

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	11/07/2019 17:39
Date Of Accident	10/07/2019 16:30
Exact Location Of Accident	NICOLL DR TWDS CHANGI COAST RD-SAF FERRY TERMINAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR7794T
Insured/Policyholder	
Name Of Registered Owner	RAMLAN BIN ABD RAHMAN
NRIC No	S1776680E
Email Address	ABDRAHMANRAMLAN66@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88693518
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10044028R01
Cover Note Number	16/02/2019 TO 15/02/2020

Driver

Name of Driver	RAMLAN BIN ABD RAHMAN
NRIC No	S1776680E
Date Of Birth	21/03/1966
Occupation	INDOOR
Date Of Driving Pass	20/07/1984
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88693518
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	ABDRAHMANRAMLAN66@GMAIL.COM

Address	APT BLK 140 YISHUN RING RD #02-70
Postcode	760140
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?	NO
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH POLICE REPORT NO. T/20190710/2205 DATED 10/07/2019

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	QX246E
Vehicle Make/Model/Colour	TOYOTA-WHITE
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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:

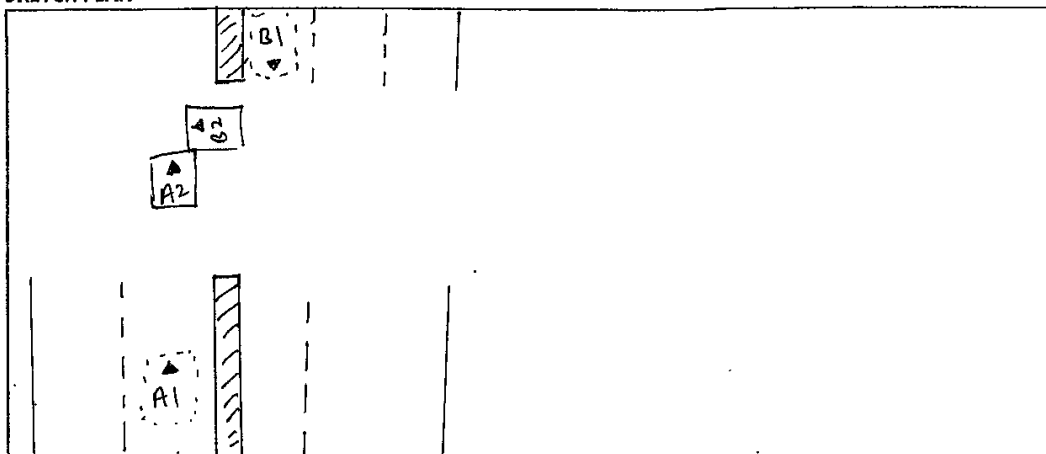
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Sketch Plan Pg. 2

Date of accident: 10/7/19 Time: 16:30 Location: Nicola Drive towards Coast road
 My Vehicle A: SGR7794T Vehicle B: QX246E Vehicle C: /
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20190710/2205

dated 10/7/2019

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address : giareporting@gmail.com

& myself :

Email address : abdrahmanramlan66@gmail.com

Note : Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Vehicle:- SGR7794T

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

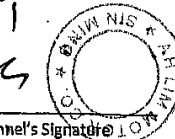
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3



AH LIM MOTOR COMPANY

Budget Direct insurance

Certificate of Insurance

Comprehensive Car Policy
Policy Number: P10044028R01

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) (Republic of Singapore), Motor Vehicles (Third-Party Risks And Compensation) Rules, 1996 Edition (Republic of Singapore), Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10044028R01 (Comprehensive / Authorised Driver Plan)

1) Vehicle Registration Number	:	SGR7794T
Chassis Number	:	JN1BAAC11Z0004192
2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	16/02/2019 (00:00)
3) Date / Time of Expiry of Insurance	:	15/02/2020 (23:59)
4) Excess (i) Policy	:	S\$ 600.00
(ii) Windscreen	:	S\$ 100.00
5) Policyholder	:	RAMLAN BIN ABD RAHMAN
6) Persons or Classes of Persons Entitled to Drive*	<p>Drivers named as a Main / Named Driver in this Certificate of Insurance and any other person provided he is driving on the Policyholder's order or with the Policyholder's permission. Household members of the Main Driver not named in this Certificate of Insurance will not be covered.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.</p> <p>Main Driver / Date of Birth : RAMLAN BIN ABD RAHMAN (21/03/1966)</p> <p>Named Driver(s) / Date of Birth : No driver is named.</p>	
7) Limitation as to use*	<p>Use only for social, domestic and pleasure purposes and for the business purposes of the drivers listed above. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.</p> <p>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>	
8) Finance Company	:	Speed Credit Pte Ltd

