

## 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	24/01/2019 16:57
Date Of Accident	23/01/2019 12:00
Exact Location Of Accident	CTE (CITY) OPP SELETAR WEST LINK (YISHUN AVE 1)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8704L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	FEYZAAKIM30@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81343905
Alternative Phone No	OFFICE-81343905

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107026787
Cover Note Number	

### Driver

Name of Driver	AHMAD MUSTAKIM BIN MUHAMMAD
NRIC No	S9503544B
Date Of Birth	28/01/1995
Occupation	OUTDOOR
Date Of Driving Pass	06/05/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81343905
Fax Number	
Contact Number	OTHERS-81343905
E-Mail Address	FEYZAAKIM30@GMAIL.COM

Address	BLK 91 HENDERSON ROAD #03-140
Postcode	150091
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : NUR SHAFIZAH JUMATDI GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	<b>ROAD:</b> 500 BUKIT MERAH VIEW #01-01 , <b>POSTCODE:</b> 159682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190123/2173

#### 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	GBC4040T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KUMARESAN S/O SINNAYAH
NRIC/Passport Number	S8633843B
Contact Number	84185103

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name NUR SHAFIZAH JUMATDI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJR8704L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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: *Rose Lim*  
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

SJK TOWARDS (TEC CITY) OPP SIKHTAR WEST LANE (1/13th km  
PAGE 1)

FIRST LANE (ROADWORK)

[E B] (2 car length) [A] (E BRAKE)

A) SJR 8704L  
B) GBC 4040T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFER TO POLICE REPORT  
T/20190123/2173

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:

*[Signature]* 24/01/19

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

*[Signature]* 24/01/2019  
Rishi Mathias

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20190123/2173

1 of 3

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20190123/2173

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/01/2019 20:36	Vide Report No.: F/20190123/0074	Station Diary No.: 47
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**Informant's Particulars**

Name of Informant: AHMAD MUSTAKIM BIN MUHAMMAD SALIM		Address: APT BLK 91 HENDERSON ROAD #03-140 SINGAPORE 150091	
ID Type / ID No.: NRIC NO / S9503544B		Contact No.:	Mobile: 81343905
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 28/01/1995	Type of Informant: Driver
Race: Javanese		Language: English	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 3,4	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/01/2019 12:00	Type of Location: EXPRESSWAY
Location: Along Road 1 SELETAR EXPRESSWAY  SLE TOWARDS CTE (CITY), OPPOSITE SELETAR WEST LINK (YISHUN AVE 1), LANE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBC4040T	LTA PICKUP TRUCK	NISSAN	NAVARA	White	Slightly Damaged	1
SJR8704L	Car	NISSAN	SYLPHY	Silver	Seriously Damaged	1

**Details of Person Involved**

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

POLICE REPORT



SINGAPORE  
POLICE FORCE

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500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



T/20190123/2173

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Report No. T/20190123/2173

CONTINUATION OF REPORT

<b>Passenger</b>			
Name	NUR SHAFIZAH JUMATDI		ID No. S9826044G
Related Vehicle	SJR8704L (Car)		Contact No. 81343905
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	23/01/2019		
No. of Days granted Medical Leave	NIL	Date Discharge	23/01/2019
Driver	Degree of Injury Slight		
<b>Driver</b>			
Name	AHMAD MUSTAKIM BIN MUHAMMAD SALIM		ID No. S9503544B
Related Vehicle	NIL		Contact No. 81343905
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

**Brief Details.**

On the 23/01/2019 at about 12.00pm, I was driving a rental car (SJR8704L, silver colour, Nissan Slyphy) with my girlfriend seated at the passenger seats and we were travelling along SLE towards the direction of CTE 'City'.

While travelling I was driving along lane 2, I noticed a pickup truck (GBC4040T, white colour, LTA) slowing down about 2 car length in front of me thus I applied my brake to slow down however my car slide forward and collided to the pickup truck head to rear.

The Traffic Police and Ambulance attended to the accident, My car was not installed with in-car camera. My girlfriend was conveyed to Sengkang General Hospital for medical treatment due to some back pain.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190123/2173

Police Station Of Origin:  
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500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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Report No. T/20190123/2173

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: D / Sgt 1 ONG JING WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2019 20:36
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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