

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	15/07/2019 16:48
Date Of Accident	13/07/2019 07:50
Exact Location Of Accident	ALONG YISHUN ST 23
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7211M
Insured/Policyholder	
Name Of Registered Owner	METRO CAR LEASING PTE LTD
Co Reg No	201810490D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82883233

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101550266
Cover Note Number	

Driver

Name of Driver	JOSH SUHERWAN JASMANI
NRIC No	S8011838D
Date Of Birth	20/04/1980
Occupation	OUTDOOR
Date Of Driving Pass	06/02/2003
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82695509
Fax Number	
Contact Number	
EMail Address	SUHERWAN14@GMAIL.COM

Address	BLK 334C ANCHORVALE CRESCENT #06-06
Postcode	543334
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 - 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	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

PLEASE SEE 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	SHA7865A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE CHIN KOON
NRIC/Passport Number	
Contact Number	97851544
Address	NA
	NA
Postcode	NA
Insurance Company Name	

Nature Of Damage

NA

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

JOSH SUHERWAN JASMANI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLF7211M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

BLK 334C ANCHORVALE CRESCENT #06-06

Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

[Signature]

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

[Signature]

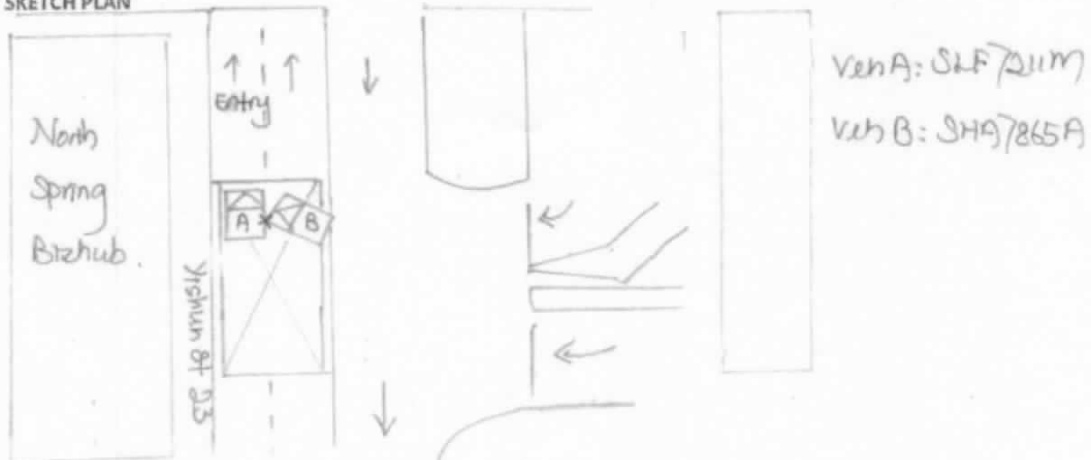
15/07/19 16:25



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

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. F/20190714/17010

DECLARATION

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

ROC NO: 2018104900
 Date & Time: 15/09/19 16:35

Signature

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/20190714/7010

1 of 2

POLICE REPORT (NP299)

Report No. F/20190714/7010

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 14/07/2019 13:17	Vide Report No.	Station Diary No.
Name Of Informant JOSH SUHERWAN JASMANI	Address APT BLK 334C ANCHORVALE CRESCENT #06-06 SINGAPORE 543334	
ID Type / ID No. NRIC NO / S8011838D	Contact No. Home/Office: Mobile: 82695509	
Nationality SINGAPORE CITIZEN	Email Address SUHERWAN14@GMAIL.COM	
Occupation CHAUFFER	Sex Male	Age 39
Institution/School Name	Date of Birth 20/04/1980	Race Malay
Date/Time Of Incident 13/07/2019 07:40 - 13/07/2019 08:00	Language English	
	Location Of Incident APT BLK 334C ANCHORVALE CRESCENT #06-06 SINGAPORE 543334	

Brief details.

I was driving vehicle SLF7211M along Yishun St 23 at about 7.40am and a Comfort taxi SHA7865A, driven by Mr Lee Chin Koon, made a sudden right turn and hit onto my vehicle, SLF7211M on the rear passenger door. My vehicle swerved suddenly and I was injured during the incident. Thought that it was just a minor back injuries but it got worsened. I drove away after getting the particulars of the taxi driver. I went to see a doctor and gotten 3 days of MC and referred to Sengkang General Hospital.

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: 14/07/2019 13:17
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT


**SINGAPORE
POLICE FORCE**


F/20190714/7010

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190714/7010

Subjects Involved			
Suspect			
Person Name	Lee Chin Koon		
ID Type	NRIC NO	ID No	S1452461D
Gender	Male	Age	50-65
Race	Chinese	Language	English
Occupation	Taxi driver	Mobile No	97851544
Relation To Informant	Na		
Victim			
Person Name	JOSH SUHERWAN JASMANI		
ID Type	NRIC NO	ID No	S8011838D
Gender	Male	Age	39
Race	Malay	Language	English
Occupation	CHAUFFER	Address Type	
Address	APT BLK 334C ANCHORVALE CRESCENT #06-06 SINGAPORE 543334		Mobile No 82695509
Is Informant A Victim?	Yes		
Person Name	JOSH SUHERWAN JASMANI (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

14/07/2019 13:17

Classification Of Case: