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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

atoresaid.	
	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
Insured/Policyholder	
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

EMail Address NOEMAIL

BLK 256 JURONG EAST STREET 24 Address

#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

COLLIDED INTO PEDESTRIAN Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

1

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

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

ROAD: NO. 92 BOON LAY WAY, POSTCODE: 609962, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791

Was notice of intended Prosecution given?

If Yes, against whom?

NO

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

Accident Sketch Plan

SKETCH PLAN

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- 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
- 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)
 - (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

TWAUTOMOBILE requirements under any regulations, laws or court orders.

CO. REGN. NO: 53333500X 9 TAGORE LANE 9@TAGORE #02-01 SINGAPORE 787482

TEL: 6459 5535 Fax: 6459 8009

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

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

1 of 3 Report No. T/20190318/2033

REPORT OF A TRAFFIC ACCIDENT

18/03/2	me Report I 019 10:45	Made:	Vide Report No.: E/20190318/0053	Station Diary No.		
Informa	int's Partic	ulars		147		
Name o SULAIN	f Informant: AN BIN KAUSAR		Address: APT BLK 256 JURONG EAS SINGAPORE 600256	T STREET 24 #02-377		
NRIC N	/ ID No.: O / S80397.	27E	Contact No.: Home/Office:	Makila no torres		
Nationality: SINGAPORE CITIZEN		EN	Home/Office: Mobile: 82497578 Email:			
Sex: Male	Age: 38	Date of Birth: 13/12/1980	Type of Informant:			
Race: Malay Occupation: GRAB DRIVER			Language: English	Institution / School Name:		
			Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/03/2019 08:5		Type of Location T-Junction	
GRANGE RO ORCHARD R In front of H&I Weather:	OAD	Road Surface:		D		
Dry		Dry			Road Speed Limit:	
Traffic Flow: Traffi		Traffic Control:	fic Control: fic Light - Working		Traffic Volume: Light	
N. P. C.		Traffic Light - Wor	king	Light		

Vehicle No.	Type	Make	Model	10.		
SJQ6979D Car		The state of the s	Color	Condition	No of Passenger	
	CHEVROLET					

Details of Person Involved	
Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Hen of Dodosti - O
	Use of Pedestrian Crossing: Used

Police Report





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

2 of 3 Report No. T/20190318/2033

CONTINUATION OF REPORT

Driver		Grane To				
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 Disc			NIL		
No. of Days granted Medical Leave NIL		NIL	Degree of			
Pedestrian	STATE BERNEY	A CHILA			NEWS	
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	W	Date Disch		NIL	
No. of Days granted Medical Leave NIL			Degree of		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:

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

Police Report





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

3 of 3 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	















