### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**EMail Address** 

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

Date Of Accident  Date Of Sincapore  DETAILS OF OWN VEHICLE  St.D744Z  Insured/Policyholder  Name Of Registered Owner  Noemall  Mobile Phone No  Cl.CocAL) +65-96109179  OTHERS-96109179  Nominaturer  Model  Corocta ALTIS 1.6 AUTO  Date Of Automatic Owner Ow		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No S2693560A NOEMAIL Michaelive Phone No OTHERS-96109179  Vehicle Particulars Manufacturer Model COROLLA ALTIS 1.6 AUTO CExact Purpose for which vehicle was being used at ime of accident Very ou claiming under your own insurance policy or No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE  Insurance Company Very Of Coverage Company Very Of Coverage Insurance Company Very Of Coverage Insurance Company Very Of Insurance Company Very Of Service Particulars Very Of	Date Of Report	03/05/2019 17:01
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number  SLD744Z  Insured/Policyholder  Name Of Registered Owner  Name Of Registered Owner  Name Of Registered Owner  No S2693560A  NOEMAIL  NOOTHERS-96109179  NOOTHERS-96109179  NOO  NOLLA ALTIS 1.6 AUTO  NOO  NOOTHERS-96109179  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Date Of Accident	02/05/2019 15:20
Country/State of Loss  DETAILS OF OWN VEHICLE  SLD744Z  Insured/Policyholder  Name Of Registered Owner NRIC No S2693560A  NOEMAIL Mobile Phone No (LOCAL) +65-96109179  OTHERS-96109179  OTHERS-96109179  OTHERS-96109179  OTHERS-96109179  OTHERS-96109179  OTHERS-96109179  OTHERS-96109179  OTHERS-96109179  NO	Exact Location Of Accident	JUNCT OF YUAN CHING ROAD & TAH CHING ROAD
Vehicle Registration Number Insured/Policyholder Name Of Registered Owner No Se893560A NOEMAIL Mobile Phone No (LCCAL) +65-96109179 OTHERS-96109179  Vehicle Particulars Manufacturer TOYOTA COROLLA ALTIS 1.6 AUTO COROLLA ALTIS 1.6 AUTO COROLLA ALTIS 1.6 AUTO COROLLA ALTIS 1.6 AUTO  NO OTHERS-96109179  NO OTHERS-9610	Country/State of Loss	
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Name Of Registered Owner NRIC No S2693560A  Email Address NOEMAIL Mobile Phone No (LOCAL) +65-96109179  Alternative Phone No OTHERS-96109179  Vehicle Particulars Manufacturer Model Corolla ALTIS 1.6 AUTO  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy or repair to your vehicle?  NO No Please state action to be taken THIRD PARTY Pehicle Category PRIVATE HIRE  Insurance Company Marme of Insurance Company Viyee Of Coverage CoMPREHENSIVE NO S097845956-01  Cover Note Number  Oriver  LOW WAY MENG RIC No S6976413D LOEW OF Insurance Diffuse LOW WAY MENG LOEW OF Insurance LOEW OF	Vehicle Registration Number	SLD744Z
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Email Address NOEMAIL Mobile Phone No (LOCAL) +65-96109179 Alternative Phone No OTHERS-96109179 Vehicle Particulars  Wanufacturer TOYOTA COROLLA ALTIS 1.6 AUTO  Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy or repair to your vehicle?  You please state action to be taken THIRD PARTY Pehicle Category PRIVATE HIRE  Insurance Company  Jume of Insurance Cooperative LTD  Jume of Insurance Company  Jume of Insuran	NRIC No	
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Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  COMPREHENSIVE  NO  Policy Number  Sover Note Number  Driver  Jame of Driver  Jame of Driver  Jame of Birth  Jace Of Birth  Jace Of Driving Pass  Jace Of Driving Pass  Jace Of Driving Experience  Jace Of Driving Experience  Jace Of Driving Experience  Jace Of Driving Pass  Jace Of Driving Experience  Jace Drivin	/ehicle Category	PRIVATE HIRE
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COMPREHENSIVE Fleet Policy NO Solicy Number Sover Note Number Cover Number Cover Note Number Cover Nu	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
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IRIC No S6976413D Pate Of Birth 05/06/1969 Decupation OUTDOOR Pate Of Driving Pass 19/10/1987 Priving Experience 31 YEARS AND 6 MONTHS Render MALE Robile Number (LOCAL) +65-96109179	Driver	
RIC No S6976413D  Pate Of Birth 05/06/1969  Occupation OUTDOOR  Pate Of Driving Pass 19/10/1987  Priving Experience 31 YEARS AND 6 MONTHS  Gender MALE  Robile Number (LOCAL) +65-96109179	lame of Driver	LOW WAY MENG
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lobile Number (LOCAL) +65-96109179 ax Number	Gender	
ax Number	Mobile Number	
ontact Number OTHERS-96109179	ax Number	,,
	Contact Number	OTHERS-96109179

