

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	27/05/2019 21:35
Date Of Accident	24/05/2019 20:30
Exact Location Of Accident	SLIP RD TAMPINES AVE 12 TWDS TPE (SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP1951J
Insured/Policyholder	
Name Of Registered Owner	LE MOTOR CAR RENTAL PTE LTD
Co Reg No	201401553D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93866708
Alternative Phone No	OFFICE-93866708

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1K21G5
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108394499
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RUZAMBRI BIN SUHAIRI
NRIC No	S9028401J
Date Of Birth	08/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	07/04/2011
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90682945
Fax Number	
Contact Number	OFFICE-90682945
EEmail Address	NOEMAIL

Address	BLK 697 HOUGANG STREET 61 #07-44
Postcode	530697
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20190527/7020.

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	SLM4224J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM JEE KIANG
NRIC/Passport Number	S1297909F
Contact Number	86663033
Address	
Postcode	
Insurance Company Name	

No. Of Passenger (Including Driver)

Vehicle Registration Number SMK5248K

Vehicle Category PRIVATE CAR

Name of Driver YEO CHIN LEONG

NRIC/Passport Number S0465406D

Contact Number 97315755

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Name MUHAMMAD RUZAMBRI BIN SUHAIRI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKP1951J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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

- A) SKP 1951J
- B) SMA 5248K
- C) SLM 422J

From Tampines Ave 12



TPE/SLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had entered the slip lane from Tampines Ave 12 to TPE/SLE

Veh (C) in front of mine had stopped for traffic along TPE/SLE to clear.

I was in the midst of braking when a sudden impact from the rear left of my car pushes it forward & collided onto Veh (C)

Veh (B) had collided onto the rear left side of my car & caused the chain collision. I sprained my left toe & was given 5 days after consulting the doctor.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



F/20190527/7020

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POLICE REPORT (NP299)

Report No. F/20190527/7020

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 27/05/2019 13:14	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD RUZAMBRI BIN SUHAIRI	Address APT BLK 697 HOUGANG STREET 61 #07-44 SINGAPORE 530697	
ID Type / ID No. NRIC NO / S9028401J	Contact No. Home/Office: Mobile: 90682945	
Nationality SINGAPORE CITIZEN	Email Address zambri_returns@hotmail.com	
Occupation DRIVING INSTRUCTOR	Sex Male	Age 28
Institution/School Name	Date of Birth 08/08/1990	Race Javanese
Date/Time Of Incident 24/05/2019 20:30 - 24/05/2019 21:00	Location Of Incident APT BLK 697 HOUGANG STREET 61 #07-44 SINGAPORE 530697	

Brief details.

ON 24 MAY 2019 AT AROUND 2030HRS , I HAD ENTERED THE SLIP LANE FROM TAMPINES AVE 12 TO TPE/SLE.

VEHICLE C (SLM422J) INFRONT OF MY VEH HAD STOPPED FOR TRAFFIC ALONG THE EXIT TO CLEAR, AND I, VEHICLE A (SKP1951J) WAS IN THE MIDST OF BRAKING WHEN A SUDDEN IMPACT FROM THE REAR LEFT OF MY CAR PUSHES MY CAR FORWARD AND COLLIDED WITH

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2019 13:14
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



F/20190527/7020

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190527/7020

VEH C.

VEHICLE B (SMA5248K) HAD COLLIDED ONTO MY REAR LEFT SIDE OF MY CAR & CAUSED THE CHAIN COLLISION.

I SPRAINED MY LEFT TOE & WAS GIVEN 5 DAYS MC AFTER CONSULTING THE DOCTOR AT SENGKANG GENERAL HOSPITAL.

