#### 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 <u>truthful and accurate</u> 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

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 HOSSOON 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

#### **Driver**

Cover Note Number

Name of Driver ABDUL KHALIK BIN HOSSOON 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

**BLK 227 TAMPINES STREET 23** Address

#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** 

SIDE SWIPE Type Of Accident 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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : NORYATI BTE MOHD NOOR

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

Police Station Name

TAMPINES NORTH NEIGHBOURHOOD POLICE POST

ROAD: BLK 461 TAMPINES STREET 44 #01-56, POSTCODE: 520461, Police Station Address

**COUNTRY: SINGAPORE** 

Police Station Contact TEL NO: 1800-7818999 - FAX NO: 67838603

Was notice of intended Prosecution given?

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?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number AJX6000

Vehicle Make/Model/Colour MERCEDES AXOR

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

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

#### 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.
- Information provided must be as <u>routhful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy flobility</u>.
- 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.
- 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.
- 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. Consept under the Personal Data Protection Act (PDPA)

Lunderstand, 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 :
  - 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;
  - (lif) 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, involces, 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

10:08 041.

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel
Name:

NRIC/FIN No.:

GERBAC SheschistonFrom VII

## **Accident Sketch Plan**

SICETCH PLAN			D					
			1/2				10-10	THE TOTAL
			34				the second section of the second	LP71608A
			135	1			18:	COBBIXLA
				-	-	0/6	Elste	KHHH
	HHH				-> TP	4	H	
			6	4	4			
			- B	MI.				11//
			ANTE	1				yolah:
			12/1	#11				
			清	###		111		
DESCRIBE CIRCUMS	TANCES OF	THE ACCIDEN	THE L	+	to be for a		Andread and and and	
					-	-		
PLEASE	REFER	1 0	POLIC	E	<b>SEBO</b>	7		
	-							
				-				
				_				
						Description of		
							_	
				_				
DECLARATION /We declare the foreg	olne particular	rs are true in eu	ery respect					
		a did tide iii es		70				M
ich L.								
The second secon		-				Departies	Cantra Barren	nd's Signature
Policyholder's Signature	28619	Oriver's Sign (if driver is r	nature not the polic	vholder)		Name:	Centre Person	1 signature
Date & Time:		Date & Time				NRIC/FIN	No.:	

GARMC CerchPlenForm\_V3

## Police Report





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

f of 3 Report No. T/20190126/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2019 15:40			Vide Report No.: G/20190126/0166	Station Diary No.		
Informa	nt's Partic	ulars				
	f Informant KHALIK BI	N HASSOON	Address: APT BLK 227 TAMPIN 521227	NES STREET 23 #11-189 SINGAPORE		
	/ ID No.: O / S16099	05H	Contact No.: Home/Office:	Mobile: 94890664		
Nationa SINGAR	lity: PORE CITIZ	ŒN	Email:			
Sex: Male	Age: 55	Date of Birth: 20/08/1963	Type of Informant: Oriver			
Race: Pakistani			Language:	Institution / School Name:		
Occupation: SITE MANAGER			Driving Licence Inform Class: 2B,2A,3	ation: Date of Expiry.		

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 26/01/2019 13:50		Type of Location Straight Road	
LOYANG AVE Loyang Ave E Weather:	ENUE	ampines Road Surface:		Road	d Speed Limit:	
Clear Dry		Dry	L		The second second	
		Traffic Control: Traffic Light - Wo	c Control: c Light - Working		Traffic Volume: Moderate	
Type of Collisi	on; ing Vehicles - Side Swip				ne conveyed by	

Details of V	ehicle Invo	lved		4.00		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
AJX6000	Lorry					0
SLP7608A	Car	HONDA	VEZEL 1.5X	Silver		0

Details of V	ehicle Insurance		The state of the s	ALIAN STATES
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP7608A	NTUC Income Insurance Co-Operative Limited	5101398766	16/06/2018	15/06/2019

### **Police Report**





Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461 CONTINUATION OF REPORT

Report No. T/20190126/2103

Tel No: 1800-7818999

## Brief Details.

On 26/01/2019 @ 1350hrs, I was driving my Car SLP7608A (v1) and was stationary at the center of five tanes at the junction of Loyang Ave towards Tampines Ave by TPE. Traffic light was red with right green arrow. I saw a Malaysian Traffer (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 vahicle. 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.

## **Police Report**







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

3 of 3 Report No. T/20190126/2103

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	NGMANURE

