NOEMAIL

Address

BLK 991B BUANGKOK LINK #13-249

Postcode

532991

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SIBLING

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

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

Passenger 1

NAME:

: KRIZTOPHER

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police? If Yes, Please state which Police Station

YES

Police Station Name

Police Station Address

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4890999 - FAX NO: 63128989

HOUGANG NEIGHBOURHOOD POLICE CENTRE

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No.T/2019502/2149;

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

YN3330H

Vehicle Make/Model/Colour

MITSUBISHI FE83BE6SRDEA

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

RAJAMOHAMED BAHRUDEEN

NRIC/Passport Number

G8378310P

Contact Number

Address

Page 2 of 19

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

No. Of Fasseriger (including briver)	
	DETAILS OF INJURED PERSON 1
Name	•KRIZTOPHER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLD744Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### SKETCH PLAN

#### 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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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
Reporting Centre Personnel's Signatures 3

Name: NRIC/FIN No.:

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

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			Health and the second	
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Policyholder's Signature Date & Time:

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

Reporting Centre Personner S Seguriting Centre Personner S Segurit





Pelice Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 of 3 Report No. T/20190502/2149

REPORT	OF A TRAFFI	CACCIDENT			
Date/Time Report Made: 02/05/2019 21:51			Vide Report No.:         Station Dia           D/20190502/0070         192		
Informa	int's Partic	ulars			
Name of Informant: LOW WAY MENG			Address: APT BLK 991B BUANGKO 532991	OK LINK #13-249 SINGAPORE	
ID Type / ID No.: NRIC NO / S6976413D Nationality: SINGAPORE CITIZEN		13D	Contact No.: Home/Office: Mobile: 96109179		
		EN	Email:		
Sex: Age: Date of Birth: Male 49 05/06/1969		The second of the second second	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: private hire driver			Driving Licence Information Class:	n: Date of Expiry:	

General Infor	mation of the Accident			Para de Apparation de la Company
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/05/2019 15:20	Type of Location X-Junction
		urned out from Ta	h Ching road	
Weather: Roa Clear Dry		Road Surface: Dry	1	Road Speed Limit:
Traffic Flow: Traffic Control:				Traffic Volume: Light
Type of Collis Between Mov	ion: ing Vehicles - Head To Sid	de	8	Anyone conveyed by ambulance:

STATE OF THE PARTY	PALCON DE LA CONTRACTOR					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLD744Z	Car				Seriously Damaged	1
YN3330H	Lorry				Slightly Damaged	1

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





Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

2 of 3 Report No. T/20190502/2149

Driver		EST TOTAL		0.5461	1513.93	
Name	LOW WAY MENG		ID No.		S6976413D	
Related Vehicle	SLD744Z (Car)		Contact No.		96109179	
Hospital/Clinic	NIL					Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
			Degree of Injury   Slight			
Driver				1555		
Name	RAJAMOHAMED BAHRUDEEN		ID No	.	G8378310P	
Related Vehicle	YN3330H (Lorry)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	Date Treatment   NIL			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of Injury   Slight			

# Brief Details.

On 02/05/2019 at about 1520hours, I am a GRAB driver (SLD744Z) fetching one passenger from Orchard to Yuan Ching road when an accident occurred between my car and a lorry (YN3330H). I was driving on the left most lane on a straight road towards Yuan Ching Road when a lorry (YN3330H) turned out to the right from Tah Ching Road as such I had hit on to the left side of the lorry, Subsequently, Traffic Police attended the incident.

My passenger, a male (Kriztopher) by the contact number (81883355) whom was seated at the back seat had suffered a slight injury on the neck and head and was conveyed by the ambulance and he did not update me thereafter with regards to his injuries.

I would like to state that the green light was in my favor.





Police Station Of Origin;
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

3 of 3 Report No. T/20190502/2149

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: F / Sgt 1 LUM ZHI WEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2019 21:51
Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Contact No.: 65472077	Classification Of Case:
Authentication Stamp NP168 Sig	nature: 40

me: 10 INJP FMMY	TRAFFIC POLICE
F 929 F 429	10 UBI AVENUE 3 SINGAPORE 408865 Fat: 65474749
	REPORT NO.: D/2017050Z/0070 CASE CAR
	On Long William Country of the Count
CINICATOR	involving vehicles: 1 LOLLY 1 CAR
SINGAPOR	E POLICE at about
ACKNOW!	With reference to the above, you are advised to lodge an accident report enline viit the SPF Electronic Police Centre website (http://www.police.gov.ag/epc)
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(Recipient's Name, N	NRIC or Passport No. / Rank and No.)
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LOW WAY MELDY 569764132	(Signature)
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