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 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.

ACCIDENT STATEMENT

Date Of Report	21/05/2019 18:13
Date Of Accident	17/05/2019 21:45
Exact Location Of Accident	ALONG PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW2014H
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SHAHRIL BIN ISMAIL
NRIC No	S6945136E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90217515
Alternative Phone No	OFFICE-90217515
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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	5109078369
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SHAHRIL BIN ISMAIL
NRIC No	S6945136E
Date Of Birth	21/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	28/03/2002
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90217515
Fax Number	
Contact Number	OFFICE-90217515
EMail Address	NOEMAIL

Address	BLK 144 PASIR RIS STREET 11 #08-93
Postcode	510144
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	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	4
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: : NUR SHAFRIMA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 1 PASIR RIS DRIVE 4 , **POSTCODE:** 519457 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-5852999 - **FAX NO**: 65855261
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190518/2042.

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	SBW5255D
Vehicle Make/Model/Colour	HONDA
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGG9757X
Vehicle Make/Model/Colour	TOYOTA WISH
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKR801M
Vehicle Make/Model/Colour	MERCEDES
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	MUHAMMAD SHAHRIL BIN ISMAIL
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJW2014H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NUR SHAFRIMA
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJW2014H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	

Postcode

SKETCH PLAN

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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.
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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/mail packages); and/or
(V) Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**purposes**")

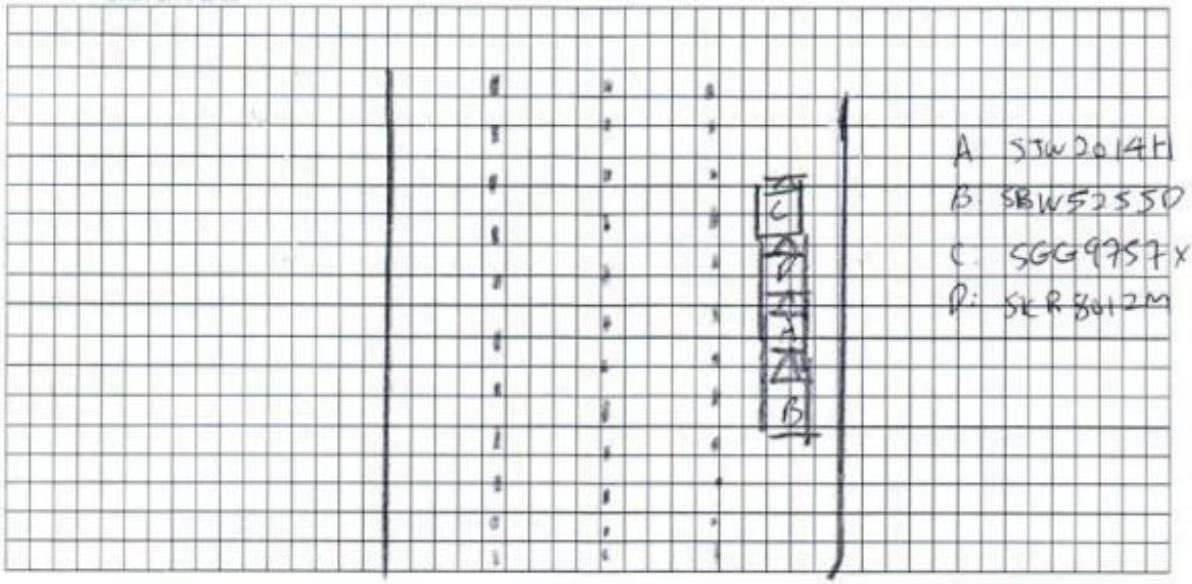
(b) All insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyer/law firms, may/are permitted to collect, use, disclose and/or process my personal information for one or more of the above purposes; and
(c) My personal information may/can be disclosed by any of the insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:	Driver's signature (if driver is not policy holder) Date / time:	reporting centre personnel's Signature Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
T/20190518 12042

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy Holder's signature Date & time:	Driver's signature (if driver is not policy holder) Date & time:	reporting centre personnel's Signature Name: NRIC/FIN No.:

Police Report

SINGAPORE POLICE FORCE

T/20190518/2042

Report No. T/20190518/2042

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
18/05/2019 11:33	G/20190517/0240	55

Informant's Particulars

Name of Informant: MUHAMMAD SHAHRIL BIN ISMAIL			Address: APT BLK 144 PASIR RIS STREET 11 #08-93 SINGAPORE 510144	
ID Type / ID No.: NRIC NO / S6945136E			Contact No.: Home/Office:	Mobile: 90217515
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 49	Date of Birth: 21/12/1969	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: ASSISTANT ENGINEER			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/05/2019 21:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY ALONG PIE TOWARDS CHANGI, LAMPOST 437/3A				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBW5255D	Car					0
SGG9757X	Car					0
SJW2014H	Car	VOLKSWAGON	SCIROCCO 1.4L AT TSI 1372Q5	White	Seriously Damaged	1
SKR8012M	Car					0

SINGAPORE POLICE FORCE

T/20190518/2042

Report No. T/20190518/2042

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMA3934B	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJW2014H	NTUC Income Insurance Co-Operative Limited	5109078369	29/04/2019	28/04/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD SHARIL BIN ISMAIL	ID No.	S6945136E
Related Vehicle	SBW5255D (Car)	Contact No.	NIL
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	MUHAMMAD SHAHRIL BIN ISMAIL	ID No.	S6945136E
Related Vehicle	SJW2014H (Car)	Contact No.	90217515
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/05/2019	Date Discharge	17/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

SINGAPORE POLICE FORCE

T/20190518/2042

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Passenger			
Name	NUR SHAFRINA	ID No.	S9319006H
Related Vehicle	SJW2014H (Car)	Contact No.	88585411
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	HO POL LIM EUGENE	ID No.	NIL
Related Vehicle	SKR8012M (Car)	Contact No.	NIL
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 17/05/2019 at about 9:45pm, I was driving in my vehicle bearing the registration number, SJW2014H with a passenger. I was driving along PIE towards Changi, on the extreme right lane.

