#### 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 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

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	ACCIDENT STATEMENT
Date Of Report	18/01/2019 14:57
Date Of Accident	17/01/2019 17:30
Exact Location Of Accident	SIMS AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD1289P
Insured/Policyholder	
Name Of Registered Owner	SWIFT-AIRE ENGINEERING SERVICES
Co Reg No	52831534W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83318007
Alternative Phone No	OFFICE-83318007
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA 2.0 XL CVT
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	NO
Policy Number	5080456734-02
Cover Note Number	
Driver	
Name of Driver	TAN GEOK SENG
NRIC No	S1747903B

NRIC No S1747903B Date Of Birth 29/10/1966 Occupation **OUTDOOR** Date Of Driving Pass 26/07/1989 **Driving Experience** 29 YEARS AND 5 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-83318007

Fax Number

**Contact Number** OFFICE-83318007

**EMail Address NOEMAIL** 

142E LORONG J TELOK KURAU Address

Postcode

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 **COLLISION - HEAD TO REAR** 

Weather Conditions DRIZZLING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Passenger 1

YES

NO

2

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address **SINGAPORE** 

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20190117/7027.

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

FQ2928A

Vehicle Make/Model/Colour

**Details Of Properties** 

**MOTORCYCLE** Vehicle Category

Name of Driver MUHAMMAD HAIKAL BIN HASHIM

NRIC/Passport Number S9426031J **Contact Number** 87843112

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER: :

2

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
  - (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
- 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.

SWIFT-AIRE ENGINEERING SERVICES

PolicyBolder

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre sonnel's Signature

NRIC/FIN No.:

### **Accident Sketch Plan**

	2 1			4: SLD1284P. 5: FQ7926A
	D.C.	A D Is		5: FQ2976A
	The S	6		
DESCRIBE CIRCUMSTANO	CES OF THE ACCIDE	NT		
neter to police	L MPSCI.	7/20/90/12/7	ons.	
DECLARATION TWARE ENGINEERING				





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 4 Report No. T/20190117/7027

# REPORT OF A TRAFFIC ACCIDENT

Detalla of Mahilala Incomesas

	me Report M 019 23:57	Made:	Vide Report No.:	Station Diary No.			
Informa	nt's Partic	ulars					
	f Informant: OK SENG		Address: 142E LORONG J TELOK KURAU SINGAPORE 425				
ID Type NRIC N	/ ID No.: O / S17479	03B	Contact No.: Home/Office:	Mobile: 83318007			
National SINGAP	ity: ORE CITIZ	'EN	Email: yimfong1@gmail.com				
Sex: Male	Age: 52	Date of Birth: 29/10/1966	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation:			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 17/01/2019 17:30	Type of Location Straight Road
Location: SIMS AVENU	Ē			
Weather: Drizzling		Road Surface: Wet		load Speed Limit:
Difzziing				U Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled	Т	0 Km/h raffic Volume: loderate

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FQ2928A	Motorcycle			Blue	Slightly Damaged	1	
SLD1289P	Car	NISSAN	TEANA 2.0	Blue	Slightly Damaged	1	

## Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 4 Report No. T/20190117/7027

### CONTINUATION OF REPORT

Details of Perso		Vision in		12 NO. 10		
Any Pedestrian						
No. of Pedestria	Use of F	edestria	n Cros	sing: NA		
Rider		SELECTION OF THE PARTY OF THE P			71 0100	orig. 14A
Name	MUHAMMAD HAIKAL BIN HASHIM			ID No.		S9426031J
Related Vehicle	FQ2928A (Motorcycle)			Conta	act No.	87843112
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		charge	NIL		
No. of Days gran	nted Medical Leave NIL Degree					,
Cyclist		11000000000000000000000000000000000000	- Dogroe	or injury	Jugn	
Name	MUHAMMAD HAIKAL BIN HASHIM			ID No		S9426031J
Related Vehicle	FQ2928A (Motorcycle)			Contact No.		87843112
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Die	scharge NIL		
The second secon	ed Medical Leave	NIL	Degree	of Injury Slight		
/ehicle Owner			- Dogree (	, injury	Silgrit	
Name	SWIFT-AIRE ENGIN	EERING S	SERVICES	ID No.		52831534W
Related Vehicle	SLD1289P (Car)			Conta	ct No.	83318007
lospital/Clinic	NIL			Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
ate Treatment	NIL		Date Dice		NIL	
The state of the s	ed Medical Leave NIL Degree of					

### Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 4 Report No. T/20190117/7027

### CONTINUATION OF REPORT

Driver		CONTRACTOR OF THE PARTY OF THE	STATE OF STREET	Williams		THE RESERVE OF THE RESERVE OF
Name	TAN GEOK SENG			ID No	).	S1747903B
Related Vehicle	SLD1289P (Car)			Conta	act No.	83318007
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of			

### Brief Details.

On 17 Jan 5:30pm when I was travelling on Sim Ave towards Sim Ave east (near lorong 33 geylang), the head of the motorcycle FQ2928A collided with the rear end of my car SLD1289P while my car was not moving. He suffered little abrasion at palm and toes and stopped us for call ambulance. He asked us not to report the case and request for private settlement.

### Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20190117/7027

#### CONTINUATION OF REPORT

CH.		-	k	270.5	
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wn	LOI.	10			CALL

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
17/01/2019 23:57

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436















