

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	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
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

Address	4 JALAN KELEMPONG
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 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: : 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
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: 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?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JHV88
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

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.
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.

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.:

Sketch Plan #2

SKETCH PLAN



Tuas Check point
JB to Spore.

A - SJV 7679L
B - JHV 88

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
1/2018/213/2115

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.:

13/12/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



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

2 of 3

Report No. T/20181213/2115

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV7679L	NTUC Income Insurance Co-Operative Limited	5069697575-03	09/02/2018	08/02/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL HALIM BIN OSMAN		ID No. S1693298A
Related Vehicle	SJV7679L (Car)		Contact No. 91896041
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 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



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



Police Report



**SINGAPORE
POLICE FORCE**



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

1 of 3

Report No. T/20181213/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2018 17:21	Vide Report No.:	Station Diary No.: 68
--	------------------	--------------------------

Informant's Particulars

Name of Informant: ABDUL HALIM BIN OSMAN			Address: 4 JALAN KELEMPONG SINGAPORE 509522	
ID Type / ID No.: NRIC NO / S1693298A			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:
Occupation: Police officer			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

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 DRIVE				
EXACT LOCATION TUAS CHECKPOINT VIADUCT, TUAS CHECKPOINT ENTERING SINGAPORE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
JHV88	Car					0
SJV7679L	Car	MITSUBISHI	GRANDIS 2.4L SPORTS- GEAR	Black		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

Police Report



**SINGAPORE
POLICE FORCE**



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

2 of 3

Report No. T/20181213/2115

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV7679L	NTUC Income Insurance Co-Operative Limited	5069697575-03	09/02/2018	08/02/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	ABDUL HALIM BIN OSMAN	ID No.	S1693298A
Related Vehicle	SJV7679L (Car)	Contact No.	91896041
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 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.

Police Report



**SINGAPORE
POLICE FORCE**



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

3 of 3

Report No. T/20181213/2115

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 Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
13/12/2018 17:21

Classification Of Case: