

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	23/03/2019 15:48
Date Of Accident	23/03/2019 07:50
Exact Location Of Accident	2 COOK STREET SIX SENSES MAXWELL HOTEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW5844G
Insured/Policyholder	
Name Of Registered Owner	JOHARI BIN MOHD YACOB
NRIC No	S7421257C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93803160
Alternative Phone No	OTHERS-93803160

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L AT RSZ
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096198369-01
Cover Note Number	

Driver

Name of Driver	JOHARI BIN MOHD YACOB
NRIC No	S7421257C
Date Of Birth	27/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93803160
Fax Number	
Contact Number	OTHERS-93803160
Email Address	NOEMAIL

Address	BLK 428 TAMPINES STREET 41 #02-475
Postcode	520428
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190323/2089

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	SLN5064S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KAY BENG
NRIC/Passport Number	
Contact Number	84331562
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	JOHARI BIN MOHD YACOB
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SFW5844G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

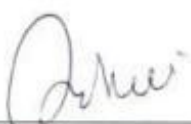
1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre 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:

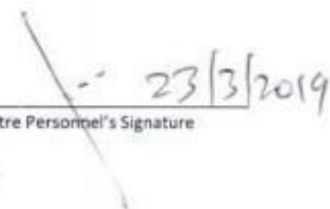
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

Sketch Plan #2

SKETCH PLAN

Pls Refer to the Attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Attached

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 23/3/2019

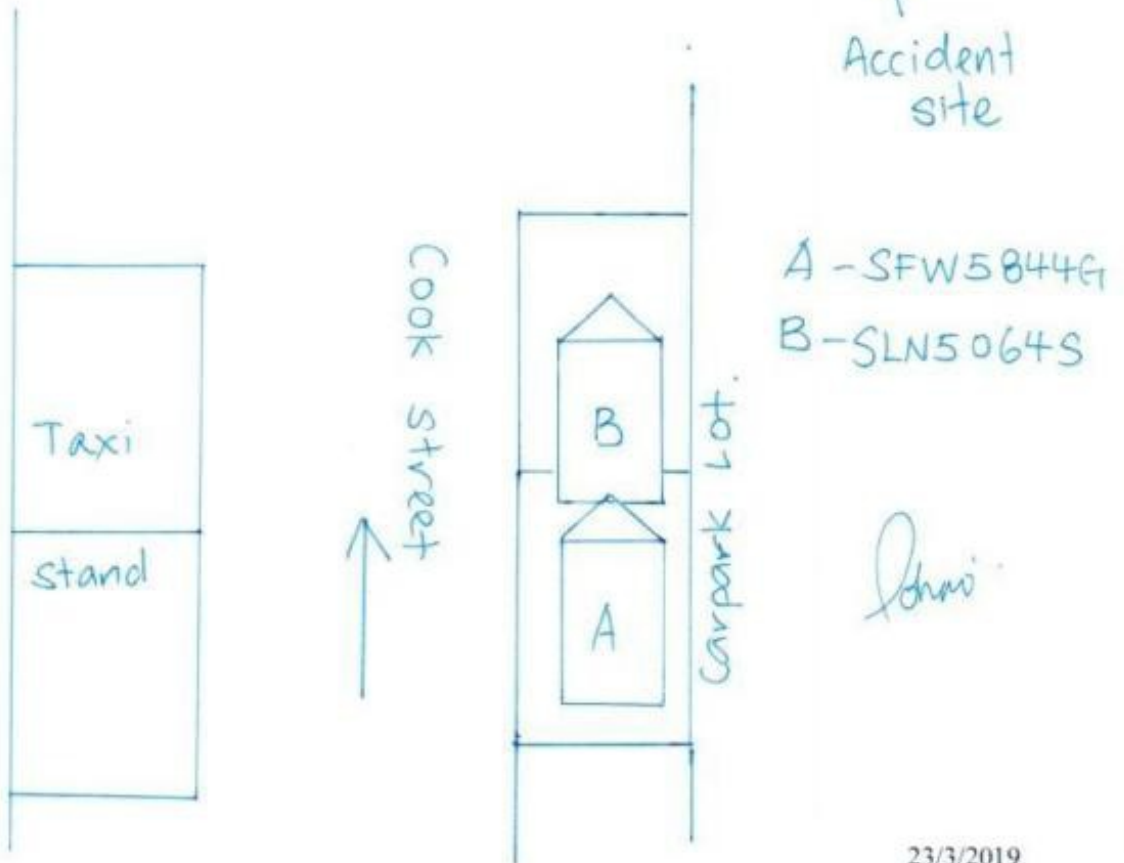
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #3

