

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	18/05/2019 11:04
Date Of Accident	06/05/2019 08:45
Exact Location Of Accident	18 NEPAL PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG8355T
Insured/Policyholder	
Name Of Registered Owner	SHL MOTOR PTE. LTD.
Co Reg No	201611814M
Email Address	SINHOCKLEE@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-92726000

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5080551065-02
Cover Note Number	

Driver

Name of Driver	ABDUL HALIM BIN AHMAD SULAIMAN
NRIC No	S7918550G
Date Of Birth	21/06/1979
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2006
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91841467
Fax Number	
Contact Number	
EEmail Address	DAZEUP791@GMAIL.COM

Address	BLK 12B MARSILING LANE #22-71
Postcode	732012
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 - 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?	NO
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	BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3689999 - FAX NO: 63682383
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190517/2151

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV9651D
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHUN PENG
NRIC/Passport Number	S1816284I
Contact Number	90073236
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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.



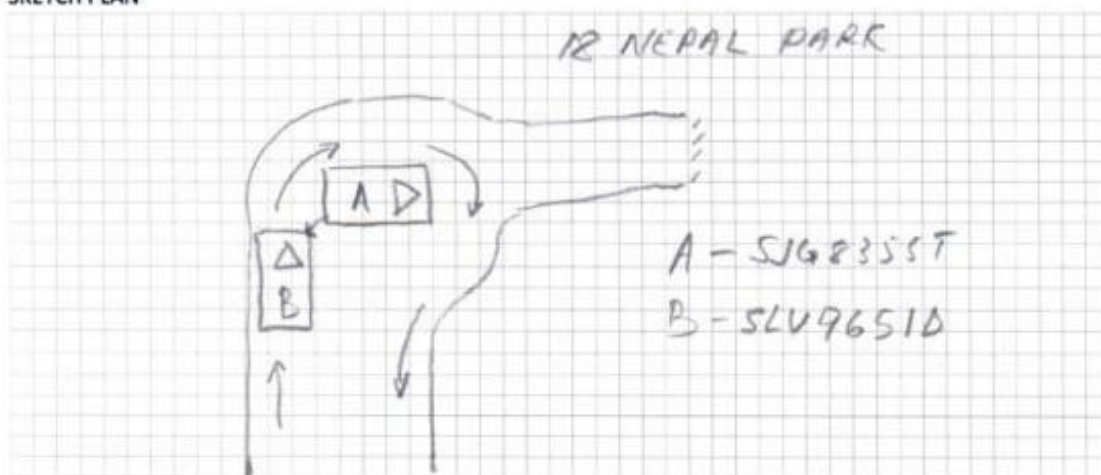
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20190517/2151

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/20190517/2151

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

2 of 3

Report No. T/20190517/2151

CONTINUATION OF REPORT

Driver			
Name	ABDUL HALIM BIN AHMAD SULAIMAN		ID No. S7918550G
Related Vehicle	SJG8355T (Car)		Contact No. 91841467
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM CHUN PENG		ID No. S1816284I
Related Vehicle	SLV9651D (Car)		Contact No. 90073236
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 06/05/2019 at about 0846hrs I was driving a rental car (SJG8355T) and was driving for GRAB as part-time job.

On the said timing, I just alighted 01 passenger at the said location near the drop-off point. I then realized that I need to reverse in order to exit from the small roundabout. Before I reverse, I made a check via my mirrors and it was clear. I then proceeded and suddenly I felt an impact. Subsequently, I quickly stopped and alighted to make a check. I then discovered that I collided with 01 Singapore car (SLV9651D) also a grab driver. Due to the impact my vehicle does not sustain any damages and only minor scratches on the lower bumper for the other vehicle (SLV9651D).

I wish to add that it was a minor collision and no one was injured that point of time. No government property was damaged. However, today I received a text from the said car rental company and was informed in the letter that the driver of (SLV9651D) had injuries. Therefore I am lodging this report. My car has a in-car camera and it was on.

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**



T20190517/2151

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

1 of 3

Report No. T20190517/2151

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2019 20:18		Vide Report No.:		Station Diary No.: 42	
Informant's Particulars					
Name of Informant: ABDUL HALIM BIN AHMAD SULAIMAN			Address: APT BLK 12B MARSILING LANE #22-71 SINGAPORE 732012		
ID Type / ID No.: NRIC NO / S7918550G			Contact No.: Home/Office: Mobile: 91841467		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 21/06/1979	Type of Informant: Driver		
Race: Boyanesse			Language:		Institution / School Name:
Occupation: CRANE OPERATOR (PSA)			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Driver: No	Date/Time of Accident: 06/05/2019 08:45	Type of Location: Roundabout
Location: Along Road 1 NEPAL PARK 18 NEPAL PARK			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SJG8355T	Car	HONDA	STREAM 1.8X A	Brown	No Damage	0
SLV9851D	Car	MAZDA	MAZDA3 SEDAN 1.5 AT ELX	Blue	Slightly Damaged	0

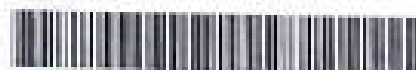
Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180517/2151

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3889999

2 of 3

Report No. T/20180517/2151

CONTINUATION OF REPORT

Driver			
Name	ABDUL HALIM BIN AHMAD SULAIMAN		ID No. S7918550G
Related Vehicle	SJG8355T (Car)		Contact No. 91841457
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B 2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
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Name	LIM CHUN PENG		ID No. S1816284I
Related Vehicle	SLV9651D (Car)		Contact No. 90073236
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
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Police Report



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POLICE FORCE

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999



T/20190517/2151

3 of 3

Report No. T/20190517/2151

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 /
Sgt 2 MUHAMMAD NASRULLAH BIN KAMSANI

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
17/05/2019 20:18

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo

