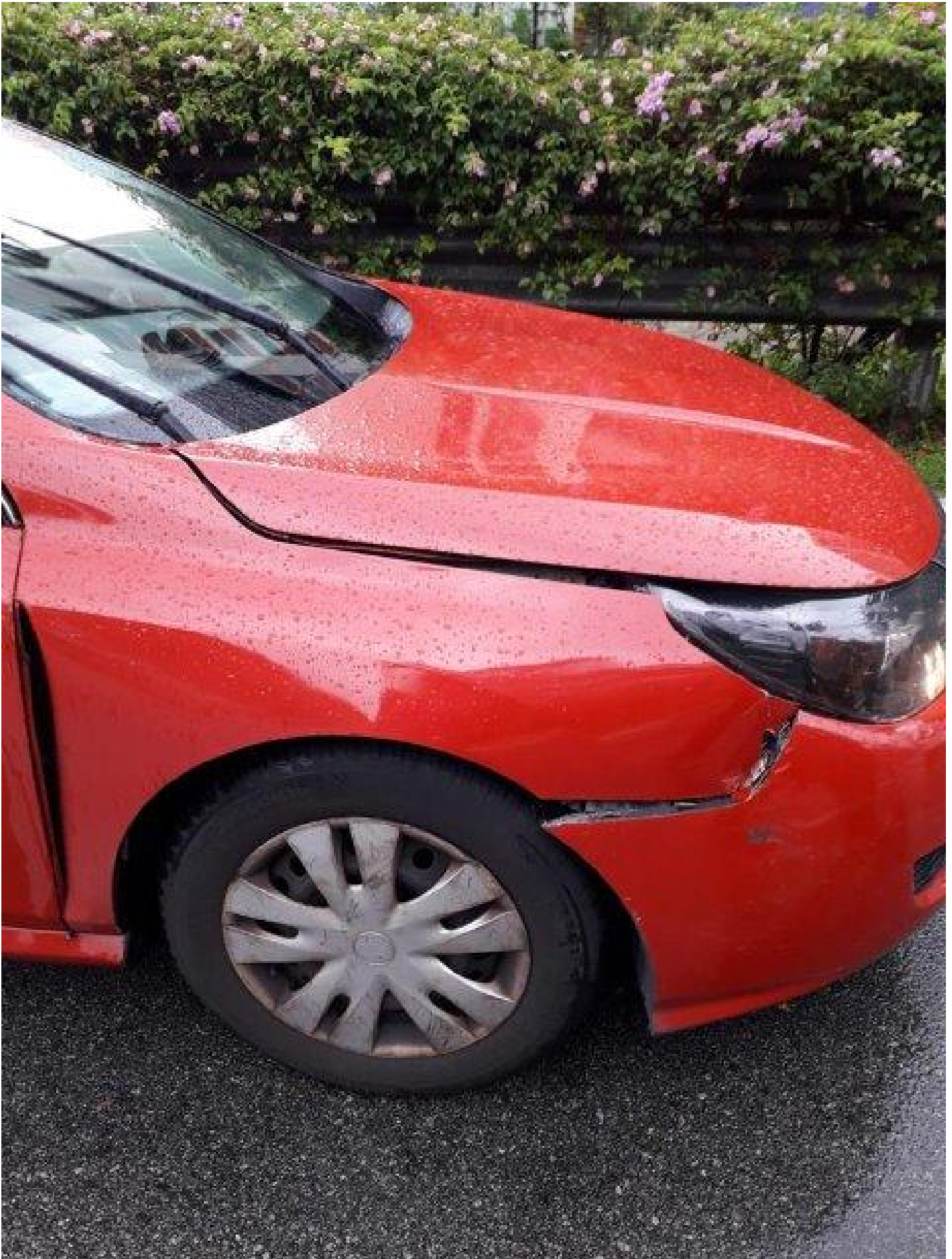
Accident Photo



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