

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	26/02/2019 11:57
Date Of Accident	26/02/2019 10:00
Exact Location Of Accident	LORNIE RD TOWARDS FARRER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2948R
Insured/Policyholder	
Name Of Registered Owner	HORIZON AUTOMOTIVE PTE LTD
Co Reg No	201216371K
Email Address	GERALDCHEWSC@HORIZON-AUTOMOTIVE.COM
Mobile Phone No	(LOCAL) +65-92311006
Alternative Phone No	OFFICE-92311006

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	201216371K
Cover Note Number	DRIVO PREMIUM

Driver

Name of Driver	AMIRIL BIN WAHID
NRIC No	S6833309A
Date Of Birth	01/09/1968
Occupation	INDOOR
Date Of Driving Pass	28/03/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91879308
Fax Number	
Contact Number	OFFICE-91879308
EEmail Address	NOEMAIL

Address	BLK 142 SERANGOON NORTH AVE 1 #01-293
Postcode	550142
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	2
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	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

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	YP7199J
Vehicle Make/Model/Colour	FUSO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ROSMANI BIN HUSSIM
NRIC/Passport Number	G6607435N
Contact Number	98922235
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	AMIRIL BIN WAHID
Approximate Age	50
Injuries Sustain	5 DAYS MEDICAL LEAVE
Injured person in which vehicle?	SLR2948R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	142 SERANGOON NORTH AVE 1 #01-293
Postcode	550142

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.



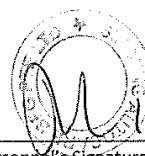
Policyholder's Signature

Date & Time: 26/02/19
11.36am

 26.02.2019 @ 1138u.

Driver's Signature

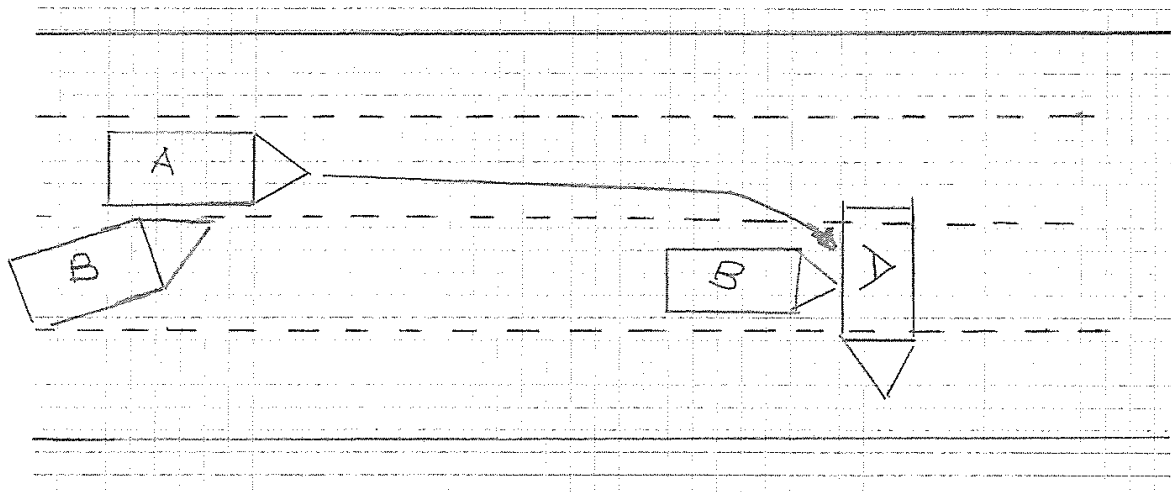
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN




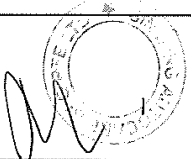
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was driving along Lorne Road towards Farrer, suddenly this lorry (YP 7199J), which was on the third hit the right side of my vehicle. The impact of lorry pushed my vehicle causing it to spin and stopped half his lane.

