

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	22/04/2019 09:53
Date Of Accident	14/04/2019 13:50
Exact Location Of Accident	JUNC MARINA BLVD & SHEARES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9452X
Insured/Policyholder	
Name Of Registered Owner	CAR FLEET AUTO LEASING
Co Reg No	53382960K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81331270
Alternative Phone No	OFFICE-81331270

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 2.0 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108385025
Cover Note Number	

Driver

Name of Driver	ZULKARNAIN BIN JUNAIDI
NRIC No	S7112076G
Date Of Birth	03/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1994
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85887099
Fax Number	
Contact Number	OFFICE-85887099
Email Address	NOEMAIL

Address	BLK 486A TAMPINES AVENUE 9 #03-110
Postcode	520486
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	COLLISION - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190417/2062.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFG907B
Vehicle Make/Model/Colour	MAZDA 5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	COLIN PERERA

NRIC/Passport Number	S2006949Z
Contact Number	90126636
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ZULKARNAIN BIN JUNAIDI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJT9452X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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.



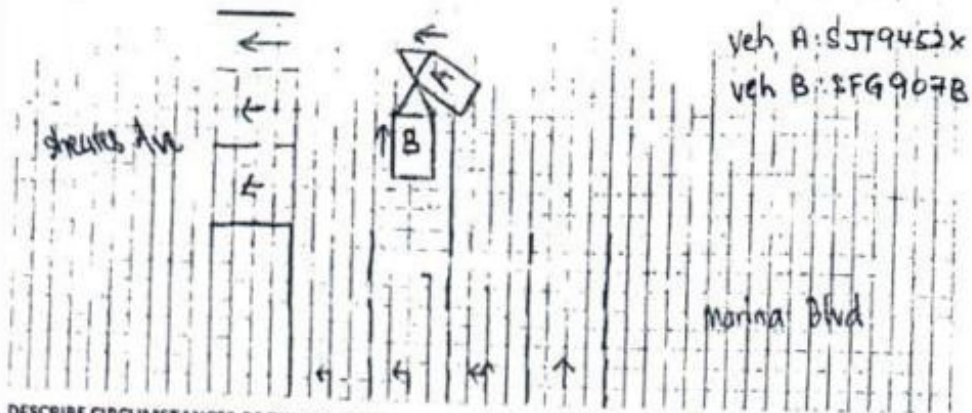
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

I was driving my vehicle SJT9452X turning left to sheares Ave. Suddenly there's this vehicle STG907B dash straight and hit my front left, he is at lane B which only can turn left.

DECLARATION

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.:

Police Report

SINGAPORE POLICE FORCE

Police Station Of Origin:
Orchard N.P.C.
51 Kallang Road SINGAPORE 239572
Tel No: 1800-7359999

Barcode: 1001964172062
Report No: 1001964172062

REPORT OF A TRAFFIC ACCIDENT
Date/Time Report Made: 17/04/2019 12:05
Vide Report No: Station Diary No: 75

Informant's Particulars

Name of Informant: ZULKARNAIN BIN JUNAIDI	Address: APT BLK 486A TAMPINES AVENUE 9 #03-110 SINGAPORE 520466
ID Type / ID No: NRIC NO / S7112076G	Contact No: Home/Office: Mobile: 85887099
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 48 Date of Birth: 03/04/1971	Type of Informant: Driver
Race: Malay	Language: Malay
Occupation: DRIVER	Institution / School Name:
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: 14/04/2019 13:50	Type of Location: X-Junction
Location: Along Road 1 MARINA BOULEVARD				
Along Marina Boulevard turning into Sheares Avenue (Junction)				
Weather: Sunny	Road Surface: Dry	Road Speed Limit: 60 Km/h		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFG907B	Car	MAZDA	Mazda 5	Grey	Slightly Damaged	3
SJT9452X	Car	TOYOTA	Toyota Wish	White	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJT9452X	NTUC Income Insurance Co-Operative Limited	JTDGJ20W605001 281	22/03/2019	21/03/2020

Police Report



**SINGAPORE
POLICE FORCE**



12011604172002

Police Station Of Origin
Orchard N.P.C.
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

2 of 2
Report No: 12011604172002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Colin Perera	ID No.	S2006949Z
Related Vehicle	SFG907B (Car)	Contact No.	90126636
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	ZULKARNAIN BIN JUNAIDI	ID No.	S7112076G
Related Vehicle	SJT9452X (Car)	Contact No.	85687099
Hospital/Clinic	NEPTUNE HEATHCARE MEDICAL AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/04/2019	Date Discharge	15/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

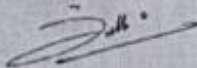
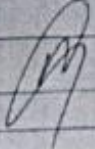
On 14/04/2019 at about 1350hrs, I (White Toyota Wish) (SJT9452X) was travelling along Marina Blvd. As I was approaching the junction of Marina Blvd and Sheares Ave, I decelerated and was driving along the 3rd lane of the 5 lane road.

