### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/12/2018 18:12
Date Of Accident	13/12/2018 12:50
Exact Location Of Accident	TUAS WEST DRIVE/TUAS CHECKPOINT ENTERING SINGAPORE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV7679L
Insured/Policyholder	
Name Of Registered Owner	ABDUL HALIM B OSMAN
NRIC No	S1693298A
Email Address	HLMOSM89@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91396041
Alternative Phone No	OTHERS-91396041
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	GRANDIS 2.4L SPORTS-GEAR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5069697575-03
Cover Note Number	
Driver	
Name of Driver	ABDUL HALIM B OSMAN
NDIC No.	\$1603208 A

NRIC No S1693298A

Date Of Birth 22/08/1965

Occupation OUTDOOR

Date Of Driving Pass 02/06/1990

Driving Experience 28 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91396041

Fax Number

Contact Number OTHERS-91396041

EMail Address HLMOSM89@GMAIL.COM

4 JALAN KELEMPONG Address

Postcode 509522

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident NO COLLISION

Weather Conditions **CLEAR** Road Surface DRY

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 NO

ambulance?

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

2 Number of Passengers (Including Driver)

Passenger 1

NAME: : NIL

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

NO

JHV88

ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY:

Police Station Address **SINGAPORE** 

Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE POLICE REPORT: T/20181213/2115

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Page 2 of 25

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:

NRIC/FIN No.:

Name

Reporting Centre Personnel's Signat

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# Sketch Plan #2

SKETCH PLAN  SOME CONTAUS  TON TO TO  B B B A A A	Tuas Check point  JB to Spor.  A - SJV7679L  B- JHV88
DESCRIBE CIRCUMSTANCES OF THE AG	CCIDENT
	20 Pent
	Police 12115
	to the 3/2/3
Pel	120
ble	
DECLARATION  I/We declare the foregoing particulars are tru	ue in every respect.
Date & Time: (If dr.	Reporting Centre Personnel's Signature river is not the policyholder)  Name:  NRIC/FIN No.:





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

2 of 3 Report No. T/20181213/2115

iel No: 1800-5852999

CONTINUATION OF REPORT

cle No.	Insurance Company			THE PARTY NAMED IN
NTUC Income Insurance Co-O		Insurance No	Effective	Expiry Date
	Limited	5069697575-03	09/02/2018	08/02/2019

Any Pedestrian I	nivolved, No					
No. of Pedestria	ns injured: NIL		Use of Pe	destria	n Cross	sing: NA
the second of th				A STATE OF		
Name	ABDUL HALIM BIN	OSMAN		ID No	D.	S1693298A
Related Vehicle	SJV7679L (Car)			Conta	act No.	91896041
Hospital/Clinic	NIII			0.000,40.60	0.000.00.00.00	
- Toophdar Olivine	NIL			Class Drivin Licen	g ce &	Class; NIL Date of Expiry: NIL
Date Treatment	NIL		1 -		y Date	
No. of Days grant	ted Medical Leave	- NIII	Date Disc	harge	NIL	
- Jo grann	red incurcal Leave	NIL	Degree of	Injury	NIL	

# Brief Details.

On 13/12/2018 at about 1250hrs, I was driving my vehicle (SJV7679L) along Tuas Checkpoint entering back to Singapore. While I was driving my vehicle, I entered the merging lane from a three lane road turning onto a two lane road. As I was entering the customs check area, the driver in front of me with plate number (JHV88) stepped out of his vehicle signaled to me.

He informed that earlier while merging onto the two lane road, my vehicle had hit onto his vehicle. He informed that my vehicle had hit onto his rear right bumper however when I made a check to his rear bumper immediately, there was no visible damage and no paint transfer. I also did not feel that I had hit onto his vehicle as I did not feel any impact earlier. My front bumper also has no visible damaged to it.

I wish to state that my vehicle is not installed with an in-build car camera. I advised him to lodged a report if he insisted that I had hit onto his vehicle. I did not exchanged particulars with the driver as I felt there is not a need to as I did not hit onto his vehicle. I also did took photos of his vehicle.

I will also lodged a report at my insurance company.

















