

## 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	18/04/2019 09:53
Date Of Accident	17/04/2019 14:00
Exact Location Of Accident	UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT1874A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HEETON MANAGEMENT PTE LTD
Co Reg No	199706613Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98443355
Alternative Phone No	OFFICE-98443355

### Vehicle Particulars

Manufacturer	NISSAN
Model	PICKUP DOUBLE CAB
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5045227035-08
Cover Note Number	

### Driver

Name of Driver	ROHAIZAN BIN KAMSAN
NRIC No	S7322797F
Date Of Birth	27/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1994
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96622946
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address 60 SEMBAWANG ROAD #01-02/03/04

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident CHAIN COLLISION

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 3

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) 2

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TAMPINES NORTH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7818999 - FAX NO: 67838603

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

#### 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 SCG9181D

Vehicle Make/Model/Colour MERCEDES BENZ E200 / GREY

Details Of Properties MR HO

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 96369130

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLB3007J  
Vehicle Make/Model/Colour LAND ROVER / GREY  
Details Of Properties  
Vehicle Category PRIVATE CAR  
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 MR HO  
Approximate Age  
Injuries Sustain RIGHT HAND CUTS  
Injured person in which vehicle? SCG9181D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name  
Approximate Age  
Injuries Sustain ABRASION ON ARMS AND LEGS  
Injured person in which vehicle? GT1874A  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode



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 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.



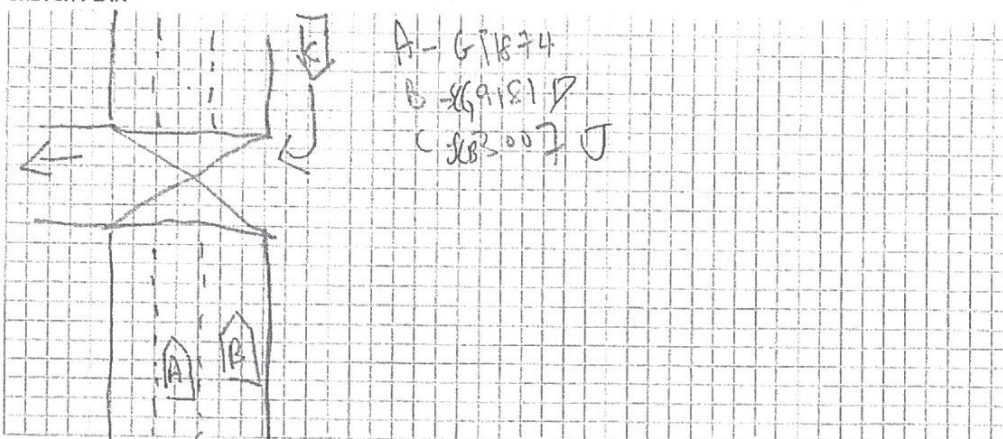
Policyholder's Signature  
Date & Time:

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

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [crackb@singapore.com.sg](mailto:crackb@singapore.com.sg)  
Name:  
NRIC/FIN No.:

18 APR 2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer  
Police  
Report

DECLARATION

I 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:

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

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

18 APR 2019



**SINGAPORE  
POLICE FORCE**



T/20190417/2162

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

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Report No. T/20190417/2162

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/04/2019 18:04	Vide Report No.: E/20190417/0062	Station Diary No.: 33
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**Informant's Particulars**

Name of Informant: ROHAIZAN BIN KAMSAN			Address: APT BLK 496E TAMPINES AVENUE 9 #02-514 SINGAPORE 521496		
ID Type / ID No.: NRIC NO / S7322797F			Contact No.: Home/Office: Mobile: 96622946		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 27/06/1973	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Building Officer			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/04/2019 14:00	Type of Location: X-Junction
Location:  UPPER THOMSON ROAD  Cross junction between Upper Thomson Road and Jalan Todak				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GT1874A	Lorry	NISSAN	P/UP D/CAB	Silver		0
SCG9181D	Car	MERCEDES BENZ	E200 SEDAN (R18)	Grey		1
SLB3007J	Car	LAND ROVER	DISCOVERY SPORT 2.0 SI4 SE 7STR	Grey		3





**SINGAPORE  
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T/20190417/2162

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461 Tampines Street 44 #01-56 SINGAPORE  
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Tel No: 1800-7818999

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Report No. T/20190417/2162

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ROHAIZAN BIN KAMSAN	ID No.	S7322797F
Related Vehicle	GT1874A (Lorry)	Contact No.	96622946
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MR HO	ID No.	NIL
Related Vehicle	SCG9181D (Car)	Contact No.	96369130
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 17/04/2019 at about 1400hrs, I was driving my company pick-up lorry (GT1874A) travelling on lane 2 at cross junction of Upper Thomson Road and Jalan Todak. The traffic light was green in my favour.

Out of sudden, there was a Land Rover car (SLB3007J) from the opposite direction, turned right and collided with the Mercedes car (SCG9181D) which was travelling on lane 1. Due to the impact, the Land Rover car overturned in front of my vehicle and the Mercedes car swerved to the left and collided with my vehicle.

The Land Rover car has three passengers and all were conveyed to hospital by ambulance. The driver of the Mercedes car was also conveyed to hospital. He has one passenger on board, but not sure the passenger was taken to hospital or not.

I do not have in-car camera. I managed to take down the driver of Mercedes car known as Mr Ho, Hp: 96369130.

Traffic Police officer also came down to scene to conduct on scene investigation and I was given a case card to lodge a traffic accident report.



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T/20190417/2162

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Report No. T/20190417/2162

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20190417/2162

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520461  
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Report No. T/20190417/2162

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 2 MUHAMMAD ISA BIN MD RASHID

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/04/2019 18:04

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE