

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	09/04/2019 14:10
Date Of Accident	19/03/2019 18:00
Exact Location Of Accident	ALONG JURONG PORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK3557A
Insured/Policyholder	
Name Of Registered Owner	ABS RENTAL PTE LTD
Co Reg No	201829910Z
Email Address	ANTOSSNAKHAIE95@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87761422
Alternative Phone No	OFFICE-87761422

Vehicle Particulars

Manufacturer	HONDA
Model	INTEGRA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5108172420-000001
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ISZAN BIN MUSTAFA
NRIC No	S9520238A
Date Of Birth	09/06/1995
Occupation	INDOOR
Date Of Driving Pass	20/02/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87761422
Fax Number	
Contact Number	OTHERS-87761422
Email Address	ANTOSSNAKHAIE95@GMAIL.COM

Address	BLK 6 MARSILING DRIVE #03-84
Postcode	730006
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 BICYCLIST
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?	YES
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190320/2032

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	
Vehicle Make/Model/Colour	
Details Of Properties	BICYCLIST
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN BICYCLIST

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

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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.

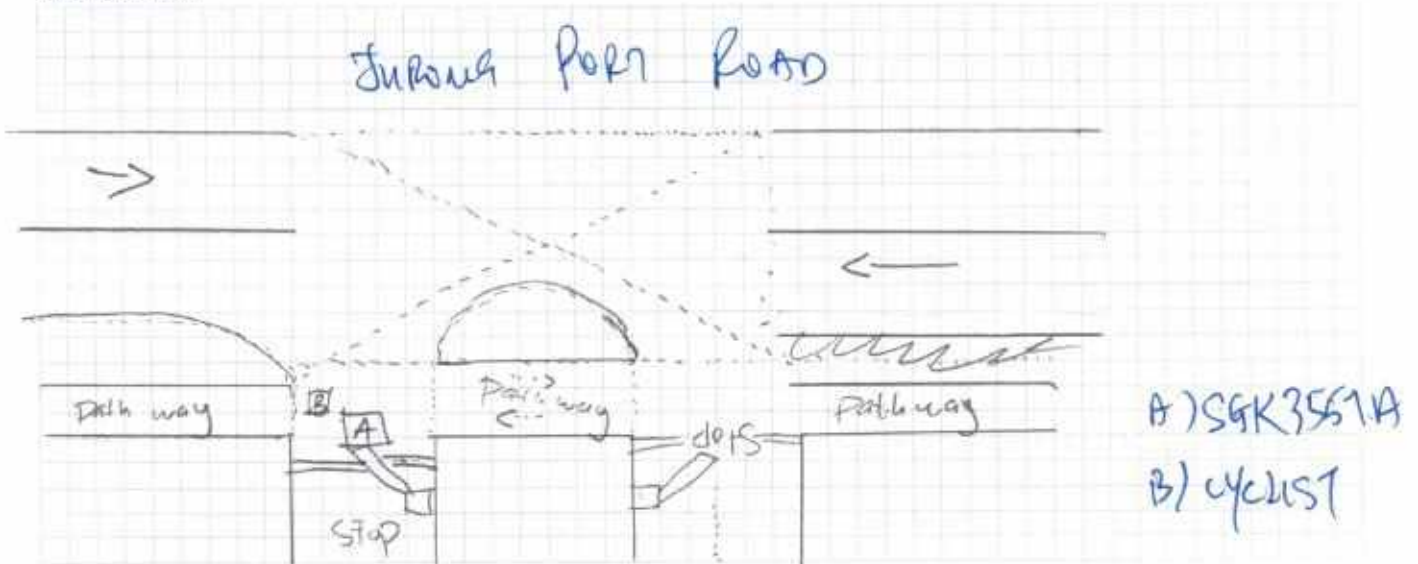


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20/90370/7032

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's Signature
Name:
NRIC/FIN No.:

09/08/2019
Kerik Loo/002



Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190320/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2019 10:52		Vide Report No.: J/20190319/0109		Station Diary No.: 44	
Informant's Particulars					
Name of Informant: MUHAMMAD ISZAN BIN MUSTAFA			Address: APT BLK 6 MARSILING DRIVE #03-84 SINGAPORE 730006		
ID Type / ID No.: NRIC NO / S9520238A			Contact No.: Home/Office: Mobile: 87761422		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 09/06/1995	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/03/2019 18:00	Type of Location: Straight Road
Location: Along Road 1 JURONG PORT ROAD				
Along 2 Jurong Port Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGK3557A	Car				No Damage	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190320/2032

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190320/2032

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD ISZAN BIN MUSTAFA	ID No.	S9520238A
Related Vehicle	SGK3557A (Car)	Contact No.	87761422
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

Brief Details.

On 19/03/2019 at about 1800hrs, I was driving my vehicle bearing plate number SGK3557A out from the gantry of SPH building along Jurong Port Rd. I stopped my vehicle with the front portion of my vehicle near to the pavement. I spotted a cyclist on my left cycling along on the pavement quite a distance from the position of my vehicle. I made a check on my right for oncoming traffic. I felt that it was safe and moved off. So I checked my left side and let go of my brake pedal slightly and saw that the cyclist was approaching from the front left side of my vehicle. Upon seeing the cyclist, I pressed on my brake pedal gently. I saw the cyclist dropped his bicycle subsequently he fell as well. I moved my vehicle to the side and got out of my vehicle to make a check on the cyclist. I did not see any visible injuries on the cyclist. I was unable to communicate with the cyclist as he spoke in a language I did not understand. I then called a few passerbys to help me translate for the cyclist. The passerby informed me that the cyclist does not know whether he was okay or not but informed me to just call for ambulance. I then proceeded to call for ambulance. Ambulance and Traffic Police came to scene. The cyclist was conveyed to the hospital. The TP officer informed me that there was a warrant of arrest for me and I was brought to RLU from scene at 1904hrs. There was no damage to any government property.