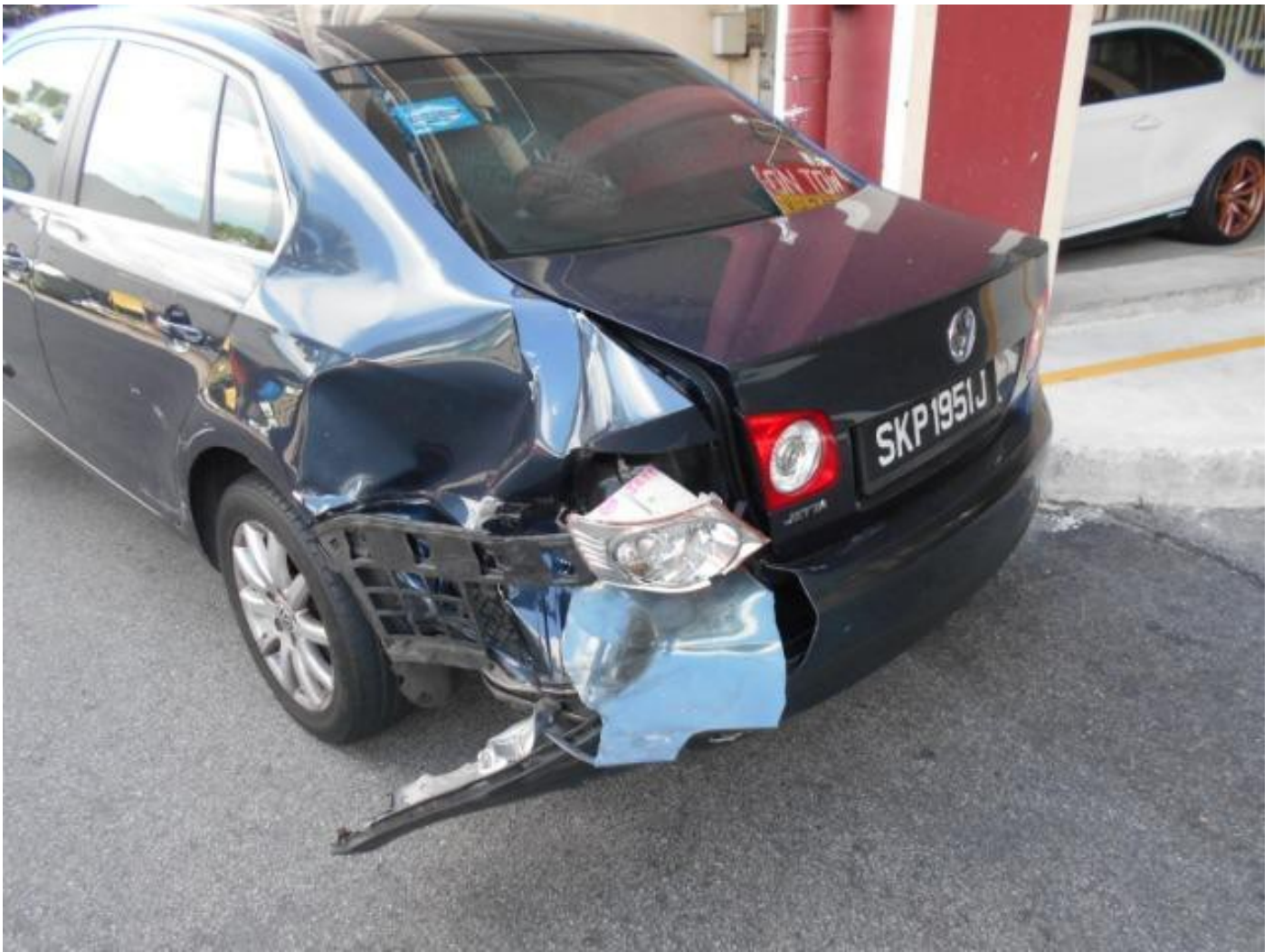
Subjects Involved			
Victim			
Person Name	MUHAMMAD RUZAMBRI BIN SUHAIRI		
ID Type	NRIC NO	ID No	S9028401J
Gender	Male	Age	28
Race	Javanese	Language	English
Occupation	DRIVING INSTRUCTOR	Address Type	
Address	APT BLK 697 HOUGANG STREET 61 #07-44 SINGAPORE 530697	Mobile No	90682945
Is Informant A Victim?	Yes		
Person Name MUHAMMAD RUZAMBRI BIN SUHAIRI (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2019 13:14
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

