

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	20/02/2019 10:53
Date Of Accident	08/02/2019 16:30
Exact Location Of Accident	MACPERSON RD TOWARDS ALJUNIED RD A/F PAYA LEBAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP5957D
Insured/Policyholder	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	FARHANARMAN22@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84847991
Alternative Phone No	OFFICE-84847991

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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
Fleet Policy	NO
Policy Number	5107093948
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARHAN BIN ARMAN
NRIC No	S9629248A
Date Of Birth	22/08/1996
Occupation	OUTDOOR
Date Of Driving Pass	26/07/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84847991
Fax Number	
Contact Number	OTHERS-84847991
Email Address	FARHANARMAN22@GMAIL.COM

Address	BLK 411 BEDOK NORTH AVENUE 2 #05-102
Postcode	460411
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	COLLISION - MAJOR/MINOR RD
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

please refer to police report t/20190209/2039

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	FBH2680H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SHAFIQ
NRIC/Passport Number	
Contact Number	87141476
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	SHAFIQ
------	--------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH2680H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

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 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. 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:

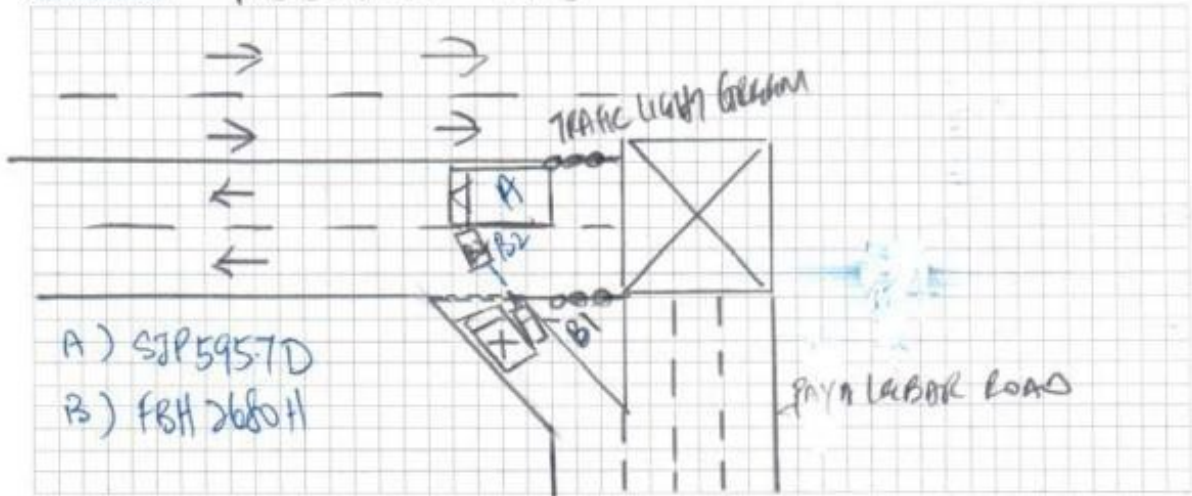
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

MAC PULSON ROAD



A) SJP5957D

B) FBH 2680H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20190209 / 2039

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:

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

GIARMC SketchPlanForm_V3

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20190209/2039

1 of 3

Report No. T/20190209/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2019 11:02	Vide Report No.: G/20190208/0156	Station Diary No.: 22
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: MUHAMMAD FARHAN BIN ARMAN			Address: APT BLK 411 BEDOK NORTH AVENUE 2 #05-102 SINGAPORE 460411		
ID Type / ID No.: NRIC NO / S9629248A			Contact No.: Home/Office: Mobile: 84847991		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 22/08/1996	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/02/2019 16:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 MACPHERSON ROAD ALJUNIED ROAD after Paya Lebar Road Lamp Post Number: 116				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH2680H	Motorcycle	YAMAHA	FZ 16	Black	Slightly Damaged	0
SJP5957D	Car	HYUNDAI	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD	Black	Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190209/2039

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20190209/2039

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD FARHAN BIN ARMAN	ID No.	S9629248A
Related Vehicle	SJP5957D (Car)	Contact No.	84847991
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

Brief Details.

On the above mentioned date and time, I was driving my car bearing plate number SJP5957D along Macpherson Road and I intent to go to Mactaggart Road. I was driving on the right of 2 lanes along Macpherson Road. At the junction of Macpherson Road and Paya Lebar Road the traffic light was showing green.

While approaching the junction, I noticed that there was a white in colour van at the slip road from Paya Lebar Road merging to Macpherson Road. As I pass the junction, the van drove out from the slip road and wanted to join into my lane which was the second lane. I honk at the van and it manage to change lane back to the left lane. At the same time, there was a motorcycle that came out of the slip road together with the van and wanted to join the second lane. I continue honking my horn and step on my brake pedals hard. However, the motorcycle did not go change back to the first lane. Thus, the front left side of my car hit the rear of the motorcycle.

The hit caused the motorcyclist to lose balance and fell on his left side. I wish to state that I had press so hard on the brakes that it caused my front left tire to burst. The accident also caused my car's front left bumper to be dislodged, sustained slight dent and scratches. I wish to state that I do not have any in-car camera installed in my vehicle. After the accident, I alight my vehicle and there was another motorcycle that stop and the rider called for ambulance.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190209/2039

3 of 3

Report No. T/20190209/2039

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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 /
Sgt 2 RADIN SALIHUL 'IMRAN BIN RADIN
FADLI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/02/2019 11:02

Classification Of Case:

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