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23/3/2019

Accident Statement

On 23rd March 2019 around 0750Hrs, I was driving my vehicle (SFW5844G), picking up a customer from Six Sense Maxwell Hotel along No. 2 Cook Street. While waiting for the customer to board my car, suddenly a vehicle (SLN5064S) in front of me reversed abruptly and hit onto my vehicle. The driver of the third party vehicle then quickly drove off left the accident scene without alighting to exchange particulars. A Caucasian lady, Marion (Contact No: 9178 4594) whom clearly witnessed the accident event approached me and informed the driver of the third party vehicle was the driver of her Go-Car booking. She provided me with the driver's particular and relevant information. I wish to state that my vehicle was stationary when the accident happened. I have immediately reported this hit and run incident to the police post (refer attached). I'm making a claim against third party.



Name: Johari Bin Mohd Ya'cob
I/C: S7421257C

— and Refer to the Police Report —
T/20190323/2089

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20190323/2089

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20190323/2089

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JOHARI BIN MOHD YA'COB	ID No.	S7421257C
Related Vehicle	SFW5844G (Car)	Contact No.	93803160
Hospital/Clinic	MEDICARE ASSOCIATES	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/03/2019	Date Discharge	23/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Tan Kay Beng	ID No.	NIL
Related Vehicle	SLN5064S (Car)	Contact No.	84331562
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 23/03/2019 at about 07:50am, I was at 2 Cook Street, Six Senses Maxwell Hotel to pick up a customer for a "Grab" ride. I then proceeded to park my vehicle (Vehicle Number: SFW5844G) at the parking lot of the hotel, right in front of me there was another parked vehicle (Vehicle Number: SLN5064S). I was awaiting for my customer when suddenly the car which is parked in front of me reversed and hit onto the bumper of my vehicle. The vehicle whom had hit onto me then quickly drove off. The driver did not come out of the vehicle to exchange particulars. I am sure that he is aware that he had reversed into my vehicle.

A lady (Name: Marion, Contact: 91784594) whom witnessed the accident then came up to me and informed me that the driver whom had reversed into my vehicle is her Grab Driver. The lady then passed me the information of the driver's name and car plate number which is displayed on the "Grab" application.

I want to state that this accident had caused my front bumper to crack and dented. My neck is also injured due to the accident and I had visited Medicare Associates located at 482 Tampines Street 43 #01-26, and I was awarded 3 days medical certificate.

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190323/2089

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

1 of 4

Report No. T/20190323/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2019 13:46	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars

Name of Informant: JOHARI BIN MOHD YA'COB			Address: APT BLK 428 TAMPINES STREET 41 #02-475 SINGAPORE 520428		
ID Type / ID No.: NRIC NO / S7421257C			Contact No.: Home/Office: Mobile: 93803160		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 27/06/1974	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/03/2019 07:50	Type of Location: PARKING LOT
Location: COOK STREET 2 Cook Street, Six Senses Maxwell Hotel				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Moving Vehicle Against - Parked Vehicle	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFW5844G	Car	HONDA	STREAM 1.8L AT RSZ	Grey	Seriously Damaged	0
SLN5064S	Car				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFW5844G	NTUC Income Insurance Co-Operative Limited	5096198369-01	17/01/2019	16/01/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190323/2089

2 of 4

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20190323/2089

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JOHARI BIN MOHD YA'COB	ID No.	S7421257C
Related Vehicle	SFW5844G (Car)	Contact No.	93803160
Hospital/Clinic	MEDICARE ASSOCIATES	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/03/2019	Date Discharge	23/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Tan Kay Beng	ID No.	NIL
Related Vehicle	SLN5064S (Car)	Contact No.	84331562
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.

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Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999



T/20190323/2089

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Report No. T/20190323/2089

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20190323/2089

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Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20190323/2089

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 1 CHUN KHANG YEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/03/2019 13:46

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Classification Of Case:

Authentication Stamp

NP168