SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number
Fax Number
Contact Number
EMail Address

- 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 <u>truthful and accurate</u> 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

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	ACCIDENT STATEMENT
Date Of Report	01/06/2019 15:09
Date Of Accident	31/05/2019 18:55
Exact Location Of Accident	TPE TWDS KPE AFTER PUNGGOL RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP5226E
Insured/Policyholder	
Name Of Registered Owner	AMIR BASHIRUDIN BIN SAMSUDIN
NRIC No	S8943655I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87484007
Alternative Phone No	OFFICE-87484007
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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	5106324266
Cover Note Number	-
Driver	
Name of Driver	MUHAMMAD MUHAIMIN BIN ALIAS
NRIC No	S8234469A
Date Of Birth	07/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	21/04/2009
Driving Experience	10 YEARS AND 1 MONTH

MALE

NOEMAIL

(LOCAL) +65-91270372

Address BLK 592B MONTREAL LINK #03-14

Postcode 752592

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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?

NO

NO

4

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: AMIR BASHIRUDIN BIN SAMSUDIN

GENDER: : MALE

Passenger 2

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Passenger 3

NAME: : UNKNOWN

GENDER: : FEMALE

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

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes,against whom?

Police Station Address

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

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

Vehicle Make/Model/Colour

SLR6713A

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 SMA3787J

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 3

Vehicle Registration Number SLP9679G

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 INJURED PERSON 1

Name MUHAMMAD MUHAIMIN BIN ALIAS

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJP5226E
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name AMIR BASHIRUDIN BIN SAMSUDIN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJP5226E

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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- 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:
 - 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:
 - 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 Centra Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

			1	
		1		Veh A: SLP502GE
		1	AI	Veh 8: 51.86713A
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			A)	
			137	
			6	
			[3]	
				TPE Towards KPE
				After punggot Road Exi
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT			
- Defer.	to police	Dene	1-6	_
	10 police	6.0		
CLARATION				
We declare the foregoing part	culars are true in every respe	ct.		1 /
Im n				1
1911/01/	O .			Tool
licyhotter's Signature				
te & Time:	Orlver's Signature (If driver is not the poi	inchalded		Reporting Centre Personnel's Signature
		-ynumer)		Name:
	Date & Time:			NRIC/FIN No.:

POLICE REPORT



Date of Expiry:

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

1 of 3 Report No. T/20190601/7006

REPORT	OF A TRAFFI	C ACCIDENT					
Date/Time Report Made: 01/06/2019 12:01			Vide Report No.:	Station Diary No.:			
	nt's Partic						
Name o MUHAN	f Informant: IMAD MUH	AIMIN BIN ALIAS	Address: APT BLK 592B MONTREAL 1 752592	LINK #03-14 SINGAPORE			
ID Type / ID No.: NRIC NO / \$8234469A			Contact No.: Home/Office; Mobile: 91270372				
Nationality: SINGAPORE CITIZEN		EN	Email: intro1982@hotmail.com				
Sex: Age: Date of Birth: 07/10/1982			Type of Informant: Driver				
Race: Malay			Language: English	Institution / School Name:			
Occupation: Constrution supervisor		sor	Driving Licence Information: Class: 3	Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/05/2019 18:55	Type of Location Straight Road
Location: TAMPINES E	XPRESSWAY			
		Road Surface: Dry		Road Speed Limit: 90 Km/h
				Road Speed Limit: 90 Km/h Traffic Volume: Heavy

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJP5226E	Car				Slightly Damaged	3
SLP9679G	Car				Slightly Damaged	0
SLR6713A	Car				Slightly Damaged	0
SMA3787J	Car				Slightly Damaged	0

POLICE REPORT





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

2 of 3 Report No. T/20190601/7006

CONTINUATION OF REPORT

Details of Perso	n Involved						
Any Pedestrian I	rvolved: No					and an all out	
No. of Pedestrians Injured: NIL Use			Use of Pe	se of Pedestrian Crossing: NA			
Passenger							
Name	Amir bashirudin bin samsudin			ID No		S8943655I	
Related Vehicle	SJP5226E (Car)			Contact No.		87484007	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc			charge	NIL		
No. of Days gran	ted Medical Leave	Degree o	of Injury	Slight			
Driver	THE RESIDENCE			IN INCHES	PER STATE	Serial III III III	
Name	MUHAMMAD MUHAIMIN BIN ALIAS			ID No		S8234469A	
Related Vehicle	SJP5226E (Car)			Conta	ct No.	91270372	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date Disc			charge	NIL		
No. of Days gran	ted Medical Leave	Degree o	Degree of Injury Slight		1		

Brief Details.

On the stated date and time.

I was driving my vehicle SJP5226E on TPE towards KPE after punggol road exit. The traffic was heavy, vehicle is slow moving. The car infront SMA3787J came to a stop so I came to a stop too. Suddenly i felt a great impact from my rear and realise SLR6713A had collided to my rear. Then i went down to check and realise im involve in a chain collision involving 4 cars.

The first car carplate SLP9679G.

Me and 1 of my passenger was injured we went to see doctor and get 3 days MC.

POLICE REPORT





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

3 of 3 Report No. T/20190601/7006

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	sketch plan

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: 01/06/2019 12:01
Officer In Charge Of Case:	Classification Of Case:
Authentication Stamp	



























