

## 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 16:26
Date Of Accident	09/02/2019 21:30
Exact Location Of Accident	LOYANG AVE SLIP RD INTO TPE/SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD1242G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOINT RELIANCE FORWARDING PTE LTD
Co Reg No	198804667M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96315966

### Vehicle Particulars

Manufacturer	NISSAN
Model	DIESEL
Exact Purpose for which vehicle was being used at time of accident	OTW BACK HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5067774319-04
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD FAHMI BIN RAHIM
NRIC No	S9416106A
Date Of Birth	09/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	16/09/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87878149
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 520 WEST COAST ROAD #09-667
Postcode	120520
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	CLEMENTI N.P.C
Police Station Address	<b>ROAD:</b> 20 CLEMENTI AVE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190211/2111

#### 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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	MOHAMMAD FAHMI BIN RAHIM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	XD1242G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

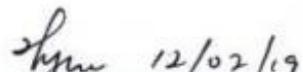
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

  
12/2/19

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

  
12/02/19

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



# Accident Sketch Plan

2/12/2019

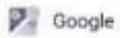
Loyang Ave - Google Maps

Google Maps Loyang Ave

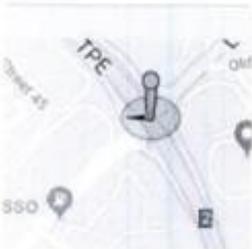


Image capture: Feb 2018 © 2019 Google

Singapore



Street View - Feb 2018



<https://www.google.com.sg/maps/@1.3603215,103.9611979,3a,51.1y,261.23h,78.76t/data=!3m6!1e1!3m4!1sasuyKYC0nI8aUMjWCp-UUQ!2e0!7!163...> 1/1

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190211/2111

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

2 of 3

Report No. T/20190211/2111

**CONTINUATION OF REPORT**

**Brief Details.**

On the above mentioned date, time and location, I was driving my vehicle bearing the said registration plate number, heading back home. I was along the cross junction and was about to make a right turn into TPE/SLE. At the point of time, the traffic lights were green and in my favour.