I was instructed by the TP officer to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20190320/2032

3 of 3

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Report No. T/20190320/2032

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:

J /

SC2 MUHAMMAD HAIQAL BIN ABU BAKAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LEE MING CAI

Contact No.: 65476960

Signature Of Informant:

Date/Time:

20/03/2019 10:52

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident MT/1037362

Policy No.	510812420	Vehicle No.	SGK3557A	GST Registration No.	
Certificate No.	510812420-000001			Policyholder NRIC	2018299102
Policyholder Name	ABS RENTAL PTE LTD	Cover Type	Third Party, Fire & Theft	Leading	C
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	NA	Special Remark		eCode	No *
Email Address		TCA	No Yes	eCode Reason	
GPS	x No Yes	NCD Entitlement(%)	0	Private HIRE	Not available
NCD Protection	No				

Accident Details

Report Date	25/03/2019 17:03	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Cyclist
Date of Accident	19/03/2019	Time of Accident (Minimum)	17:50	Country of Accident	Singapore
Reporting Centre		Orange Floor		ICN No.	
Accident Location	3380WG PORT ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
GD Standard Excess	0.00	TP Standard Excess	1,500.00	Driver is Covered?	Not Applicable
VIED GD Excess		VIED TP Excess			
Additional Excess	0.00	Total TP Excess Applicable	1,500.00		
Total GD Excess Applicable	0.00				

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	Yes
GST Registration No.		GST Status Verified	
Modification History	25/03/2019 17:52:09 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	6001 BEACH ROAD	Address 2	#22-04A GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	190528
Unit No.	05-16	Related Policy Number	5108102222		

GI Driver Info

Driver Name		Driver Type		Driver DOB	
Uninsured Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Office)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes x No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	GD-MK	Insured Name	ABS RENTAL PTE LTD	Insured NRIC	2018299102
Contact No.(Mobile)		Contact No. (Home)	NA	Contact No. (Office)	
Email Address		OT		TP	
Claim Description	SGK3557A OR 19 Mar 2019		Vehicle Number		
Preferred Workshop		Insured Liability	Please Select *	GIA report	Pending *
Estimate No. Finalisation	Yes *	Backordered Repair Option	Please Select *	Claim Close Date	19/04/2019 00:00
Date Registered					
Report Taken By					

Print All Letter

Save Submit

Attachment

Accident No.	MT/1037362	Claim No.	002
Last Doc. Received	Yes No	Upload Date	09/04/2019 15:14
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Board			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Seriy (GO)
	NAC_BUKIT_MERAH_6006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Apr 2019 15:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-9	
	NAC_BUKIT_MERAH_8006762 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Apr 2019 15:14	SAS	Normal	SAS 2019-4-9	
	NAC_BUKIT_MERAH_6006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Apr 2019 14:38	Photos	Normal	Photos 2019-4-9	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 09 Apr 2019 14:58

Photos

Normal

Photos 2019-4-9

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 09 Apr 2019 14:57

Photos

Normal

Photos 2019-4-9

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 09 Apr 2019 14:57

Photos

Normal

Photos 2019-4-9

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 09 Apr 2019 14:57

Photos

Normal

Photos 2019-4-9

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 09 Apr 2019 14:57

Photos

Normal

Photos 2019-4-9

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 09 Apr 2019 14:57

Photos

Normal

Photos 2019-4-9

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 09 Apr 2019 14:57

Photos

Normal

Photos 2019-4-9

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 19/03/19 (DD/MM/YYYY). TIME: 18:00 (HH:MM)

LOCATION: Along Juring Port Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGR 3557A
 b) INSURANCE COMPANY: MUIC
 c) POLICY NUMBER: 510 5708172420-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA IN
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: MR RUMOL PTA CIO (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MR SGM Bin Mustafa (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SAS20238A CONTACT: 07761422
 c) ADDRESS: 6 Marston Dr #03-84, S'pore 74006

* d) DATE OF BIRTH: 09/06/1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WIFE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: J'west WPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: CYEL12 MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)

(1)

* No of passenger
(Including driver)

()

* No of passenger
(Including driver)

()

email = Antossnakhia95@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9520238A



Name

MUHAMMAD ISZAN BIN
MUSTAFA

Race

MALAY

Date of birth

09-06-1995

Country of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9520238A

MUHAMMAD ISZAN BIN MUSTAFA

Birth Date: 09 Jun 1995

Issue Date: 20 Feb 2016



NRIC No: S9520238A



Date of issue

21-09-2010

APT BLK B MARSILING DRIVE #03-84
SINGAPORE 730008

NRIC No: S9520238A

Date: 17/09/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 20 Feb 2016



NP 428A

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5108172420"/>	Date of Accident	<input type="text" value="19/03/2019 14:50"/>							
Vehicle No. (For Motor)	<input type="text" value="SGK3557A"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108172420	5108172420-000001	ABS RENTAL PTE LTD	201829910Z	GPM	Third Party, Fire & Theft	SGK3557A	SGK3557A	12/03/2019	29/01/2020
<input type="button" value="Continue"/>										