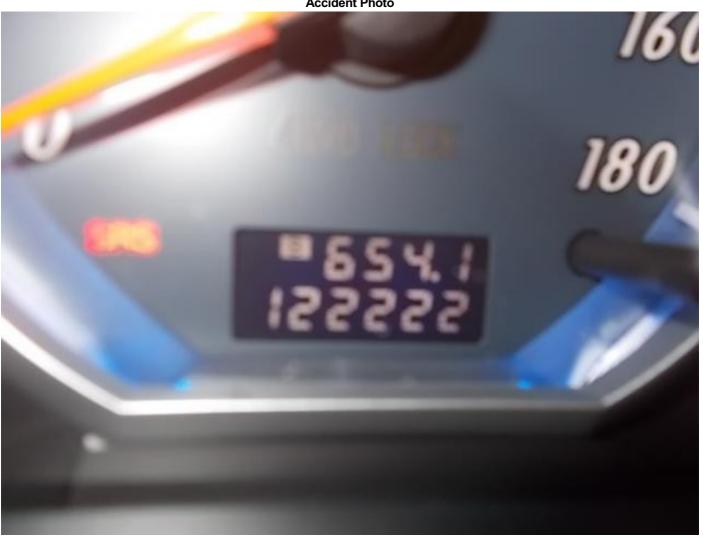




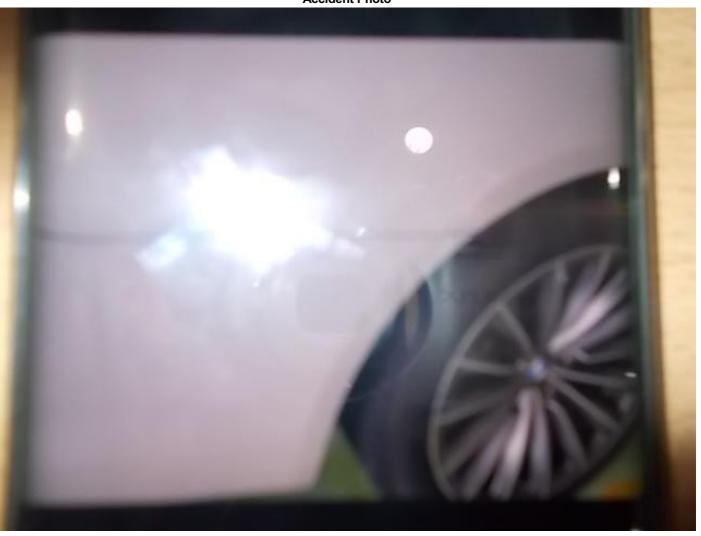


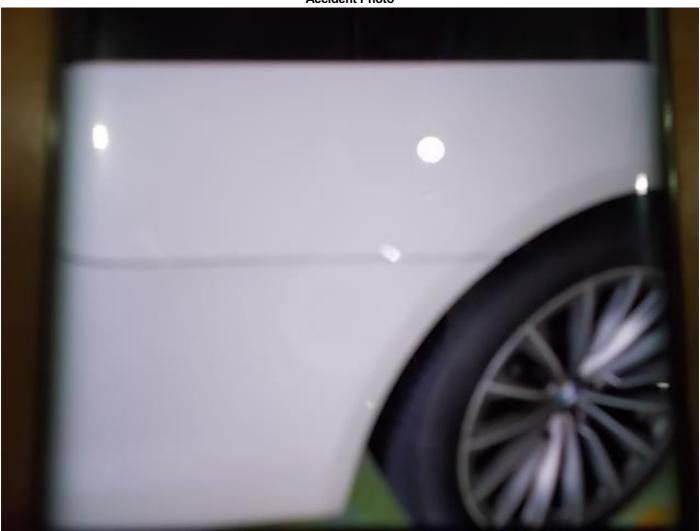


# Accident Photo SJY 7679L











# Police Report





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

1 of 3 Report No. T/20181213/2115

# REPORT OF A TRAFFIC ACCIDENT

	ne Report I 018 17:21	Made:	Vide Report No.:	Station Diary No. 68
Informa	int's Partic	ulars		
	f Informant: HALIM BIN		Address: 4 JALAN KELEMPONG	S SINGAPORE 509522
	/ ID No.: 0 / S16932	98A	Contact No.: Home/Office:	Mobile: 91896041
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 53	Date of Birth: 22/08/1965	Type of Informant: Driver	
Race: Malay		Language:	Institution / School Name:	
Occupat Police of			Driving Licence Informa Class:	Date of Expiry:

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 13/12/2018 12:50	Type of Location Straight Road
Location: Along Road 1 TUAS WEST  EXACT LOCATION Weather: Clear		DINT VIADUCT, TUA Road Surface: Dry	AS CHECKPOINT ENTE	RING SINGAPORE
Clear		La i y		
Traffic Flow: One Way		Traffic Control: Not Controlled	Tr. He	affic Volume

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JHV88	Car					0
SJV7679L	Car	MITSUBISHI	GRANDIS 2.4L SPORTS- GEAR	Black		1

hicle Insurance			CHICK! TYPE
Insurance Company	Insurance No	Effective	Expiry Date
		Incurrence Common.	

### **Police Report**





Folice Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

2 of 3 Report No. T/20181213/2115

i el No: 1800-5852999

CONTINUATION OF REPORT

cle No.	Insurance Company			
NTUC Income Insurance	NTLIC Income Inc.	Insurance No	Effective	Expiry Date
	Limited	5069697575-03	09/02/2018	08/02/2019

Any Pedestrian	Involved: No			HARLEY.	ALULI THE	
No. of Pedestria	ns Injured: NIL		Use of Pe	daetria	0.000	atura AVA
Driver	BACKET PROFIT	-	030 017 6	uestria	II Cros	sing: NA
Name	ABDUL HALIM BIN	OSMAN		ID No	).	S1693298A
Related Vehicle	SJV7679L (Car)		Conta	act No.	91896041	
Hospital/Clinic	NIL			Class Drivin Licend	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		D . D:			
	ted Medical Leave	NIL	Date Disc Degree of	harge Injury	NIL	

### Brief Details

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I will also lodged a report at my insurance company.

# **Police Report**





T/20181213/2115

3 of 3 Report No. T/20181213/2115

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

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 / Staff Sgt MOHAMED HAZWAN BIN MOHAMED YASIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/12/2018 17:21
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	