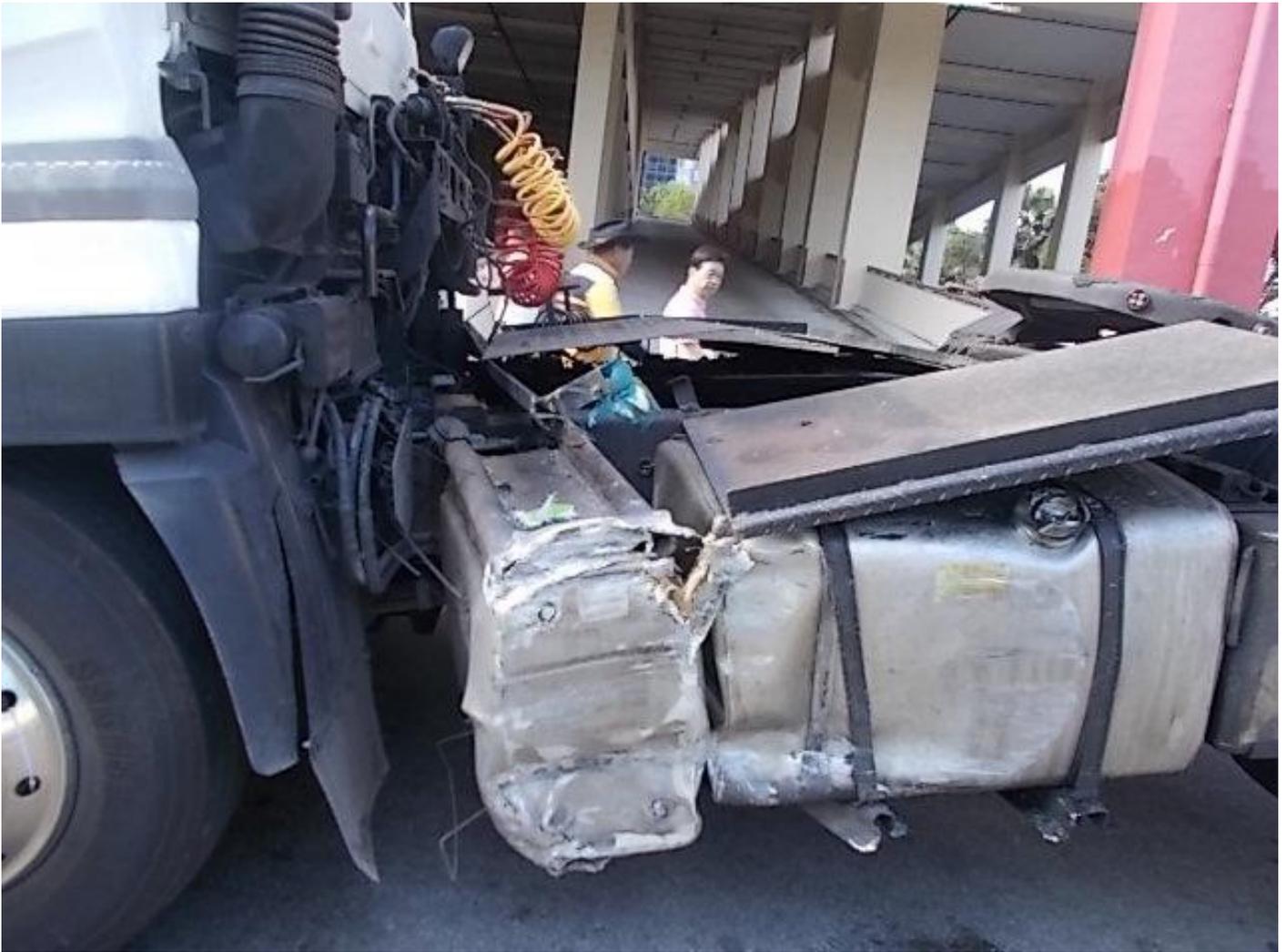
I noticed that there was a bus, unknown registration plate number, coming from the opposite direction however it was a distance away. Hence I decided to make the right turn. The bus was seen giving me high beam and went straight into the passenger side of my vehicle. Due to the collision, 3 passengers including myself were being conveyed by the ambulance which arrived at scene.

My vehicle was being towed away by the traffic police. There is no in-car camera installed in my vehicle and I am not sure whether there is any CCTV around the vicinity.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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Accident Photo



**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20190211/2111

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3

Report No. T/20190211/2111

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/02/2019 15:25	Video Report No.:	Station Diary No.: 77
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Informant's Particulars			
Name of Informant: MOHAMMAD FAHMI BIN RAHIM		Address: APT BLK 520 WEST COAST ROAD #09-667 SINGAPORE 120520	
ID Type / ID No.: NRIC NO / S9416106A		Contact No.: Home/Office:                      Mobile: 87878149	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 09/05/1994	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: PRIME MOVER DRIVER		Driving Licence Information: Class:	Date of Expiry:

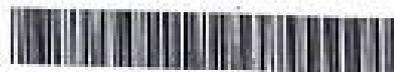
General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/02/2019 21:30	Type of Location: Straight Road
Location: Along Road 1 LOYANG AVENUE				
Slip Road into TPE/SLE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
XD1242G	Prime Mover	NISSAN	DIESEL	White	Seriously Damaged	0

Police Report



**SINGAPORE  
POLICE FORCE**



T/20190211/2111

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129956  
Tel No: 1800 8720599

2 of 3

Report No. T/20190211/2111

**CONTINUATION OF REPORT**

**Brief Details.**

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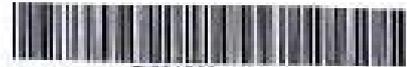
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My vehicle was being towed away by the traffic police. There is no in-car camera installed in my vehicle and I am not sure whether there is any CCTV around the vicinity.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20190211/2111

Police Station Of Origin:  
Clementi N.P.C.  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3  
Report No: T/20190211/2111

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:  
D /  
Staff Sgt CLEMENT CHEE WEI JUN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/02/2019 15:26

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MOHAMED SUFIAN BIN MOHAMED  
JUNID  
Contact No.: 65475247

Classification Of Case:

Authentication Stamp  
NP103

SIGNATURE