

## 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	17/07/2019 15:50
Date Of Accident	12/07/2019 16:30
Exact Location Of Accident	JURONG TOWN HALL RD TWDS PIE (TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2671U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHAI-KLIN
Co Reg No	53190124J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84980161
Alternative Phone No	OFFICE-84980161

### Vehicle Particulars

Manufacturer	ISUZU
Model	NPR75UH5A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080587323-03
Cover Note Number	

### Driver

Name of Driver	SUHAIMI BIN AHMAD
NRIC No	S1343125F
Date Of Birth	25/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2001
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97475091
Fax Number	
Contact Number	OFFICE-97475091
Email Address	NOEMAIL

Address	38 WOODLANDS DRIVE 16 #11-38
Postcode	737773
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### 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	SHF1503H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HENG BOON PIN
NRIC/Passport Number	S7928869A
Contact Number	
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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.

**SHAI-KLIN**

50 Chin Swee Road #09-04

Thong Chai Building

Singapore 169874

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

Jurassic from here and  
finds PE (mass)

A: VAPOR  
B: MIST

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

A hand-drawn blue curve on lined paper, starting from the left and curving upwards to the right. The curve is smooth and continuous, resembling a logarithmic or exponential growth shape. It starts at a low point on the left and rises steadily towards the right, with its slope increasing as it moves along.

## DECLARATION

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

**SHAI-KLIN**  
50 Chin Swee Road #09-04  
Thong Chai Building  
Bangkok, Thailand  
Tel: 02-234 5678  
Fax: 02-234 5678  
E-mail: shai-kl@shai-kl.com

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

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

### Accident Sketch Plan

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. THE BUS WAS IN BETWEEN OF LANE 1 AND LANE 2. AS THE BUS DID NOT GIVE WAY TO VEHICLE B, VEHICLE B SQUEEZE ONTO MY LANE. AS A RESULT, VEHICLE B RIGHT SIDE MIRROR INTACT WITH MY VEHICLE LEFT PORTION.

Annex D

### NOTICE OF REPORTING

This is to confirm that SUHAIMI BIN AHMAD, NRIC: S1343125F has reported to the Police a non-injury traffic accident which occurred at 31 JURONG TOWN HALL, Entering PIE(TUAS). No one was conveyed to hospital.

On 12/07/2018 at 4.30 pm involving the following vehicles:

- 1) YP 2671U (Complainant's vehicle)
- 2) SHF 1503H (Other party)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT(1) DARREN TAN YUAN JIE

Date: 13/07/2019 Time: 0944hrs

S/D Ref: 46

Police Post/Unit: TOA PAYOH NPC / Tanglin Police Division

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE  
93 TOA PAYOH CENTRAL #01-02  
TOA PAYOH CENTRAL COMMUNITY CLUB  
SINGAPORE 319194



Accident Photo





Accident Photo



Accident Photo



Accident Photo



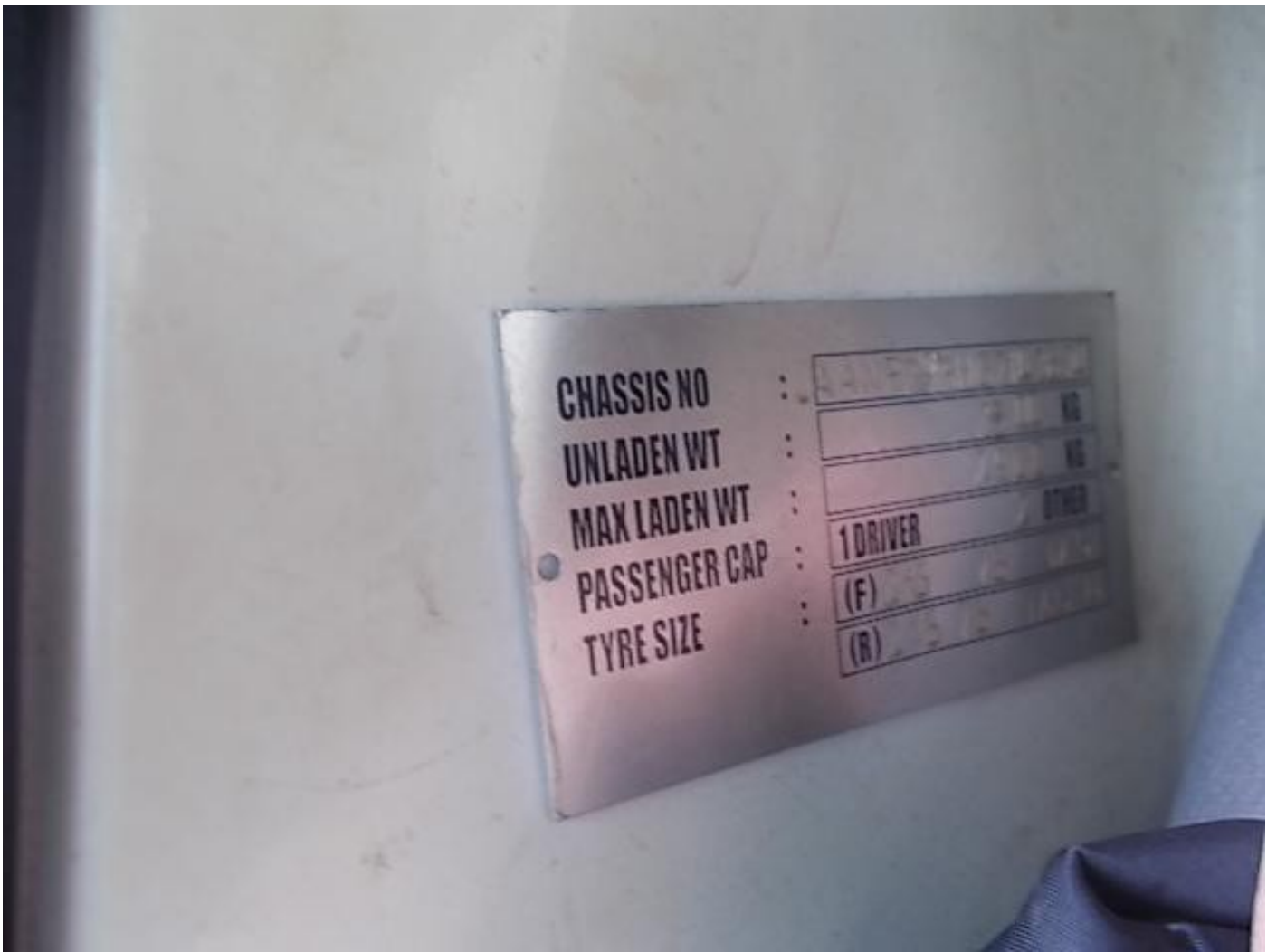
Accident Photo



Accident Photo



Accident Photo





Accident Photo

