

## 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	18/03/2019 17:45
Date Of Accident	18/03/2019 08:00
Exact Location Of Accident	JUNC GRANGE RD & ORCHARD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ6979D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	53333500X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88669174
Alternative Phone No	OFFICE-88669174

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	OPTRA 1.6L A/T ABS AIRBAG 2WD 4DR
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5104194055-01
Cover Note Number	

### Driver

Name of Driver	SULAIMAN BIN KAUSAR
NRIC No	S8039727E
Date Of Birth	13/12/1980
Occupation	OUTDOOR
Date Of Driving Pass	09/06/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82497578
Fax Number	
Contact Number	OFFICE-82497578
E-Mail Address	NOEMAIL

Address	BLK 256 JURONG EAST STREET 24 #02-377
Postcode	600256
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	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 92 BOON LAY WAY , <b>POSTCODE:</b> 609962 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8999999 - <b>FAX NO:</b> 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190318/2033.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO







**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20190318/2033

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20190318/2033

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	SULAIMAN BIN KAUSAR		ID No. S8039727E
Related Vehicle	SJQ6979D (Car)		Contact No. 82497578
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
<b>Pedestrian</b>			
Name	SUP AH KAN		ID No. F7484353X
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	RAFFLES HOSPITAL		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 18.03.2019 at about 0850hrs, I was driving my vehicle along Orchard Rd at the first lane (Most right lane), wanting to make a right turn into Grange Road. There were a group of pedestrians who had already crossed and cleared the road. I had made a check and there was no other pedestrian crossing the road before I made a right turn into Grange Road. However, as I was making the right turn, a female pedestrian had suddenly dashed across the road from my left to the right. I could not stopped in time and had collided on the female passenger on my front left side of my vehicle.

From what I could recall, the traffic light was green however I was unsure if the pedestrian crossing was still green. I had alighted the vehicle and had called for the police. The pedestrian was conveyed to Raffles Hospital by the ambulance. I was advised by the Traffic Police who was at scene, to lodge a Traffic Accident report in regards to report number: E/20190318/0053, Investigation Officer Sufyan, TEL: 6547 6390.

I wish to state that I do not have any in-built camera installed in my vehicle.

Police Report



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Tel No: 1800-8999999

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Report No. T/20190318/2033

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 / Sgt 3 CATHERINE CHOY CHI CHING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2019 10:45
Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Contact No.: 65472077	Classification Of Case:

Authentication Stamp  
NP168



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

