

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 | 09/05/2019 13:06 |
| Date Of Accident | 08/05/2019 23:00 |
| Exact Location Of Accident | PUNGGOL EAST SLIP RD TWDS PUNGGOL CENTRAL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SJM2791A |
| Insured/Policyholder | |
| Name Of Registered Owner | SHAHROM BIN MOHD MOKHTER |
| NRIC No | S1671455J |
| Email Address | HANIMBTEHASSAN@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-90217713 |
| Alternative Phone No | OTHERS-91690012 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | STREAM |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE 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 | 5069307432-04 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | SHAHROM BIN MOHD MOKHTER |
| NRIC No | S1671455J |
| Date Of Birth | 17/01/1964 |
| Occupation | INDOOR |
| Date Of Driving Pass | 07/08/1987 |
| Driving Experience | 31 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90217713 |
| Fax Number | |
| Contact Number | OTHERS-91690012 |
| Email Address | HANIMBTEHASSAN@GMAIL.COM |

| | |
|---|-------------------------------------|
| Address | BLK 191A RIVERVALE DRIVE #02-922 |
| Postcode | 541191 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - - - |
| Insurance Company of Driver's Own Vehicle | - - - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| 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) | 4 |
| Passenger 1 | NAME: : HANIM GENDER: : FEMALE |
| Passenger 2 | NAME: : FARDHANSHAH GENDER: : MALE |
| Passenger 3 | NAME: : JENNY GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | EUNOS NPP |
| Police Station Address | ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190509/2068

Attachment(s)

| | |
|---|------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | FRONT ONLY |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SLG679M |
|-----------------------------|---------|

| | |
|-------------------------------------|--------------------------|
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LEE HWEE PING(LI HUIBIN) |
| NRIC/Passport Number | S7630430J |
| Contact Number | 97935754 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|--------------------------|
| Name | SHAHROM BIN MOHD MOKHTER |
| Approximate Age | |
| Injuries Sustain | BACK,NECK & KNEE |
| Injured person in which vehicle? | SJM2791A |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|-------------|
| Name | HANIM |
| Approximate Age | |
| Injuries Sustain | BACK & NECK |
| Injured person in which vehicle? | SJM2791A |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 3

| | |
|---|-------------|
| Name | FARDHANSHAH |
| Approximate Age | |
| Injuries Sustain | BACK & NECK |
| Injured person in which vehicle? | SJM2791A |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 4

| | |
|---|-------------|
| Name | JENNY |
| Approximate Age | |
| Injuries Sustain | BACK & NECK |
| Injured person in which vehicle? | SJM2791A |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:



09/05/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

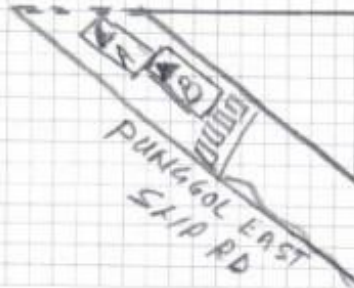
Accident Sketch Plan

SKETCH PLAN

PUNGOL
CENTRAL

A-SJM2791A

B. 546679m



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20190509/2068

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190509/2068

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20190509/2068

CONTINUATION OF REPORT

Brief Details.

On 08/05/2019 at about 11:00pm, I was on my way back home and was along Punggol Central wanting to turn into Punggol East. At the junction after the pedestrian crossing, I slowed down and came to a stop at the stop line looking for on coming traffic. Even though it was low traffic I slowly inched out for safety reasons. Suddenly one car collided onto my car from the rear. I was in a state of shock and thus after 5 minutes got off my car to make a check if anyone was injured. At that point of time no one was injured. The lady driver who collided onto me informed me that she assumed I had already moved. The driver did not keep a safety distance and thus was not able to stop on time when she realize that I have not moved. My car had a few scratches and dents on my rear right bumper while the other driver had a few slight scratches. We then took photos and exchanged particulars. Thereafter we left and no Ambulance nor TP arrived at scene.

Later in the day I started having pain at my back, neck area and my knee areas. Thus I went to see my family doctor who gave me 3 days of MC. I do have a car camera in my car however it was not recording.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190509/2068

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439699

1 of 3

Report No: T/20190509/2068

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------|-------------------------|
| Date/Time Report Made: 08/05/2019 12:35 | Video Report No.: | Station Diary No.: 9 |
|--|-------------------|-------------------------|

| Informant's Particulars | | | |
|--|------------|---|------------------------------|
| Name of Informant: SHAHROM BIN MOHD MOKHTER | | Address: APT BLK 181A RIVERVALE DRIVE #02-922 SINGAPORE 541191 | |
| ID Type / ID No.: NRIC NO / S1871455J | | Contact No.: Home/Office: Mobile: 90217713 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 55 | Date of Birth: 17/01/1964 | Type of Informant: Driver |
| Race: Malay | | Language: English | Institution / School Name: |
| Occupation: WAREHOUSE SUPERVISOR | | Driving Licence Information: Class: 2B,3 Date of Expiry: | |

| General Information of the Accident | | | | |
|--|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 08/05/2019 23:00 | Type of Location: X-Junction |
| Location: Along Road 1 PUNGGOL CENTRAL PUNGGOL EAST zebra crossing | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 50 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Pedestrian Crossing | Traffic Volume: Light | |
| 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 |
| SJM2791A | Car | HONDA | STREAM 1.8L A | Grey | Seriously Damaged | 3 |
| SLG879M | Car | | | | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJM2791A | NTUC Income Insurance Co-Operative Limited | 5068307432-04 | 24/01/2019 | 23/01/2020 |

Police Report



**SINGAPORE
POLICE FORCE**



TJ201905092058

2 of 3

Police Station Of Origin:

Eunos NPP

829 Bedok Reservoir Road #01-1620

SINGAPORE 470829

Tel No: 1800-4439999

Report No. TJ201905092058

CONTINUATION OF REPORT

Brief Details.

On 08/05/2019 at about 11:00pm, I was on my way back home and was along Punggol Central wanting to turn into Punggol East. At the junction after the pedestrian crossing, I slowed down and came to a stop at the stop line looking for on coming traffic. Even though it was low traffic I slowly inched out for safety reasons. Suddenly one car collided onto my car from the rear. I was in a state of shock and thus after 5 minutes got off my car to make a check if anyone was injured. At that point of time no one was injured. The lady driver who collided onto me informed me that she assumed I had already moved. The driver did not keep a safety distance and thus was not able to stop on time when she realize that I have not moved. My car had a few scratches and dents on my rear right bumper while the other driver had a few slight scratches. We then took photos and exchanged particulars. Thereafter we left and no Ambulance nor TP arrived at scene.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190509/2068

3 of 3

Police Station Of Origin:
Eunos NPP
829 Bedok Reservoir Road #01-1620
SINGAPORE 470829
Tel No: 1800-4439999

Report No. T/20190509/2068

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 /
Staff Sgt IMTIAZ AHAMED BIN HAMID HAJA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/05/2019 12:35

Officer In Charge Of Case:
TP / AEIT /
→ Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168