

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	12/02/2019 14:58
Date Of Accident	11/02/2019 17:10
Exact Location Of Accident	ECP TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM1671H
Insured/Policyholder	
Name Of Registered Owner	SHL MOTOR PTE. LTD.
Co Reg No	201611814M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62826184

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5080551065-02
Cover Note Number	-

Driver

Name of Driver	ROSLI BIN MOHAMAD
NRIC No	S1749971H
Date Of Birth	06/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2003
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87539976
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 785A WOODLANDS RISE #07-120
Postcode	731785
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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

I WAS TRAVELLING ALONG ECP TWDS PIE ON THE FIRST LANE, VEH INFRONT OF ME STOP, AS SUCH I FOLLOW TO STOP, ALL OF A SUDDEN, I FELT AN STRONG IMPACT FROM BEHIND. DUE TO THE IMPACT, MY VEH BEEN PUSH FORWARD HIT ONTO THE VEH INFRONT OF ME. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SHC965E) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC965E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLC7214X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ROSLI BIN MOHAMAD
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SKM1671H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

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:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A = SKM 1671H
B = SHC 985 E
C = SLG 7214X

EGP + WDS PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

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



Policyholder's Signature _____
Date & Time: _____

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

Date & Time:

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

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190212/2141

1 of 4

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

Report No. T/20190212/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2019 17:26	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars

Name of Informant: ROSLI BIN MOHAMAD	Address: APT BLK 785A WOODLANDS RISE #07-120 SINGAPORE 731785		
ID Type / ID No.: NRIC NO / S1749971H	Contact No.: Home/Office: Mobile: 87539976		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 52	Date of Birth: 06/11/1966	Type of Informant: Driver
Race: Malay	Language: English		Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/02/2019 17:10	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY towards Changi Airport Lamp Post Number: 161				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC965E	Car	MERCEDES BENZ		White		0
SKM1671H	Car	HONDA	STREAM 1.8A	White	Slightly Damaged	1
SLC7214X	Car	HONDA	CIVIC	Beige		0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190212/2141

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Report No. T/20190212/2141

Police Station Of Origin:
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461 Tampines Street 44 #01-56 SINGAPORE
520461

CONTINUATION OF REPORT

Tel No: 1800-7818999

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEOH CHIN KEONG	ID No.	S0023658F
Related Vehicle	SHC965E (Car)	Contact No.	90092942
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	ROSLI BIN MOHAMAD	ID No.	S1749971H
Related Vehicle	SKM1671H (Car)	Contact No.	87539976
Hospital/Clinic	TAMPINES 24 HR FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/02/2019	Date Discharge	12/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	YONG LIN	ID No.	S8731617C
Related Vehicle	SKM1671H (Car)	Contact No.	87496651
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	Slight

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190212/2141

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

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Report No. T/20190212/2141

CONTINUATION OF REPORT

Driver			
Name	CLEMENT TOH CHYE YUET	ID No.	S7323769F
Related Vehicle	SLC7214X (Car)	Contact No.	90693990
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 11.02.2019 at about 1710hrs, I was travelling along ECP towards Changi Airport on lane 1 of a 4 lane road together with 1 pax on board. Suddenly the vehicle SLC7214X jammed her brake, I managed to stop my vehicle in time. However the vehicle SHC965E behind me could not stop in time and hit onto the rear portion of my vehicle. The impact cause my vehicle to surge forward and hit onto the rear portion of the front vehicle.

As nobody required any Ambulance Service, we exchange particulars and left the scene. On 12.02.2019 at about 1615hrs, I went for medical treatment and was given 3 days of out patient leave. That is all.

51749971 H

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190212/2141

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Report No. T/20190212/2141

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520461
Tel No: 1800-7818999

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 /

Staff Sgt TAN HOCK CHYE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/02/2019 17:26

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN

ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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: S665500206 / 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 : MMA 119019556 Vehicle Registration No: SKM 1671H.
Name (as shown in NRIC) : Rosli Bin Mohamad NRIC/FIN/Passport No : S1749971H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 8753 9976
Email Address : _____
Date of Accident : 11/12/19 Time of Accident : 17:10.
Place of Accident : ECP towards PIE
Insurance Company : NTUC


(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 Add In Police Report


Policyholder / Driver's Signature
Date: _____




Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 12/12/19