As I was making the left turn into Sheares Ave, one grey color Mazda 5 (SFG907B) which was driving on the 4th lane beside me, accelerated straight ahead despite driving on a left turn only lane. The Mazda then collided into my car front bumper area. After the accident we alighted to exchanged particulars. My front left bumper had suffered some dents, cracks and scratches, and my head light was also broken.

I wish to state that I had in-built car camera.

On the 15/04/2019, I felt pain on my right elbow and shoulder, therefore I went to see doctor and was given 3 days MC

Police Report

SINGAPORE POLICE FORCE		T/G0190417/2019	
Police Station Of Origin: Orchard N.P.C. 51 Kallinney Road SINGAPORE 239572 Tel No: 1800-7359999		3 of 3 Report No: T/G0190417/2019	
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 <u>report number</u> as reference.			
Signature Of Officer Recording The Report: E / Sgt 2 JORDON NG BENG SIONG		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 17/04/2019 12:05	
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No: 65476414		Classification Of Case:	
Authentication Stamp NP166 SIGNATURE 			

Accident Photo



Accident Photo



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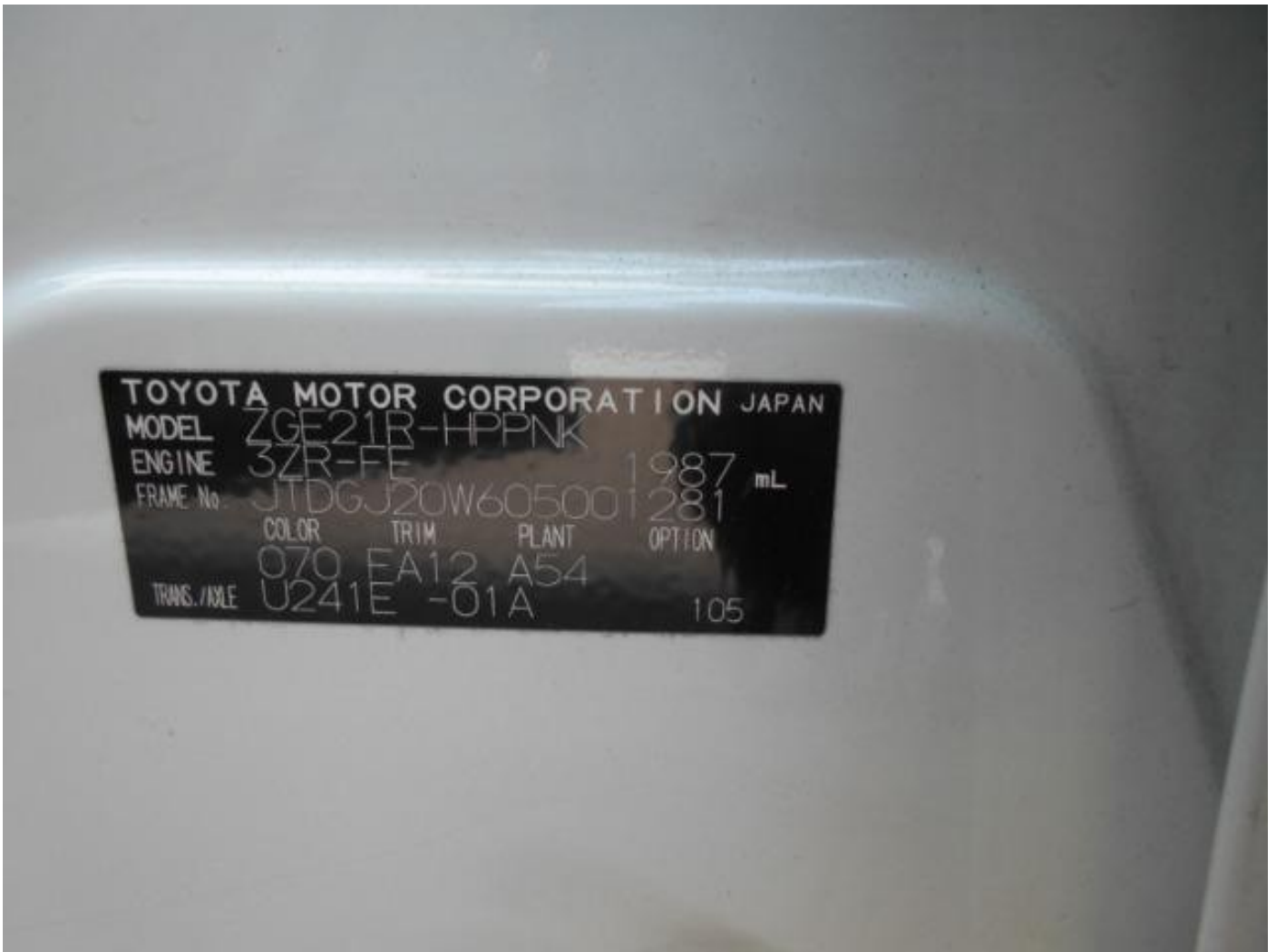
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