

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	22/07/2019 16:09
Date Of Accident	19/07/2019 14:00
Exact Location Of Accident	GENTLE RD TWDS IRAS BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP2863K
Insured/Policyholder	
Name Of Registered Owner	UGM LEASING PTE LTD
Co Reg No	201802815H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84269807
Alternative Phone No	OFFICE-84269807

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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	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	5107837824
Cover Note Number	

Driver

Name of Driver	KAMALUDEN BIN SAPIE
NRIC No	S1727047H
Date Of Birth	30/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	10/11/1988
Driving Experience	30 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83831965
Fax Number	
Contact Number	OFFICE-83831965
EEmail Address	NOEMAIL

Address	BLK 1 CHAI CHEE ROAD #05-204
Postcode	461001
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190719/7022.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ163G
Vehicle Make/Model/Colour	HONDA VEZEL
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	KAMALUDEN BIN SAPIE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJP2863K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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2. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (i) 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 time 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")
- (ii) 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
- (iii) 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 situated outside of Singapore, for one or more of the above Purposes.
- (iv) 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.
- (v) the information so collected under (i) 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/PIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the started time and date

I was travelling on my vehicle bearing carplate number SJP2863K, I am at Gentle Road turning into IRAS building while going straight suddenly a vehicle bearing carplate number SMJ163G come out from carpark on my right and collided to my side. I had already make a stop. I have a in car camera to show the whole accident.

DECLARATION

(We declare the foregoing particulars are true in every respect.)



Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
NRIC/PPN No.:

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20190719/7022

1 of 3

Report No. T/20190719/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/07/2019 17:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KAMALUDEN BIN SAPIE			Address: APT BLK 1 CHAI CHEE ROAD #05-204 SINGAPORE 461001		
ID Type / ID No.: NRIC NO / S1727047H			Contact No.: Home/Office: Mobile: 83831965		
Nationality: SINGAPORE CITIZEN			Email: kamal_sapie@yahoo.com.sg		
Sex: Male	Age: 53	Date of Birth: 30/09/1965	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/07/2019 14:00	Type of Location: Straight Road
Location: NEWTON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP2863K	Car	HYUNDAI	Avante		Slightly Damaged	0
SMJ163G	Car	HONDA	Vezel			0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20190719/7022

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

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Report No. T/20190719/7022

CONTINUATION OF REPORT

Driver			
Name	KAMALUDEN BIN SAPIE	ID No.	S1727047H
Related Vehicle	SJP2863K (Car)	Contact No.	83831965
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	03	Degree of Injury	Slight

Brief Details.

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Police Report



**SINGAPORE
POLICE FORCE**

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



T/20190719/7022

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Report No. T/20190719/7022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp
NP168

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

Date/Time:
19/07/2019 17:54

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