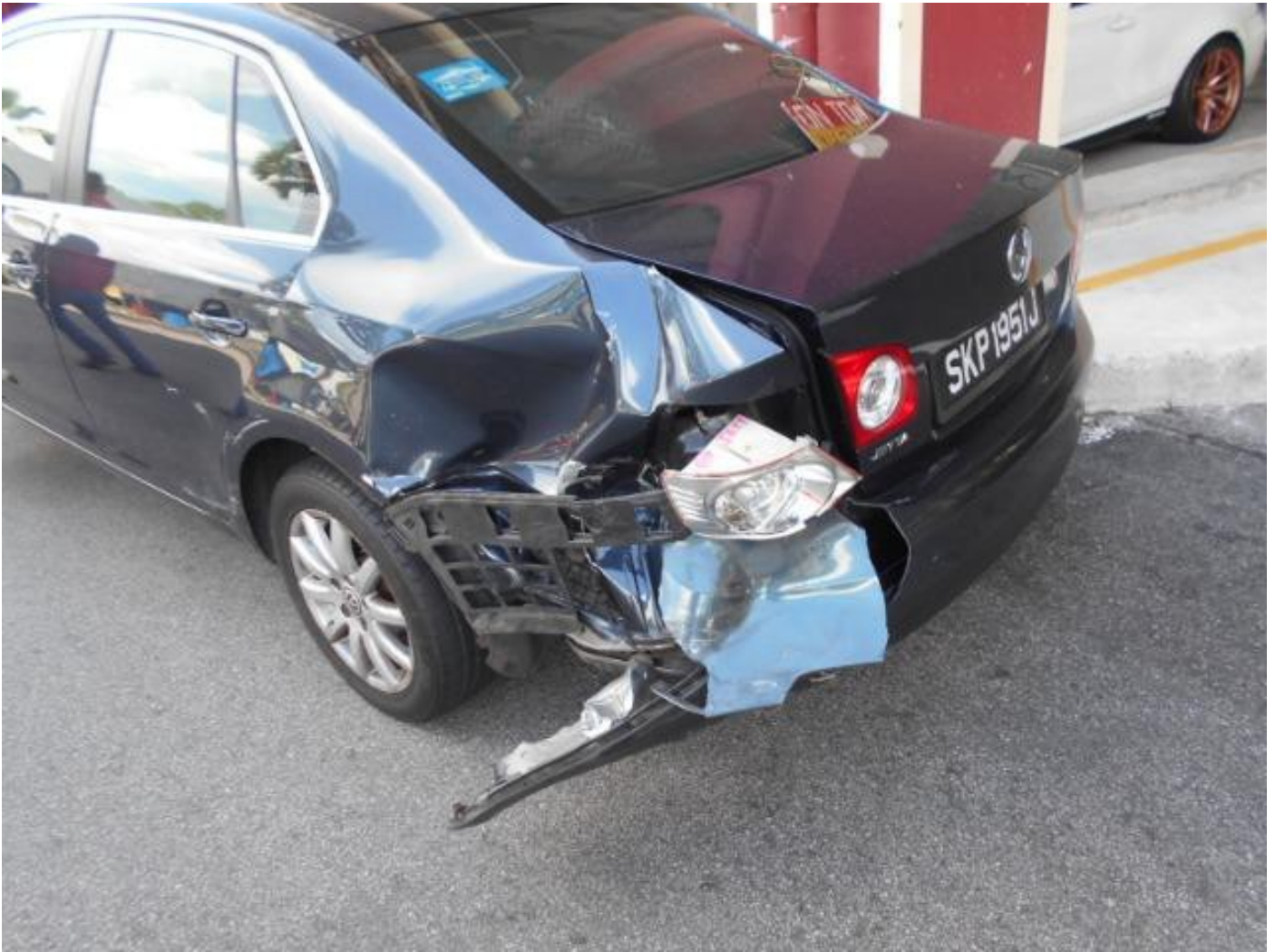
Accident Photo



