

## 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	21/05/2019 14:16
Date Of Accident	19/05/2019 17:40
Exact Location Of Accident	ENGKU AMAN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH1167K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JUWAHIR BIN RATI
NRIC No	S1326077Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86474223
Alternative Phone No	OFFICE-86474223

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
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	5103012670
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD SHOLLEH BIN JUWAHIR
NRIC No	S9808551C
Date Of Birth	21/03/1998
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96714427
Fax Number	
Contact Number	OFFICE-96714427
Email Address	NOEMAIL

Address	BLK 14 EUNOS CRESCENT #03-2811
Postcode	400014
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190521/7005.

#### 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	SJE9633U
Vehicle Make/Model/Colour	
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 GBB2334P  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
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 MOHAMMAD SHOLLEH BIN JUWAHIR  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SJH1167K  
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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- 5) **Any false reporting may be referred to the police for investigation.**
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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 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' 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



A: SJH1167K  
B: SJE9633W  
C: GBB2334?


### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


refer to police report

### 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/20190521/7005

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190521/7005

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2019 10:53	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: MOHAMMAD SHOLLEH BIN JIJWAHIR			Address: APT BLK 14 EUNOS CRESCENT #03-2811 SINGAPORE 400014	
ID Type / ID No.: NRIC NO / S9808551C			Contact No.: Home/Office: Mobile: 96714427	
Nationality: SINGAPORE CITIZEN			Email: mamatsholleh@gmail.com	
Sex: Male	Age: 21	Date of Birth: 21/03/1998	Type of Informant: Driver	
Race: Javanese			Language: English	Institution / School Name:
Occupation: NSF			Driving Licence Information: Class: 3 Date of Expiry: 14/12/2016	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/05/2019 17:40	Type of Location: Straight Road
Location:  ENGKU AMAN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	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
GBB2334P	Lorry					0
SJE9633U	Car	MITSUBISHI	LANCER EX	Silver		0
SJH1167K	Car					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/20190521/7005

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190521/7005

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Unknown Driver		ID No. NIL
Related Vehicle	GBB2334P (Lorry)		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
<b>Driver</b>			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SJE9633U (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
<b>Driver</b>			
Name	MOHAMMAD SHOLLEH BIN JUWAHIR		ID No. S9808551C
Related Vehicle	SJH1167K (Car)		Contact No. 96714427
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: 14/12/2016
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On the stated date , time and location .

I was stationary along engku aman road waiting for the traffic to turn green before moving off . Suddenly i felt an impact from the read portion of my vehicle . When i got down i realise i was involved in a chain collision . Whereby vehicle GBB2334P had collided onto vehicle SJE9633U causing vehicle SJE9633U to collide onto the rear portion of my vehicle.

Three cars are involved in this accident .

After the accident i felt discomfort and went to the clinic nearby and was given 3 days of medical certificate.

## Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20190521/7005

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Report No. T/20190521/7005

CONTINUATION OF REPORT



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190521/7005

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190521/7005

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65472076

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
21/05/2019 10:53

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo

