

## 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	24/05/2019 16:45
Date Of Accident	23/05/2019 18:00
Exact Location Of Accident	UPP CHANGI RD HEADING TWDS PIE(TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF556P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Co Reg No	201814915N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 2
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5103424803
Cover Note Number	

### Driver

Name of Driver	ZAKARIAH B MOHD YUSOFF
NRIC No	S1674645B
Date Of Birth	10/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	01/09/1984
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85091410
Fax Number	
Contact Number	
EEmail Address	MYZAKARIAH@GMAIL.COM

Address	BLK 480 PASIR RIS DRIVE 4 #02-455
Postcode	510480
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?	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)	2
Passenger 1	NAME: : AIDIL GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 9 EUNOS CRESCENT #01-2687 , <b>POSTCODE:</b> 400009 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7479999 - <b>FAX NO:</b> 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190523/2159

#### 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	SKU5810E
Vehicle Make/Model/Colour	HYUNDAI ACCENT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PANG JENG HONG
NRIC/Passport Number	S7777110G
Contact Number	91078860

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

#### DETAILS OF INJURED PERSON 1

Name ZAKARIAH B MOHD YUSOFF  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SLF556P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name AIDIL(PASSENGER)  
Approximate Age  
Injuries Sustain SLIGHT URGE TO VOMIT  
Injured person in which vehicle? SLF556P  
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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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. 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.
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

UPP CHANGI RD HEADING  
TWD TUAL

A-SLF556P  
B-SKUB810E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 7/20190523/2159

## DECLARATION

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



Policyholder's Signature: \_\_\_\_\_  
Date & Time: \_\_\_\_\_

Driver's Signature: Amir 24/5/19  
(If driver is not the policyholder)  
Date & Time:

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



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190523/2159

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

2 of 3

Report No. T/20190523/2159

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZAKARIAH B MOHD YUSOFF	ID No.	S1674645B
Related Vehicle	SLF556P (Car)	Contact No.	85091410
Hospital/Clinic	UR DOCTORS PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/05/2019	Date Discharge	23/05/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

### Brief Details.

On the 23rd of May 2019 at about 1800hrs, I was driving my vehicle bearing registration plate number SLF556P along Upper Changi Road, heading towards Pan-Island Expressway (Tuas direction). I had picked up a passenger from Pasir Ris area and the passenger wanted to go to Joo Chiat Complex. As I approached the pedestrian crossing at the bend of Pan-Island Expressway, I had slowed my vehicle down and stopped at the stop line as a pedestrian was crossing the road. Immediately after the pedestrian crossed the road, all of a sudden, I felt an impact from the rear portion of my vehicle. The impact then caused my vehicle to surge forward past the pedestrian crossing. It was then I realized that another vehicle bearing registration plate number SKU5810E had collided onto the rear portion of my vehicle. I couldn't get out of my vehicle at that particular moment, after the impact, as I felt some pain at my neck area.

The damages were as follows:

- 1) SLF556P - rear portion badly dented
- 2) SKU5810E - front portion (number plate) slightly misaligned

I then proceeded to take some photos of the scene, after shifting my vehicle to the left side of the lane. I then exchanged particulars with the other driver and we both proceeded with our own ways. During the journey to Joo Chiat Complex, my passenger, mentioned that he had the urge to vomit and didn't really feel well. I then informed him to go to the doctors. On the same day, I went to see the doctor at UR Doctors Pte Ltd, located at 184 East Coast Road, where I sought treatment, as I felt some pain on my head and neck area. I was granted 4 days of medical leave, from 23rd of May 2019 till 26th of May 2019, inclusive. I wish to state that there was no in-car camera installed in my vehicle. I also wish to state that my vehicle is a rented vehicle from one of Grab's car-leasing partners.

Accident Photo



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/20190523/2159

Police Station Of Origin:  
Kampung Ubi NPP  
9 Eunice Crescent #01-2887 SINGAPORE  
400009  
Tel No: 1800-7479988

1 of 3

Report No. T/20190523/2159

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2019 20:47		Video Report No.:		Station Diary No.: 38
<b>Informant's Particulars</b>				
Name of Informant: ZAKARIAH B MOHD YUSOFF		Address: APT BLK 480 PASIR RIS DRIVE 4 #02-455 SINGAPORE 510480		
ID Type / ID No.: NRIC NO / S1674645B		Contact No.: Home/Office: Mobile: 85091410		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 54	Date of Birth: 10/06/1954	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/05/2019 18:00	Type of Location: Bend
Location: Junction of Road 1 and Road 2 UPPER CHANGI ROAD PAN-ISLAND EXPRESSWAY JUNCTION OF UPPER CHANGI ROAD (FROM PASIR RIS DIRECTION) AND PAN-ISLAND EXPRESSWAY (TUAS DIRECTION)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	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
SKU5810E	Car	HYUNDAI	ACCENT (RB) 1.4 CVT ABS D/AIRBAG 2WD	Silver	Slightly Damaged	0
SLF556P	Car	MAZDA	MAZDA2 SEDAN 1.5L SP.5EAT	Green	Seriously Damaged	1

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190523/2159

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Kampong Ubi NPP  
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Report No. T/20190523/2159

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Police Report



SINGAPORE  
POLICE FORCE



T/20190523/2159

Police Station Of Origin:  
Kampong Ubi NPP  
9 Euros Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7478899

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Report No. T/20190523/2159

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 3 MUHAMMAD ARIF BIN HAIRUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/05/2019 20:47

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No. 65476172

Authentication Stamp

NP188



Classification Of Case:

SIGNATURE