

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	26/04/2019 12:06
Date Of Accident	25/04/2019 20:00
Exact Location Of Accident	ALONG SEMBAWANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF8295C
Insured/Policyholder	
Name Of Registered Owner	SHARANI BINTE KHAMIS
NRIC No	S8136341B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98894201
Alternative Phone No	OTHERS-98894201

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180
Exact Purpose for which vehicle was being used at time of accident	PVT 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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106469813
Cover Note Number	21/12/2018 -20/12/2019

Driver

Name of Driver	FARHAN BIN RAMLAN
NRIC No	S8141535H
Date Of Birth	26/12/1981
Occupation	INDOOR
Date Of Driving Pass	28/01/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96954864
Fax Number	
Contact Number	
Email Address	EASTBAYINC@HOTMAIL.COM

Address	BLK 752 JURONG WEST ST 74 #15-22
Postcode	640752
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT : T/20190426/2006

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL SEND TO NTUC DIRECTLY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGA8699T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SZE YEN
NRIC/Passport Number	S6846897C
Contact Number	96391002
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMG1190L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAI YUAN LONG
NRIC/Passport Number	
Contact Number	91382286
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	FARHAN BIN RAMLAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMF8295C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SMF 8295 C
INSURER : NTUC
DATE & TIME: 25/4/19
8 pm.

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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.:

Sketch Plan #2

SKETCH PLAN

Sembayang Rd

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↑ ↑ ↑

A = SMF 8295C

B = SGA 8699T
Lim Sze Yen
S6846897C
hp: 96391002

C = SMG 1190L
Chai Yuan Long
hp: 9138 2286.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: T/20190426/2006

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.:

GLARMC Sketch Plan Form V3 ☐ Claim Own Policy ☒ Claim Third Party ☐ Reporting Only
 ☐ Claim OD/TP at other workshop ()

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190426/2006

1 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20190426/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2019 03:04		Vide Report No.:		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: FARHAN BIN RAMLAN			Address: APT BLK 752 JURONG WEST STREET 74 #15-22 SINGAPORE 640752		
ID Type / ID No.: NRIC NO / S8141535H			Contact No.: Home/Office: Mobile: 96954864		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 26/12/1981	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: Assistant Engineer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2019 19:55	Type of Location: T-Junction
Location: Along Road 1 SEMBAWANG ROAD				
Along Sembawang Road before Chong Pang Air Base				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGA8699T	Car	HONDA		Yellow	Slightly Damaged	0
SMF8295C	Car	MERCEDES BENZ		Grey	Slightly Damaged	0
SMG1190L	Car	MERCEDES BENZ		Black	Slightly Damaged	0

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20190426/2006

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Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20190426/2006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Lim Sze Yen	ID No.	S6846897C
Related Vehicle	SGA8699T (Car)	Contact No.	96391002
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	FARHAN BIN RAMLAN	ID No.	S8141535H
Related Vehicle	SMF8295C (Car)	Contact No.	96954864
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/04/2019	Date Discharge	25/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Chai Yuan Long	ID No.	NIL
Related Vehicle	SMG1190L (Car)	Contact No.	91382286
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 the 25/04/2019 at around 1959hrs, I was driving my car, bearing vehicle no SMF 8295 C, along Sembawang Road heading in the direction towards Sembawang. Upon approaching the T junction before Chong Pang Camp, I slowed down my vehicle and came to a stop at the junction as the traffic light was red. When my vehicle came to a stop, I felt an impact from the rear of my vehicle and I alighted to make a check. Apparently my car was involved in a 3 cars chain collision as the last 3rd car SMG 1190L had collided into the rear of the 2nd car SGA 8699T and the impact caused the 2nd car to surge forward and collided into the rear of my vehicle. We exchanged particulars on the spot and took photographs of our cars at the accident scene. After the accident, I felt pain and went to Khoo Teck Puat

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20190426/2006

3 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20190426/2006

CONTINUATION OF REPORT

Hospital for medical attention and was discharged with 3 days MC.

Sketch Plan #6



**SINGAPORE
POLICE FORCE**



T/20190426/2006

4 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20190426/2006

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 /
Staff Sgt ZENG ZHIMIN, KEVIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
26/04/2019 03:04

Classification Of Case:



Signature

Singapore Police Force

SN 003

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo