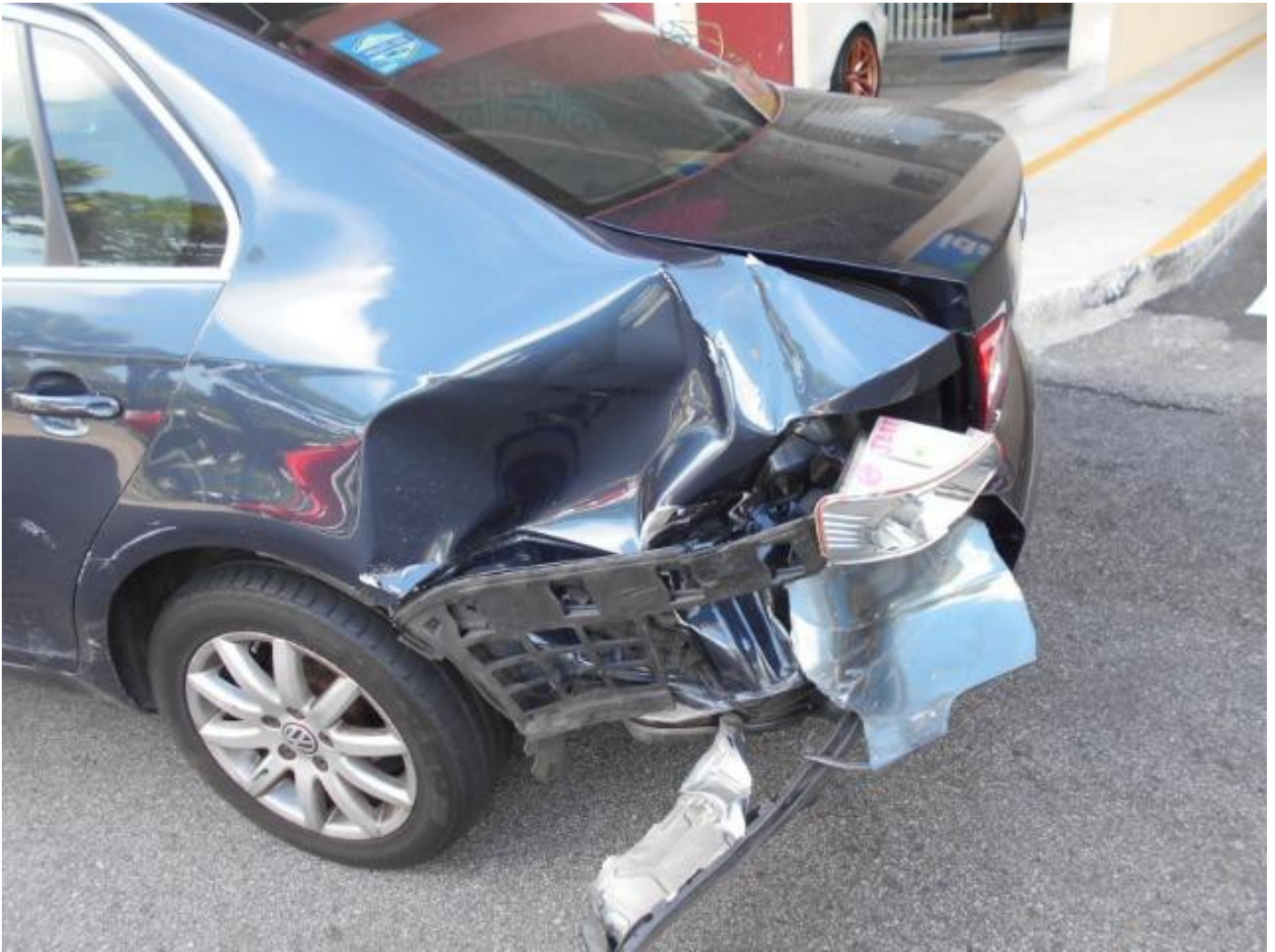
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