

## 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	01/03/2019 10:38
Date Of Accident	27/02/2019 03:00
Exact Location Of Accident	JUNC CLARKE QUAY & RIVER VALLEY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN538Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FULTONN MOTOR PTE LTD
Co Reg No	201504673R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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 FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5106910744
Cover Note Number	

### Driver

Name of Driver	NAJIB LAHRICHI
NRIC No	S2731400G
Date Of Birth	06/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	26/12/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90239646
Fax Number	
Contact Number	OFFICE-90239646
Email Address	NOEMAIL

Address	BLK 672B EDGEFIELD PLAINS #17-551
Postcode	822672
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 - CHANGE/CROSS LANE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	<b>ROAD:</b> 21A TEBING LANE , <b>POSTCODE:</b> 828837 , <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

REFER TO POLICE REPORT - T/20190228/2147.

#### 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	SGM8805R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAN SU TONG
NRIC/Passport Number	S2641683C
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHER CHEN YANG

NRIC/Passport Number S9021825E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 5

Passenger 1 NAME: :

GENDER: :

Passenger 2 NAME: :

GENDER: :

Passenger 3 NAME: :

GENDER: :

Passenger 4 NAME: :

GENDER: :

#### DETAILS OF INJURED PERSON 1

Name NAJIB LAHRICHI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJN538Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE


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5. **Any false reporting may be referred to the Police for investigation.**
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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.

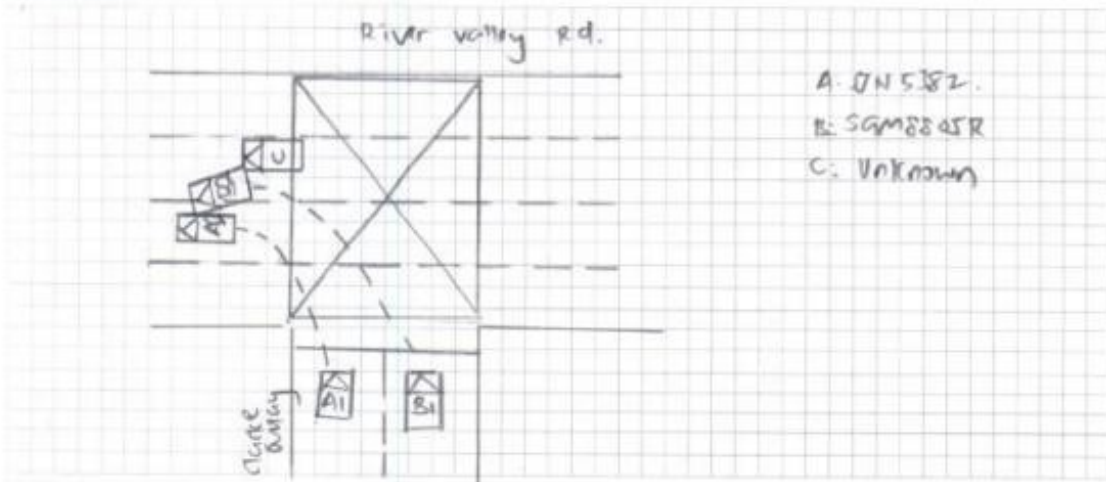
  
Policyholder's Signature  
Date & Time:

  
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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/201902238/2147.

## 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:  
NRIC/FIN No.:

QIP 15/12/2019 15:00:00




# Police Report



**SINGAPORE  
POLICE FORCE**


Police Station Of Origin:  
Punggol N.P.C.  
21A Tebing Lane SINGAPORE 825637  
Tel No: 1800-6049999




T/20190229/2147  
1 of 4  
Report No: T/20190229/2147

<b>REPORT OF A TRAFFIC ACCIDENT</b>		Station Diary No.:				
Date/Time Report Made: 28/02/2019 18:44		77				
<b>Informant's Particulars</b>						
Name of Informant: NAJIB LAHRICHI		Address: APT BLK 672B EDGEFIELD PLAINS #17-551 SINGAPORE 822672				
ID Type / ID No.: NRIC NO / S2731400G		Contact No.: Home/Office: Mobile: 90239546				
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 51	Date of Birth: 06/05/1967	Type of Informant: Driver			
Race: Arab	Language: English		Institution / School Name:			
Occupation: PRIVATE HIRE DRIVER	Driving Licence Information: Class: 3		Date of Expiry:			
<b>General Information of the Accident</b>						
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/02/2019 03:00			
Type of Location: T-Junction						
Location: Junction of Road 1 and Road 2 RIVER VALLEY ROAD TAN TYE PLACE Lamp Post Number: 31						
Weather: Clear		Road Surface: Dry	Road Speed Limit:			
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy			
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No			
<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passeng
SGM8805R	Car	KIA	Picanto 1.0	Red	Seriously Damaged	0
SJN538Z	Car	TOYOTA	Vios 1.5	Red	Seriously Damaged	0
UNKNOWN (Not accurate)	Car	AUDI	Q5	Red	Seriously Damaged	4

# Police Report

  
T/20190228/2147  
2 of 4  
Report No. T/20190228/2147


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999


CONTINUATION OF REPORT

Details of Vehicle Insurance		Insurance No.	Effective	Expiry Date
Vehicle No.	Insurance Company	5106910744	16/01/2019	15/01/2020
SJN538Z	NTUC Income Insurance Co-Operative Limited			


Details of Person Involved		Use of Pedestrian Crossing: NA	
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver	ID No.	S2731400G	
Name	NAJIB LAHRICHI	Contact No.	90239646
Related Vehicle	SJN538Z (Car)		
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/02/2019	Date Discharge	27/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver	ID No.	S9021825E	
Name	CHEN CHEN YUNG	Contact No.	NIL
Related Vehicle	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
Driver	ID No.	S2641683C	
Name	YAN FU TONG	Contact No.	NIL
Related Vehicle	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



## Police Report

 **SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828337  
Tel No: 1800-6049999

  
17201902282147



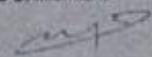


3 of 4  
Report No. T7201902282147

CONTINUATION OF REPORT

**Brief Details.**  
On 27 February 2019 around 0300hrs, after I make a left turn with the vehicle B. Vehicle B was at the most right lane making a left turn. Vehicle C was speeding along the main road. Vehicle B swerve to my lane, vehicle C hit onto vehicle B right portion which caused the impact to my vehicle and hit onto my vehicle right portion. I went for a medical checkup at sengkang general hospital after that and was given 3 days outpatient sick leave. There was a traffic camera at lamp post 31.



## Police Report

 <b>SINGAPORE POLICE FORCE</b>		 1-971800-000147
Police Station Of Origin: Punggol N.P.C. 21A Telok Lane SINGAPORE 628837 Tel No: 1800 2042998		Report No: 200190280147
CONTINUATION OF REPORT		
<b>Sketch Plan</b> Informant is not able to provide sketch plan		
<p>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 <u>report number</u> as reference.</p>		
Signature Of Officer Recording The Report: F./ Sgt 2 LAI TECK YONG		Signature Of Informant: 
Signature Of Interpreter: Not applicable		Date/Time: 28/02/2019 18:44
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178		Classification Of Case:  EN 001
Authentication Stamp NP188		 Signature:  Singapore Police Force

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