Suddenly, the vehicle ahead of mine had applied its brakes and I also applied mine to try avoid a collision however to no avail. Subsequently, I felt an impact from the rear of my vehicle.

I then came out of my vehicle and saw that I was involved in a chain collision involving 4 other vehicles. There was another separate accident involving a motorcycle on the left of the lane that I was travelling on.

The first vehicle is SMA3934B. Second vehicle is SGG9757X. Third vehicle is SKR8012M. Fourth vehicle was mine. Last vehicle is SBW5255D.

I then took photos of the accident at scene and exchanged particulars. Someone then call traffic police for assistance which came shortly along with ambulance. As I felt pain around my back of my neck area and my chest, I was then conveyed to Changi General Hospital by ambulance. I was given 3 days medical leave.

My passenger was not injured during the accident however she may seek medical attention later.

My vehicle then was towed away. I do not have any in-vehicle camera installed.

SINGAPORE
POLICE FORCE

T/20190518/2042

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
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CONTINUATION OF REPORT

SINGAPORE POLICE FORCE

T/20190518/2042

Report No. T/20190518/2042

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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 ALIF BIN AZALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/05/2019 11:33
Officer In Charge Of Case: TP / GIT / Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD Contact No.: 65476423	Classification Of Case:
Authentication Stamp NP168	SINGAPORE POLICE FORCE SIGNATURE

Accident Photo

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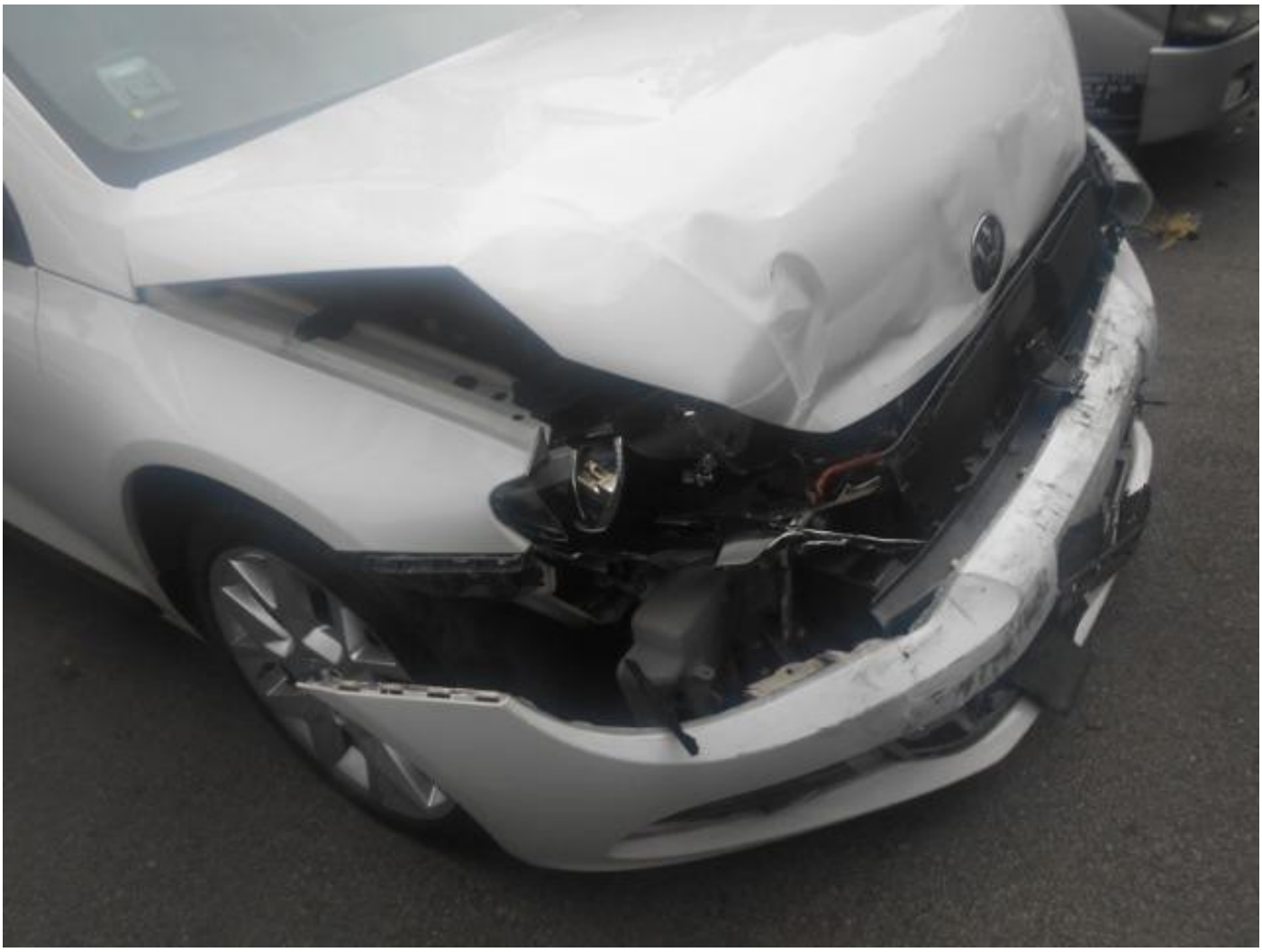

Accident Photo

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