

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	01/06/2019 15:05
Date Of Accident	30/05/2019 18:05
Exact Location Of Accident	SUNTEC CITY CARPARK AT TEMASEK BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH6170S
Insured/Policyholder	
Name Of Registered Owner	MD AZAHAR BIN ISMAIL
NRIC No	S1582491C
Email Address	MBCSERVICES@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-90663886
Alternative Phone No	OFFICE-90663886

Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS-1.8 LXA (A)
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	5102383134
Cover Note Number	

Driver

Name of Driver	MD AZAHAR BIN ISMAIL
NRIC No	S1582491C
Date Of Birth	02/02/1963
Occupation	INDOOR
Date Of Driving Pass	21/12/1994
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90663886
Fax Number	
Contact Number	OFFICE-90663886
Email Address	MBCSERVICES@HOTMAIL.SG

Address	BLK 427 WOODLANDS STREET 41 #05-212
Postcode	730427
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	COLLISION - MAJOR/MINOR RD
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3689999 - FAX NO: 63682383
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T20190601/2075

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	SJV2575K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YOON SANG RYUN
NRIC/Passport Number	S9073667A
Contact Number	92390080
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name MD AZAHAR BIN ISMAIL
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJH6170S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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. 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: 1.06.19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

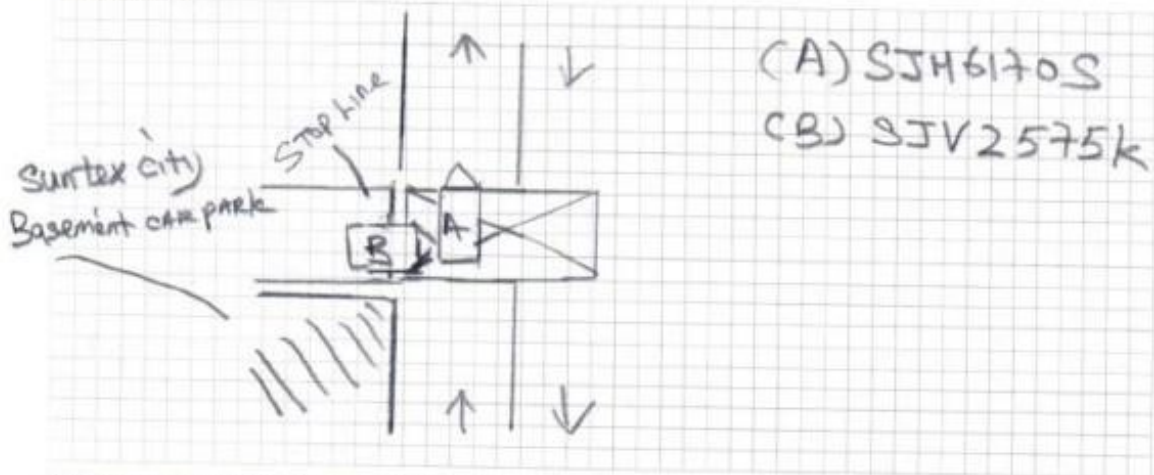
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 90612019

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
1/20190601/2015*

DECLARATION

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

Policyholder's Signature

Date & Time:

1.06.19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

06/06/2019

[Signature]

Police Report



**SINGAPORE
POLICE FORCE**



T/20190601/2075

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

2 of 3

Report No. T/20190601/2075

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MD AZAHAR BIN ISMAIL	ID No.	S1582491C
Related Vehicle	SJH6170S (Car)	Contact No.	90663886
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	31/05/2019	Date Discharge	31/05/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	YOON SANG RYUN	ID No.	S9073667A
Related Vehicle	SJV2575K (Car)	Contact No.	92390080
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/05/2019 at about 1805hrs, I was driving my vehicle bearing registration plate number: SJH6170S and was travelling towards the carpark exit of Suntec City basement 1. When I was approaching the T-junction near to the Suntec City carpark yellow box, suddenly a Singapore vehicle bearing registration plate number: SJV2575K which was making a right turn collided onto the rear left passenger side of my vehicle. There is a "STOP" Sign on the road for his direction as his side may be a blind spot. We then moved to the side and exchange our particulars. We exchanged particulars as at the material time, nobody was injured. My vehicle rear passenger left door was dented and there were scratches. We did not call for police assistance and nobody was conveyed to the hospital. However, at night, I felt stiffness and pain on the back of my neck, shoulder and my hand. I then consulted doctor at one of the clinic at Woodlands and the doctor referred me to KTPH on 31/05/2019 and I was given 4 days MC from 31/05/2019 to 03/06/2019. I do not have in-car camera however the other party mentioned that he has in-car camera.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190601/2075

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

1 of 3

Report No. T/20190601/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2019 13:55		Vide Report No.:	Station Diary No.: 19
Informant's Particulars			
Name of Informant: MD AZAHAR BIN ISMAIL		Address: APT BLK 427 WOODLANDS STREET 41 #05-212 SINGAPORE 730427	
ID Type / ID No.: NRIC NO / S1582491C		Contact No.: Home/Office: Mobile: 90663886	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 02/02/1963	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: COURT CLERK		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2019 18:05	Type of Location: Car Park
Location: Along Road 1 TEMASEK BOULEVARD SUNTEC CITY CARPARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH6170S	Car	TOYOTA	ISIS 1.8LX A	Silver	Slightly Damaged	0
SJV2575K	Car				Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH6170S	NTUC Income Insurance Co-Operative Limited	5102383134	20/07/2018	13/08/2019

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999



T/20190601/2075

3 of 3

Report No. T/20190601/2075

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: L / Sgt 2 JOHNSON, SONG ZHI HONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/06/2019 13:55
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MAH15071554 Vehicle Registration No: CZH 61705
Name (as shown in NRIC) : MA AZHAR BIN (SMAIL) NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 90663886
Email Address : _____
Date of Accident : 30/05/2019 Time of Accident : 18:05
Place of Accident : SUNRISE CITY CARPARK AT TAMARA BOULEVARD
Insurance Company : ANUL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Nobody conveyed to hospital


Policyholder / Driver's Signature
Date: _____

 01/06/2019
Reporting Centre Personnel's Signature
Name: Ree L. Hartas
NRIC/FIN No.: _____
Date: _____