The driver of lorry came down of his vehicle and apologised and admitted liability.

DECLARATION

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

 <p>Policyholder's Signature Date & Time: 26/02/19 11.44am</p>	<p>28.03.2019 @ 1144hrs</p> <p>Driver's Signature (If driver is not the policyholder) Date & Time:</p>	 <p>Reporting Centre Personnel's Signature Name: NRIC/FIN No.:</p>
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WATSON, Michael James, 22

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190226/2065

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

1 of 3

Report No. T/20190226/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2019 12:36		Vide Report No.:		Station Diary No.: 8	
Informant's Particulars					
Name of Informant: AMIRIL BIN WAHID			Address: APT BLK 142-SERANGOON NORTH AVENUE 1 #01-293 SINGAPORE 550142		
ID Type / ID No.: NRIC NO / S6833309A			Contact No.: Home/Office: Mobile: 91879308		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 01/09/1968	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: MAINTENANCE RESIDENT AMBASSADOR			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: 26/02/2019 09:35	Type of Location: Straight Road
Location: Along Road 1 LORNIE ROAD towards Farrer Road				
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLR2948R	Car	MITSUBISHI	LANCER EX 1.6 AT LED TAIL LAMP	Silver		0
YP7199J	Lorry	MITSUBISHI	FUSO FM65FM2R DEB	Multi-Colored		0

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190226/2065

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20190226/2065

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AMIRIL BIN WAHID	ID No.	S6833309A
Related Vehicle	SLR2948R (Car)	Contact No.	91879308
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	ROSMAINI BIN HUSSIM	ID No.	G6607435N
Related Vehicle	YP7199J (Lorry)	Contact No.	98922235
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 26th February 2019 at 9.35am, I was driving my vehicle registration number: SLR2948R along Lornie Road toward Farrer Road. I was driving at the 3rd lane. While I was driving, there was an impact from my right side of the vehicle. I saw that another vehicle registration number: YP7199J (V2) had collided to my vehicle. As a result, my vehicle spun and went into his lane (attached sketch plan).

The driver (V2) admitted his mistakes. He revealed that he wished to filter to my lane and he didn't see my vehicle and as a result, he collided to my vehicle. I managed to change our particulars and due to the impact I felt pain on my bodies. I will seek my medical attention later.

I had reported to my insurance company and was advised to lodge a Police report. I am lodging this report for Police to look into the matter and also claimed insurance.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20190226/2065

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3

Report No. T/20190226/2065

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:
E /
Sr Staff Sgt MOHAMAD FARID BIN JAMAL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/02/2019 12:36

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:
IN 070

Authentication Stamp
NP168

POLICE REPORT Pg. 1

Officer- In -Charge
Investigation Section
Traffic Police
No. 10 Ubi Avenue 3
Singapore 408865

Name: AMIRIL BIN WAHID
NRIC: S6833309A
Address: BLK 142 SERANGOON NORTH AVE 1 #01-293
HP: 91879308

Dear Sir,

**ACCIDENT INVOLVING SLR2948R AND YP7199J ALONG LORNIE ROAD
TOWARDS FARRER ROAD ON 26/02/2019 AT 0935HRS.**

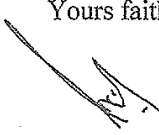
With reference to the above, I have on 26/02/2019 at 1236hrs made a police report at TAMPINES NPC in NP 168 - T/20190226/2065 under Investigation Officer SSS Ong Yong Hock, Tel: 65476436.

2 On 26/02/2019, at 2140HRS, at TAMPINES NPC, I make the following amendments to the above report:

I wish to add on that I have sought medical treatment at Mount Alvernia Hospital on 26/02/2019 and given Outpatient Sick Leave for 5 days from 26/02/2019 to 02/03/2019.

That is all.

