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 aforesaid.

ACCIDENT STATEMENT	
Date Of Report	28/01/2019 12:34
Date Of Accident	26/01/2019 13:50
Exact Location Of Accident	JUNC LOYANG AVE & TAMPINES AVE 7
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLP7608A
Insured/Policyholder	
Name Of Registered Owner	ABDUL KHALIK B HASSOON MIAH
NRIC No	S1609905H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94890664
Alternative Phone No	OFFICE-94890664
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	THIRD PARTY
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	5101398766
Cover Note Number	
Driver	
Name of Driver	ABDUL KHALIK BIN HASSOON MIAH
NRIC No	S1609905H
Date Of Birth	20/08/1963
Occupation	INDOOR
Date Of Driving Pass	28/05/1997
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94890664
Fax Number	
Contact Number	OFFICE-94890664
EMail Address	NOEMAIL

Address	BLK 227 TAMPINES STREET 23 #11-189
Postcode	521227
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	AJX6000 (COMMERCIAL VEHICLE)
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?	
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: : NORYATI BTE MOHD NOOR GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 461 TAMPINES STREET 44 #01-56 , **POSTCODE:** 520461 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-7818999 - **FAX NO**: 67838603
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190126/2103.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	AJX6000
Vehicle Make/Model/Colour	MERCEDES AXOR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YUSOF BIN RAZAK @ YASHAK

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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 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.

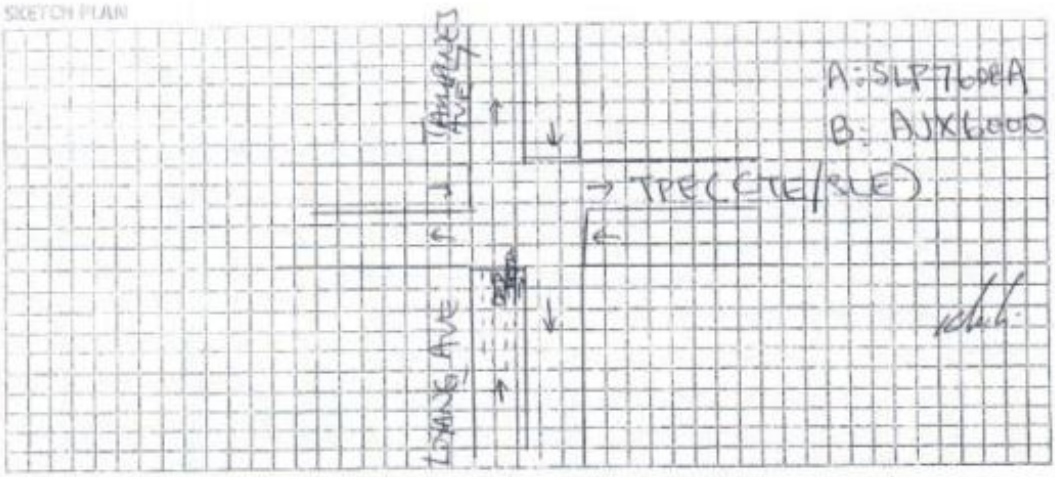
Policyholder's Signature Date & Time: 28/01/ 10:05 am	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIAMC SketchPlanForm_V1

1

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature 28/6/19
Date & Time: 10:08am

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

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

GIARMC SketchPlanForm_V1

Police Report

SINGAPORE POLICE FORCE

T/20190126/2103

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20190126/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
26/01/2019 15:40	G/20190126/0166	21

Informant's Particulars

Name of Informant:			Address:
ABDUL KHALIK BIN HASSOON MIAH			APT BLK 227 TAMPINES STREET 23 #11-189 SINGAPORE 521227
ID Type / ID No.:			Contact No.:
NRIC NO / S1609905H			Home/Office: Mobile: 94890664
Nationality:			Email:
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	55	20/08/1963	Driver
Race:		Language:	Institution / School Name:
Pakistani			
Occupation:		Driving Licence Information:	
SITE MANAGER		Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 26/01/2019 13:50	Type of Location: Straight Road

Location:

LOYANG AVENUE

Loyang Ave Entering TPE towards Tampines

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
Dual Carriage Way	Traffic Light - Working	Moderate
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Side Swipe - Same Direction		No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AJX6000	Lorry					0
SLP7608A	Car	HONDA	VEZEL 1.5X CVT	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP7608A	NTUC Income Insurance Co-Operative Limited	5101398766	16/06/2018	15/06/2019

SINGAPORE POLICE FORCE

T/20190126/2103

Report No. T/20190126/2103

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE 520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

Brief Details.

On 26/01/2019 @ 1350hrs, I was driving my Car SLP7608A (v1) and was stationary at the center of five lanes at the junction of Loyang Ave towards Tampines Ave by TPE. Traffic light was red with right green arrow. I saw a Malaysian Trailer (V2), registration plate no. AJX6000 was on 2nd from right of 5 lanes making a right turn from Loyang Ave into TPE(SLE). While making the turn V2 side swipe V1 right hand side of the vehicle. I horned to alert V2 of the accident but V2 did not stop.I followed V2 and manage to stop him along TPE(SLE) 1.5km.