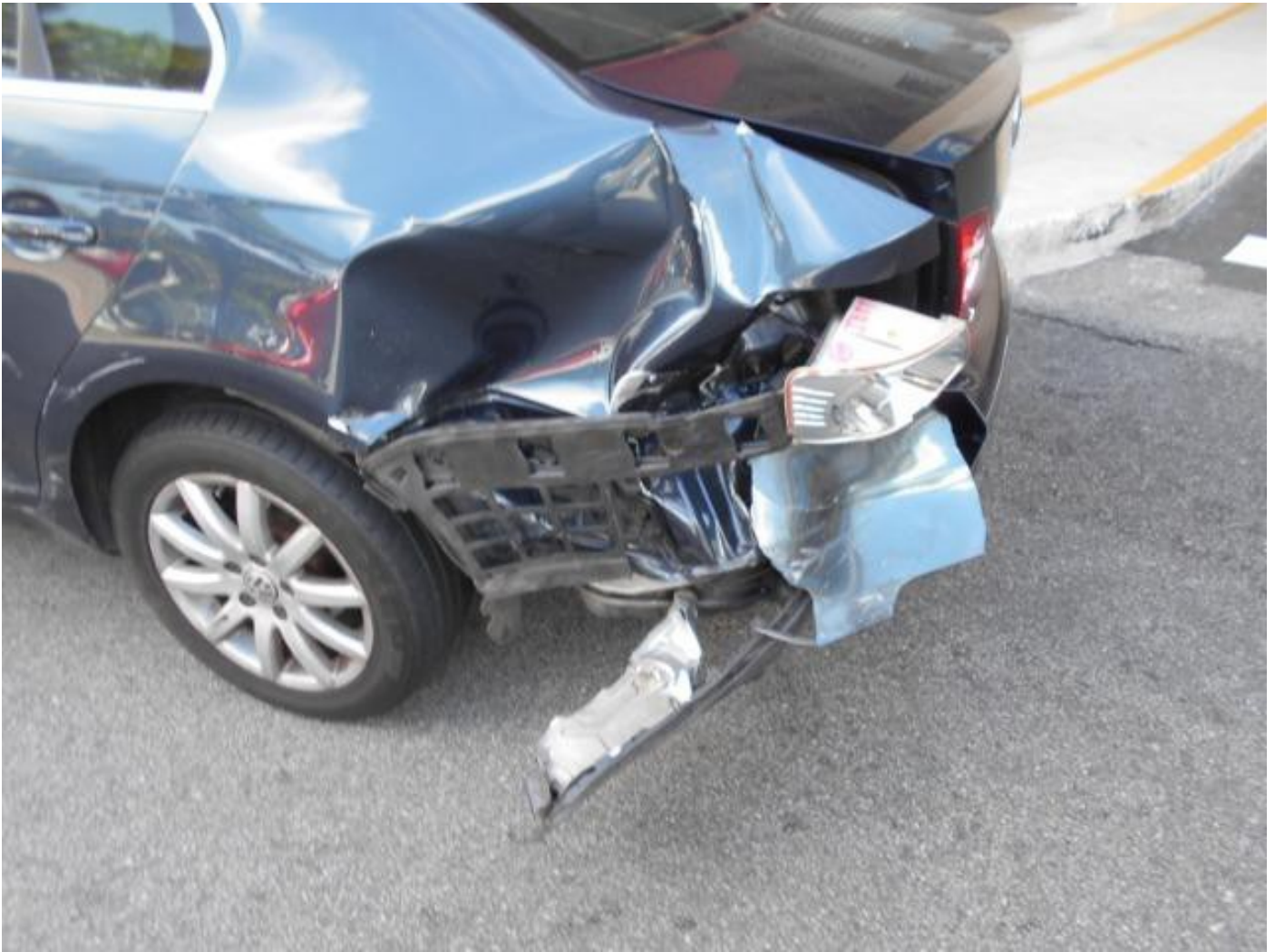
Accident Photo