Yours faithfully


Signature

If a police officer records this amendment, please complete the following;	
Name / Rank No: SGT SOPHIA	Station Diary No. eSD 129 (TM NPC)
Signature	

Tampines NPC
No. 6 Tampines Avenue 4
Singapore 529682
Tel: 1800-5871999

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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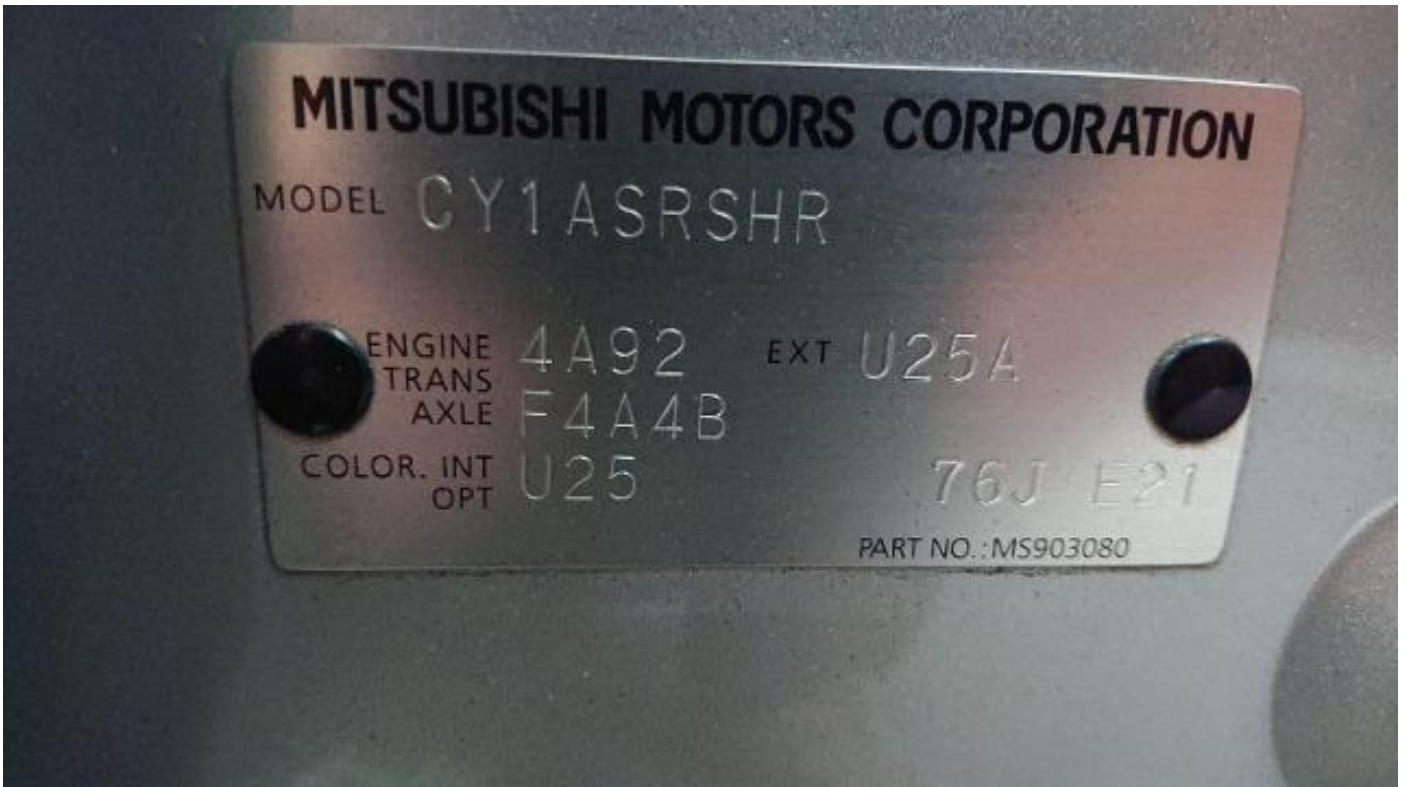


Accident Photo



Accident Photo





Accident Photo

