

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 | 02/04/2019 16:39 |
| Date Of Accident | 30/03/2019 14:00 |
| Exact Location Of Accident | DICKSON RD IN FRONT HOTEL 81 DICKSON |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | GBB1071D |
| Insured/Policyholder | |
| Name Of Registered Owner | JUN EXPRESS GROUPS PTE LTD |
| Co Reg No | 201420728H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81383333 |
| Alternative Phone No | OFFICE-81383333 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE MANUAL |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5102388371 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | EIRWAN BIN KAIRUMAN |
| NRIC No | S8142703H |
| Date Of Birth | 11/03/1981 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/10/2002 |
| Driving Experience | 16 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86541250 |
| Fax Number | |
| Contact Number | OFFICE-86541250 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 745 WOODLANDS CIRCLE #02-744 |
| Postcode | 730745 |
| 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 | SIDE SWIPE |
| 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) | 2 |
| Passenger 1 | NAME: : SITI RAJIMAH BINTE ABDUL MOMIN GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | WOODLANDS EAST N.P.C |
| Police Station Address | ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , 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 POLICE REPORT - T/20190402/2009.

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 Witness 1

| | |
|---------------|----------|
| Name | SAMI |
| Phone Number | 91574409 |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SBD726U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |

| | |
|-------------------------------------|-----------------|
| Vehicle Category | PRIVATE HIRE |
| Name of Driver | CHIAM YEOW JUAN |
| NRIC/Passport Number | S0171034F |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 2 |
| Passenger 1 | NAME: : |
| | GENDER: : |

DETAILS OF INJURED PERSON 1

| | |
|---|---------------------|
| Name | EIRWAN BIN KAIRUMAN |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | GBB1071D |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|--------------------------------|
| Name | SITI RAJIMAH BINTE ABDUL MOMIN |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | GBB1071D |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident 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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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.



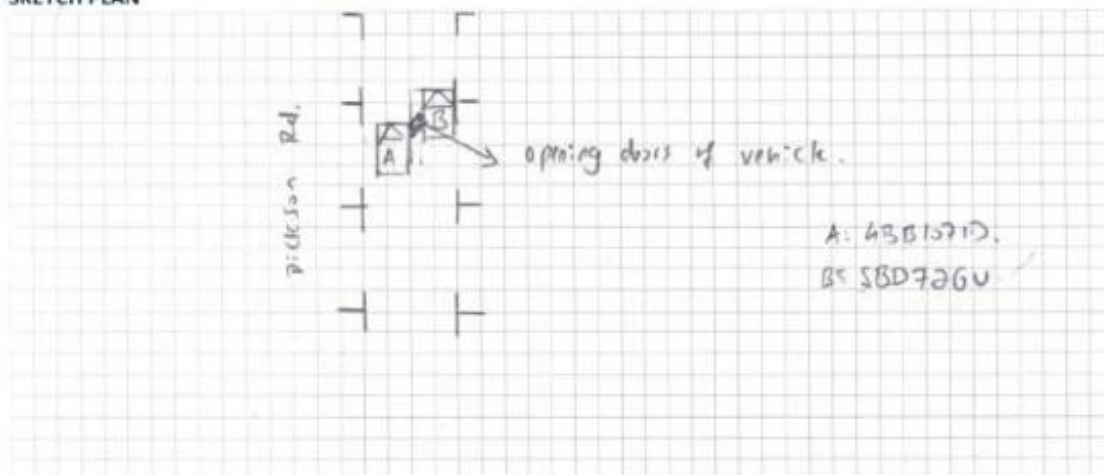
Policyholder's Signature
Date & Time:

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 - 7/20190422/2004.

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 Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737590
Tel No: 1800-7679999



T/20190402/2009

1 of 4

Report No: T/20190402/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
02/04/2019 01:07

Vide Report No.:

Station Diary No.:
18

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|---|--|--|
| Name of Informant: EIRWAN BIN KAIRUMAN | | | Address: APT BLK 745 WOODLANDS CIRCLE #02-744 SINGAPORE 730745 | | |
| ID Type / ID No. NRIC NO / S8142703H | | | Contact No. Home/Office | | |
| Nationality: SINGAPORE CITIZEN | | | Email: Mobile: 86541250 | | |
| Sex: Male | Age: 38 | Date of Birth: 11/03/1981 | Type of Informant: Driver | | |
| Race: Javanese | | | Language: Institution / School Name: | | |
| Occupation: DELIVERY DRIVER | | | 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: 30/03/2019 14:00 | Type of Location: Straight Road |
| Location: DICKSON ROAD | | | | |
| Toward Jln Besar | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Moderate | |
| Type of Collision: Driver side hit onto passenger side | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-------------------|-----------------|
| GBB1071D | Van | | | | Seriously Damaged | 1 |
| SBD726U | Car | | | | Seriously Damaged | 1 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Police Report



**SINGAPORE
POLICE FORCE**



1/20190402/2509

2 of 4

Report No. 1/20190402/2509

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No. 1800-7679999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------------------|--|-----------------------------------|
| Passenger | | | |
| Name | SITI RAHIMAH BINTE ABDOUL MOMIN | ID No. | S8804616A |
| Related Vehicle | GBB1071D (Van) | Contact No. | 85892761 |
| Hospital/Clinic | MILLENNIUM MEDICAL GROUP | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 01/04/2019 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Serious |
| Driver | | | |
| Name | EIRWAN BIN KAIRUMAN | ID No. | S8142703H |
| Related Vehicle | GBB1071D (Van) | Contact No. | 86541250 |
| Hospital/Clinic | MILLENNIUM MEDICAL GROUP | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 01/04/2019 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Serious |
| WITNESS | | | |
| Name | Unknown WITNESS | ID No. | NIL |
| Related Vehicle | NIL | Contact No. | 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 | | | |
| Name | CHIAM YEOW JUAN | ID No. | S0171034F |
| Related Vehicle | NIL | Contact No. | 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:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20190402/2009

3 of 4

Report No: T/20190402/2009

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date and time, While I was travelling along Dickson Road towards Jin Besar, I notice there was a stationary car (SBD726U) with the hazard on in front of me. I then overtake the car, out of sudden, the car left passenger door open and hit onto my right side of the car. Immediately, I applied brake. due to the impact, my passenger and myself suffer some pain on our body. I wish to state there I have a witness by the name Samy Hip 91574409.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No.: 1800-7679999



T20190402/0009

Report No.: T20190402/0009

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:

L /

SI NG RAYMOND

Signature Of Informant:

Date/Time:

02/04/2019 01:07

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

IN 138

Authentication Stamp
NP168



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



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