I have an in car camera and the SD Card was handed over to TP Officer. No one was injured. The right side of the car was scratched and dented.

In charge case is TP IO Jeff Tan.

SINGAPORE POLICE FORCE

T/20190126/2103

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20190126/2103

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 / Sr Staff Sgt MOHAMMAD ABDULGHANI BIN MOHD ADNAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/01/2019 15:40
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:

Authentication Stamp

NP168

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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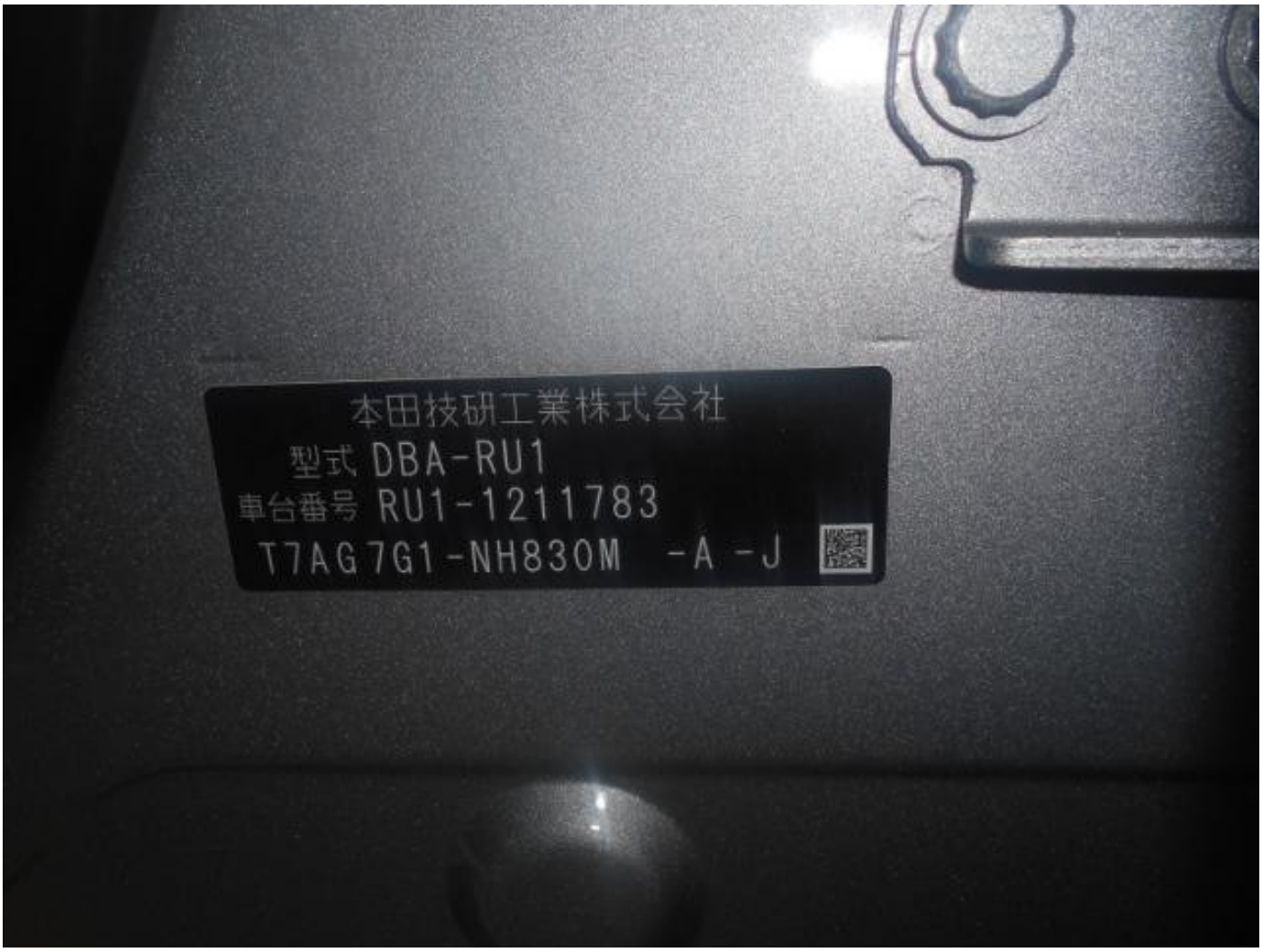

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119012926 Vehicle Registration No: SLP7608A

Name(as shown in NRIC) : ABDUL KHALIK B HASSOON MIAH NRIC/FIN/Passport No : S1609905H

(~~*Vehicle Driver~~/ Vehicle Owner) (*) Please delete as appropriate

Address : BLK 227 TAMPINES STREET 23 #11-189 Singapore(521227)

Contact (Tel) : Mobile No. : 94890664

Email Address :

Date of Accident : 26/01/2019 Time of Accident : 13:50

Place of Accident : JUNC LOYANG AVE & TAMPINES AVE 7

Insurance Company : NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend name of owner

Policyholder / Driver's Signature
Date:

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