

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	02/02/2019 14:00
Date Of Accident	02/02/2019 12:15
Exact Location Of Accident	UPPER SERANGOON RD VIADUCT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV6527J
Insured/Policyholder	
Name Of Registered Owner	COTTON CARE
Co Reg No	52943438E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96484379
Alternative Phone No	OFFICE-96484379

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5045697475-08
Cover Note Number	

Driver

Name of Driver	MUHAMMAD IBRAHIM BIN HARON
NRIC No	S8304638D
Date Of Birth	28/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96484379
Fax Number	
Contact Number	OTHERS-96484379
EEmail Address	NOEMAIL

Address	BLK 788 CHOA CHU KANG NORTH 6 #07-220
Postcode	680788
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190219/2140

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	SKW6787Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO BENG BENG (ZHANG MINGMING)
NRIC/Passport Number	S7609427F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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, 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.



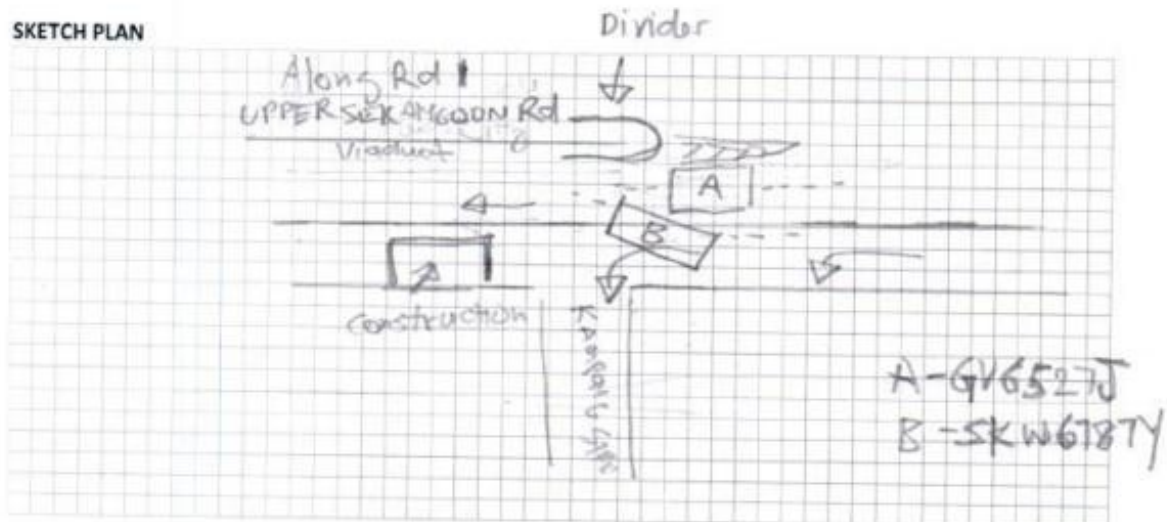
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20190219/2140



DECLARATION

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

60296919 / 93804019 / 0747644 / 07477344 (P)
55-193 Ave 1 901-29 Peta Ulu Indragiri Park 5408034
<http://www.botanicare.com.sg>

Policyholder's Signature
Date & Time:

Q381816 SketchPlanForm V3

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

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190219/2140

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190219/2140

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD IBRAHIM BIN HARON	ID No.	S8304638D
Related Vehicle	GV6527J (Van)	Contact No.	96484379
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TEO BENG BENG	ID No.	S7609427F
Related Vehicle	SKW6787Y (Car)	Contact No.	NIL
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

Brief Details.

ON THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS DRIVING ALONG UPPER SERANGOON ROAD, I WAS ON THE RIGHT LANE OF 2 THAT IS HEADING TOWARDS BOUNDARY ROAD. THERE WAS SOME CONSTRUCTION ON THE LEFT LANE AHEAD OF ME. AS I WAS DRIVING AND ABOUT TO PAST BY THE CONSTRUCTION ON THE LEFT LANE. THE CAR MENTIONED ABOVE TRIED TO MERGE INTO THE RIGHT LANE FROM THE LEFT. WHICH RESULTED IN A COLLISION, THE FRONT LEFT OF MY VAN COLLIDED INTO THE RIGHT SIDE OF THE CAR. AFTER COLLISION WITH THE CAR, MY VAN MOUNTED THE KERB AND KNOCKED OUT A SIGNAGE. THERE WERE NO INJURIES TO ANY INVOLVED PARTIES SO WE DECIDED TO EXCHANGE PARTICULARS AND CARRY ON TO LODGE OUR OWN INSURANCE REPORTS.

I DID NOT SEE ANY INJURIES AND THE OTHER DRIVER WAS CALM AND HE MANAGED TO TAKE PHOTOS OF THE SCENE AND SMOKE AS WELL AT THE TIME. THE OTHER DRIVER DID NOT COMPLAIN OF ANY PAIN OR WHATSOEVER. HOWEVER, ON THE 18/2/2019 WHEN I WAS PROCEEDING WITH MY INSURANCE CLAIMS AND ALL. I WAS INFORMED BY THE COMPANY DEALING WITH CLAIMS THAT THERE WAS A POLICE REPORT MADE BY A THIRD PARTY AND IT STATED THAT THE DRIVER OF THE MENTIONED CAR HAD RECEIVED 5 DAYS MC AS WELL.

THEREFORE, I AM LODGING THIS POLICE REPORT WITH REGARDS TO THE SIGNAGE AND ALSO THE INSURANCE CLAIMS.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190219/2140

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20190219/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/02/2019 18:40			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: MUHAMMAD IBRAHIM BIN HARON			Address: 788 CHO A CHU KANG NORTH 6 #07-220 SINGAPORE 680788		
ID Type / ID No.: NRIC NO / S8304638D			Contact No.: Home/Office: Mobile: 96484379		
Nationality:			Email:		
Sex: Male	Age: 35	Date of Birth: 28/02/1983	Type of Informant: Driver		
Race:			Language:	Institution / School Name:	
Occupation: OTHERS			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Government Property	Drink Drive: No	Date/Time of Accident: 02/02/2019 12:15	Type of Location: Straight Road
Location: Along Road 1 UPPER SERANGOON ROAD				
VIADUCT				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GV6527J	Van					0
SKW6787Y	Car					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190219/2140

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190219/2140

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD IBRAHIM BIN HARON	ID No.	S8304638D
Related Vehicle	GV6527J (Van)	Contact No.	96484379
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TEO BENG BENG	ID No.	S7609427F
Related Vehicle	SKW6787Y (Car)	Contact No.	NIL
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

Brief Details.

ON THE ABOVE MENTIONED TIME,DATE AND LOCATION.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190219/2140

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190219/2140

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20190219/2140

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190219/2140

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:

TP /
KHALED AMR HASSAN MOHSEN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

19/02/2019 18:40

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

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
 UIN: S6659020G / 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 : MNA119015974 Vehicle Registration No: GV6527J
 Name (as shown in NRIC) : MUHAMMAD IBRAHIM BIN HARON NRIC/FIN/Passport No : S8304638D
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 788, CHOA CHU KANG NORTH 6, #07-220 Singapore 680788
 Contact (Tel) : — Mobile No. : 96484379
 Email Address : NOEMAIL
 Date of Accident : 02/02/2019 Time of Accident : 12:15
 Place of Accident : UPPER SERANGOON VIADUCT
 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 the Reporting to TP, Add Police Report,
and amend sketch plan.



Policyholder / Driver's Signature
 Date:

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