

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 14:00
Date Of Accident	04/12/2018 11:50
Exact Location Of Accident	GRANGE ROAD TWDS ORCHARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH1450C
Insured/Policyholder	
Name Of Registered Owner	HALIFF YUSOFF
Co Reg No	53363442C
Email Address	HALIFFVIETNAM79@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82549314
Alternative Phone No	OFFICE-82549314

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5 (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5091412024-01
Cover Note Number	26/05/2018 - 25/05/2019

Driver

Name of Driver	MOHAMAD HALIFF BIN MOHAMAD YUSOFF
NRIC No	S7933820F
Date Of Birth	20/10/1979
Occupation	INDOOR
Date Of Driving Pass	18/04/2002
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82549314
Fax Number	
Contact Number	
Email Address	HALIFFVIETNAM79@YAHOO.COM.SG

Address	BLK 23 BALAM ROAD #05-181
Postcode	370023
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	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?	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: : PASSENGER
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KRETA AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 32 NORTH CANAL ROAD , POSTCODE: 059282 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5359999 - FAX NO: 62362541
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT (T/20181205/2022)

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	SLQ3545T
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	FRONT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	MRS YONG
NRIC/Passport Number	
Contact Number	90269021
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan Pg. 1

NTUC Income Motor Service Centre 41218 Vehicle No. SGH1X500 Report Date: 12/5/2018 Start Time: 2:15 PM
 Report No. MT 71465 D.O.A. 7/14/65 Make / Model 7/14/65 Reporting Type IP End Time:

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 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.
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 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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.

12/5/2018 14:07

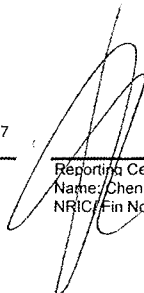
Policyholder's Signature
Date & Time:



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

12/5/2018 14:07

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/Fin No: S990765



SKETCH PLAN

The sketch plan illustrates an accident scene on a road with multiple lanes. A dashed line indicates a lane boundary. Vehicle A (SGH1450C) is positioned in the upper right lane, and Vehicle B (SLQ35451) is in the lower left lane. Arrows indicate the direction of travel. The road is labeled 'GRANGE ROAD' and 'GRANGE ROAD TWDS ORCHARD RD'. A legend at the bottom identifies the vehicles: Vehicle A: SGH1450C and Vehicle B: SLQ35451.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED POLICE REPORT (T/20181205/2022)

DECLARATION

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

12/5/2018 14:07	12/5/2018 14:07	
Policyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
Date & Time:	Date & Time:	Name: Chen JunLiang NRIC/FIN No: S990765

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181205/2022

1 of 3

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

Report No. T/20181205/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2018 10:58		Vide Report No.:		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: MOHAMAD HALIFF BIN MOHAMAD YUSOFF			Address: APT BLK 23 BALAM ROAD #05-181 SINGAPORE 370023		
ID Type / ID No.: NRIC NO / S7933820F			Contact No.: Home/Office: Mobile: 82549314		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 20/10/1979	Type of Informant: Vehicle Owner		
Race: Indian			Language: English		Institution / School Name:
Occupation: GRAB CAR DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/12/2018 23:55	Type of Location: Bend
Location: Along Road 1 GRANGE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SGH1450C	Car	TOYOTA	VIOS 1.5E M	Red	Slightly Damaged	1
SLQ3545T	Car	TOYOTA	WISH 1.8 CVT	White	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/20181205/2022

2 of 3

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

Report No. T/20181205/2022

CONTINUATION OF REPORT

Vehicle Owner			
Name	MOHAMAD HALIFF BIN MOHAMAD YUSOFF	ID No.	S7933820F
Related Vehicle	SGH1450C (Car)	Contact No.	82549314
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/12/2018 at around 2355hrs, I was driving my car, sending one passenger to Ngee Ann city. I was on Grange road. The traffic was heavy and I was driving slowly. All of a sudden, I felt an impact on my right side, and I brake. I made a check on my passenger who was not injured. I then went out of my car, and went to talk to the other driver. We exchanged particulars and contact numbers. I have her number as 90269021, Mrs Yong. After which, she told me she will check with her insurance and get back to me. I then continued to sent my passenger to his destination. My car suffered, right scratches, dents to my right side doors and engine light is on.



**SINGAPORE
POLICE FORCE**



T/20181205/2022

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

3 of 3

Report No. T/20181205/2022

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: A / Sgt 1 MUHAMMAD KHAIRUL AZHAR BIN SELAMAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2018 10:58
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 	