

## 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	11/01/2019 12:38
Date Of Accident	10/01/2019 13:50
Exact Location Of Accident	PAYA LEBAR ROAD TOWARDS GUILLEMARD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9556Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UNI DRUG HOUSE
Co Reg No	04253400C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81883545
Alternative Phone No	OFFICE-81883545

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D TURBO 5 DR (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099556881
Cover Note Number	

### Driver

Name of Driver	ROSLAN BIN MOHD AMIN
NRIC No	S1711560Z
Date Of Birth	10/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	03/11/1987
Driving Experience	31 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	+65-81883545
Fax Number	
Contact Number	OFFICE-81883545
EEmail Address	NOEMAIL

Address	BLK 117 BEDOK RESERVOIR ROAD #09-72
Postcode	S470117
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	
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)	1

#### Details of Police Action

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

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SLM76X
Vehicle Make/Model/Colour	AUDI A5 2.0 L TFSI QUATTRO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THAM KIN KEONG
NRIC/Passport Number	S7632404B
Contact Number	88007676
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT PORTION
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	ROSLAN BIN MOHD AMIN
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Approximate Age	54
Injuries Sustain	
Injured person in which vehicle?	GBF9556Z
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 117 BEDOK RESERVOIR ROAD #09-72
Postcode	470117

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

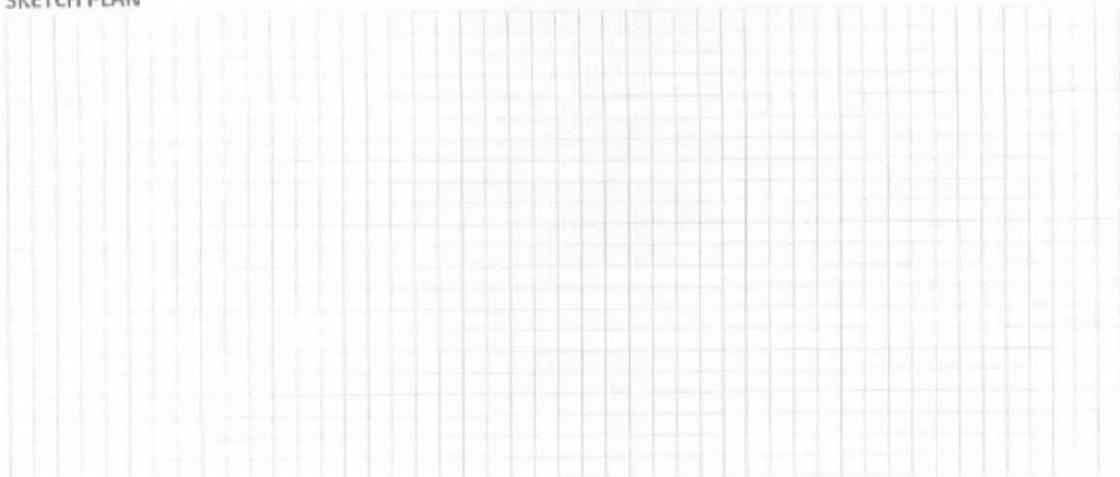
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

LEE SHENG AUTO PTE LTD  
1, Kaki Bukit Ave 6 #01-60  
Singapore 417883  
Tel: 6742 7397  
Email: leesheng@singnet.com.sg

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to 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:

LEE SHENG AUTO PTE LTD  
1, Kaki Bukit Ave 6 #01-60  
Singapore 417863  
Tel: 6747 7397  
Email: leesheng@singnet.com.sg

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

Police Report



**SINGAPORE  
POLICE FORCE**



T/20190111/2036

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Report No. T/20190111/2036

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/01/2019 11:16	Vide Report No.:	Station Diary No.: 64
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Informant's Particulars			
Name of Informant: ROSLAN BIN MOHD AMIN		Address: APT BLK 117 BEDOK RESERVOIR ROAD #09-72 SINGAPORE 470117	
ID Type / ID No.: NRIC NO / S1711560Z		Contact No.:	Mobile: 81883545
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 53	Date of Birth: 10/12/1965	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/01/2019 13:50	Type of Location: X-Junction
Location: Along Road 1 PAYA LEBAR ROAD towards Guillemard road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
GBF9556Z	Van				Slightly Damaged	0
SLM76X	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20190111/2036

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20190111/2036

**CONTINUATION OF REPORT**

Driver			
Name	ROSLAN BIN MOHD AMIN	ID No.	S1711560Z
Related Vehicle	GBF9556Z (Van)	Contact No.	81883545
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/01/2019	Date Discharge	10/01/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	THAM KIN KEONG	ID No.	S7632404B
Related Vehicle	SLM76X (Car)	Contact No.	88007676
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 10/01/2018 at about 1350hrs, my vehicle which is a white Toyota Hiace van, GBF9556Z was stationary at the traffic light junction at the first of three lane road along Paya Lebar Road towards Guillemard road. When the traffic light turns green, I suddenly felt an impact from behind thus my vehicle was pushed forward. After which, I turn my head and realized that a white Audi, SLM76X had collided onto my rear portion. Due to the impact, I was giddy until the driver of SLM76X came to check on me. Subsequently, we shifted our vehicle to a nearby bus stop to prevent any traffic congestion. Upon checking on the damages of my vehicle, I discovered that my vehicle rear door together with its bumper was crumpled in. When I tried opening the rear door, it was faulty. Both the drivers and I then exchanged our particulars before leaving the scene. As I felt giddy with pain on my back after the incident, I went to seek medical treatment at Changi General Hospital. I was given 4 days MC from 11/01/2019 to 14/01/2019 issued by Dr Asokan Aravindhnan. Nobody else is injured. My vehicle is installed with in-car camera and I do not have any witness so far. I am still currently under observation for my injury.

Police Report



SINGAPORE  
POLICE FORCE



T/20190111/2036

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30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20190111/2036

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 HEAP ZHI YONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2019 11:16
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	