### 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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/01/2019 13:45
Date Of Accident	29/01/2019 18:30
Exact Location Of Accident	SLIP ROAD OF EUNOS LINK INTO UBI AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH2835Z
Insured/Policyholder	
Name Of Registered Owner	MOKKIZZ
Co Reg No	53331843B
Email Address	NIZAM_ISS@YAHOO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90067478
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5106945194
Cover Note Number	

rıver

Name of Driver SHAHAIRULNURIZAM BIN WAGIMIN

NRIC No S7512497Z
Date Of Birth 22/04/1975
Occupation OUTDOOR
Date Of Driving Pass 23/02/2005

Driving Experience 13 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90067478

Fax Number
Contact Number

EMail Address NIZAM ISS@YAHOO.COM

Address BLK 156 WOODLANDS STREET 13

#03-685

Postcode 730156

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 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?

Was any other material or property damaged? YES

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BISHAN NEIGHBOURHOOD POLICE CENTRE

2

NO

NO

1

ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact **TEL NO**: 1800-5529999 - **FAX NO**: 65561905

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO ATTACHED SKETCH PLAN & POLICE REPORT - T/20190130/2066

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 SKL1090P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SIOW CHOO HUAT RICHARD

NRIC/Passport Number S0086717I

Contact Number

Address Postcode

Insurance Company Name

Page 2 of 15

# **DETAILS OF INJURED PERSON 1**

SHAHAIRULNURIZAM BIN WAGIMIN Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

**NECK & BACK INJURY** 

YES

SMH2835Z

NO

### Sketch Plan Pg. 1

### 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.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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, 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: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

NRIC/FIN No.:

Danny Ong
Claims Advisor

# Sketch Plan #2 Pg. 1

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NRIC/FIN No.: Claims Advisor	Date & Tithe:	(if driver is not the policyholder)	Name:	
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# POLICE REPORT Pg. 1





Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

1 of 3 Report No. T/20190130/2066

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2019 12:30			Vide Report No.:		Station Diary No.: 95		
Informant'	s Particul	ars					
Name of Informant:			Address:				
SHAHAIRULNURIZAM BIN		M BIN	APT BLK 156 WOODLANDS STREET 13 #03-685				
WAGIMIN			SINGAPORE 730156				
ID Type / ID No.:			Contact No.:				
NRIC NO / S7512497Z			Home/Office: Mobile: 90067478				
Nationality:			Email:				
SINGAPORE CITIZEN		N					
Sex:	Age:	Date of Birth:	Type of Informant:				
Male	43	22/04/1975	Driver				
Race:			Language:	Institution /	School Name:		
Javanese			English				
Occupation:			Driving Licence Information:				
ASST MANAGER OPS/PART TIME			Class: 2B,2A,3	Date of Ex	piry:		
GRAB DRIVER			, ,		•		

	1	dent	and the second contract of the second contrac		<b>—</b>
Type of	Injury	Drink	Date/Time of		Type of Location:
Accident:	Others	Drive:	Accident:		Straight Road
		No No	29/01/2019 18:3	30	
Location:					
Along Road 1					
<b>EUNOS LINK</b>					•
TURNING LEF	T TO UBI AVENU	E 3			
		Dood Curfossi		Door	
Weather:		Road Surface:		Road	l Speed Limit:
Weather: Clear		Dry		Road	I Speed Limit:
					c Volume:
Clear		Dry	rking		c Volume:
Clear Traffic Flow: Dual Carriage		Dry Traffic Control:	rking	Traff Heav	c Volume:
Clear Traffic Flow: Dual Carriage Type of Collision	on:	Dry Traffic Control:	rking	Traff Heav	c Volume:

						N
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKL1090P	Car	<del>.</del>				0
SMH2835Z	Car				Seriously	0
					Damaged	

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

## **POLICE REPORT Pg. 2**





Police Station Of Origin: Bishan N.P.C

Report No. T/20190130/2066

20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

### **CONTINUATION OF REPORT**

Driver						
Name	SIOW CHOO HUAT			ID No		S0086717I
Related Vehicle	SKL1090P (Car)			Conta	ct No.	97574382
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL. Degree			Degree of	Injury	NIL	
Driver			100	100		
Name	SHAHAIRULNURIZAM BIN WAGIMIN		ID No	•	S7512497Z	
Related Vehicle	SMH2835Z (Car)			Conta	ct No.	9006747
Hospital/Clinic	THE FLAME TREE MEDICAL CENTRE			Class Drivin Licend Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	29/01/2019 Date Disc			harge	29/01	/2019
No. of Days gran	ted Medical Leave	03	Degree of	Injury	NIL	

# Brief Details.

On 29/01/2019, at about 6.35pm, I was driving my vehicle along Eunos Link going to turn left (filter lane) to Ubi Avenue 2. I slowed down my vehicle and stopped to check on oncoming vehicles along Ubi Avenue 3. Suddenly there was an impact from the rear and later on discovered that there was another vehicle collided onto mine. Both drivers exchanged particulars however on 30/01/2019, I felt pain on my back as such I went to see a doctor and was given 3 days MC. Purpose to lodge this report is for insurance claims.

# **POLICE REPORT Pg. 3**





Police Station Of Origin: Bishan N.P.C \_ 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 3 of 3 Report No. T/20190130/2066

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: E / Sr Staff Sgt AZMI BIN MOHAMED HAMZAH	Signature Of Informatit:
Signature Of Interpreter:	Date/Time:
Not applicable	30/01/2019 12:30
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT Sit ONG YONG HOCK  Sr Staff Sit ONG YONG HOCK  Sh 061	
Contact No.: 65476436	
Authentication Stamp	
NP168 S1GF/4 (GR).	

# Accident Photo SMH 28352



# **Accident Photo**









# **Accident Photo**

