

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	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	

Driver

Name of Driver	SHAH AIRULNURIZAM 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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	1

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
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: 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	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SHAHAIRULNURIZAM BIN WAGIMIN
Approximate Age	
Injuries Sustain	NECK & BACK INJURY
Injured person in which vehicle?	SMH2835Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

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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.

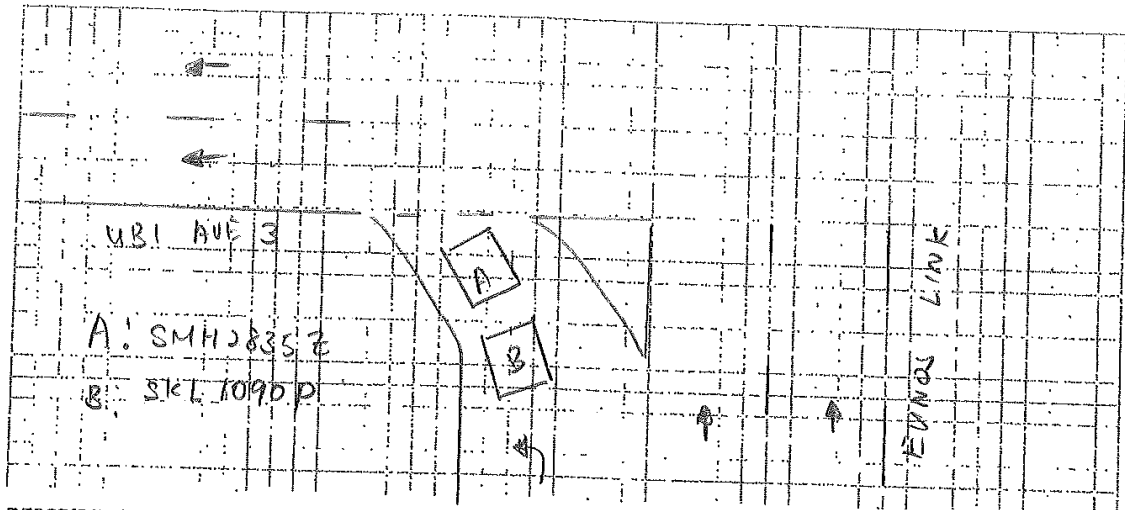


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: **Danny Ong**
Claims Advisor
NRIC/FIN No.: **HP : 9328 8668**

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

29 Jan 2019,
On Tuesday around 6.55pm, I was driving along Edmund Link (going to Hongkong). While turning left to Ubi Avenue 3 at zebra crossing, a car hit my rear while I was about to filter out the zebra crossing going to Ubi Avenue 3.

We drove forward to Ubi Avenue 4 to avoid road congestion. We exchanged particulars and then left as there are no physical injuries.

But as at Wednesday 30th Jan 2019, when I woke up, I felt pain in my back and then I decided to go clinic for check-ups. I got 3 days MC due to pain of my upper back.

Note: I had slip disc surgery (L4/5) done in 2013.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

Reporting Centre Personnel's Signature
Name: Danny Ong
Claims Advisor
NRIC/FIN No.: HP: 9328 8668
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POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190130/2066

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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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
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Informant's Particulars

Name of Informant: SHAH AIRULNURIZAM BIN WAGIMIN			Address: APT BLK 156 WOODLANDS STREET 13 #03-685 SINGAPORE 730156		
ID Type / ID No.: NRIC NO / S7512497Z			Contact No.: Home/Office: Mobile: 90067478		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 22/04/1975	Type of Informant: Driver		
Race: Javanese			Language: English	Institution / School Name:	
Occupation: ASST MANAGER OPS/PART TIME GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/01/2019 18:30	Type of Location: Straight Road
Location: Along Road 1 EUNOS LINK TURNING LEFT TO UBI AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: MOVING VEHICLE AGAINST STATIONARY VEHICLE				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKL1090P	Car					0
SMH2835Z	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190130/2066

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20190130/2066

CONTINUATION OF REPORT

Driver			
Name	SIOW CHOO HUAT		ID No. S00867171
Related Vehicle	SKL1090P (Car)		Contact No. 97574382
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SHAH AIRULNURIZAM BIN WAGIMIN		ID No. S7512497Z
Related Vehicle	SMH2835Z (Car)		Contact No. 9006747
Hospital/Clinic	THE FLAME TREE MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	29/01/2019	Date Discharge	29/01/2019
No. of Days granted 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.



SINGAPORE
POLICE FORCE



T/20190130/2066

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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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 Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/01/2019 12:30
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