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on
31/01/2019

Auto & General Insurance (Singapore) Pte. Limited
Trading as Budget Direct Insurance



Simon Birch

Police Report Pg. 2

REPUBLIC OF SINGAPORE DRIVING LICENCE

S1776680E

RAMLAN BIN ABD RAHMAN

Birth Date: 21 Mar 1966
Issue Date: 28 Jun 2013

002196188J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1776680E

Name
RAMLAN BIN ABD RAHMAN

Race
MALAY

Date of birth
21-03-1966

Country/Place of birth
SINGAPORE

Sex
M

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	16 Mar 1994
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	20 Jul 1984

Licence No: S1776680E

NP 428A

5679221

NRIC No. S1776680E

Date of Issue
12-12-2016

APT BLK 140 YISHUN RING ROAD #02-70
SINGAPORE 760140

NRIC No: S1776680E Date: 07/07/2019

Policy Holder-Driver's Particulars Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190710/2205

1 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20190710/2205

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2019 22:19	Vide Report No.: G/20190710/0125	Station Diary No.: 178
--	-------------------------------------	---------------------------

Informant's Particulars				
Name of Informant: RAMLAN BIN ABD RAHMAN			Address: APT BLK 140 YISHUN RING ROAD #02-70 SINGAPORE 760140	
ID Type / ID No.: NRIC NO / S1776680E			Contact No.: Home/Office: Mobile: 88693518	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 53	Date of Birth: 21/03/1966	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: TRAINER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 10/07/2019 16:30	Type of Location: Straight Road
Location: Along Road 1 NICOLL DRIVE				
TOWARDS CHANGI COASTAL ROAD (Near to SAF Ferry Terminal)				
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
QX246E	Car	TOYOTA		White	No Damage	1
SGR7794T	Car	NISSAN	LATIO 1.5L A	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGR7794T	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10044028R01	16/02/2019	15/02/2020

Policy Holder-Driver's Particulars Pg. 2



**SINGAPORE
POLICE FORCE**



T/20190710/2205

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 4

Report No. T/20190710/2205

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOON CHER TING	ID No.	S9441060F
Related Vehicle	QX246E (Car)	Contact No.	87177185
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
Driver			
Name	RAMLAN BIN ABD RAHMAN	ID No.	S1776680E
Related Vehicle	SGR7794T (Car)	Contact No.	88693518
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 10/7/2019 at about 1630hrs to 1645hrs, I was driving my personal vehicle registration no. SGR7794T (Nissan Latio) and just exited opened space carpark "6" along Nicoll Drive and was at the left most lane of Nicoll Drive. At that point of time, whilst I was along Nicoll Drive, there was a heavy vehicle right in front of me. The said heavy vehicle was turning left into the cargo complex nearby. As such my view was blocked by it at that point of time. As the said unknown heavy vehicle turned left, I moved forward along Nicoll Drive towards Changi Coastal Road, suddenly as I was approaching the junction, there was a police car registration no. QX246E (Toyota white) U-turning ahead of me. I had not enough time to react, as such the front right side of my vehicle collided onto the left side bumper of the said police vehicle. After the accident, both my vehicle and the police vehicle stopped by the side of the road.

After assessing the accident scene, Traffic Police officer advised me to lodge this report and provided me with a police case card vide report no. G/20190710/0125 TPIO Jerry Yeo Tel: 65476331. There was no ambulance at scene. I wish to state that there was no injury at scene in this accident. The front right bumper of my vehicle was damaged and the front right headlight cracked due to the impact of the accident. I do not know the cost of the damages as I have yet to proceed to IDAC as of now. I observed that there was no damages on the said police vehicle.