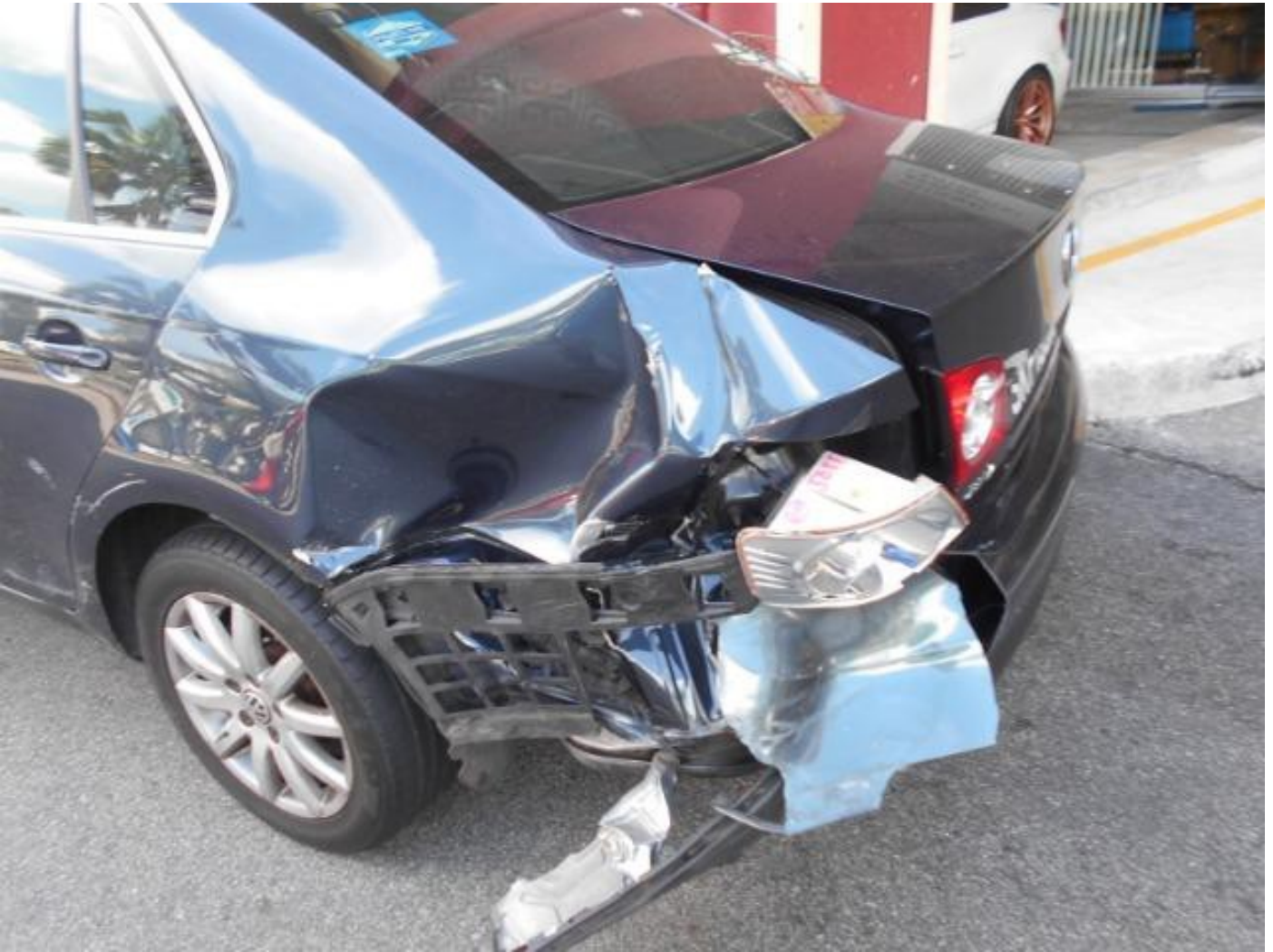
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