**SINGAPORE
POLICE FORCE**



T/20190710/2205

3 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20190710/2205

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190710/2205

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

4 of 4

Report No. T/20190710/2205

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 / Staff Sgt GHAZALI BIN IBRAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/07/2019 22:19
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SN 085
<div style="text-align: center;"> Signature: Singapore Police Force </div>	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



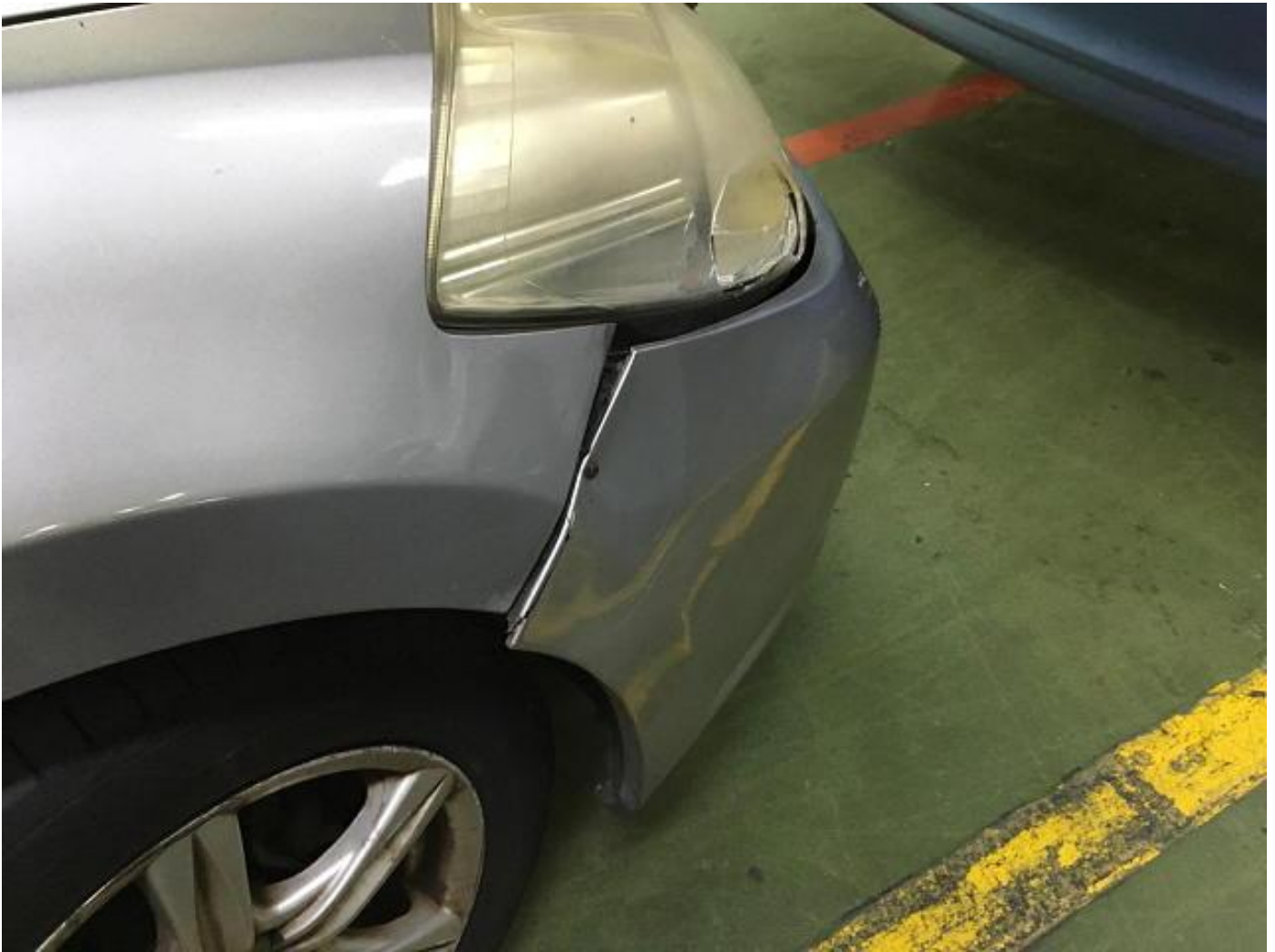
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

