

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 18:07
Date Of Accident	15/07/2019 10:35
Exact Location Of Accident	BARTLEY RD TWRDS TAMPINES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT1597P
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Insured/Policyholder

Name Of Registered Owner	SYLLYS AUTO PTE. LTD.
Co Reg No	201634359K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96985643

Vehicle Particulars

Manufacturer	AUDI
Model	A6 2.0L TFSI MU S-LINE CVT TC D/AB HID
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	5101254447
Cover Note Number	

Driver

Name of Driver	MUHAMMAD IRFAN BIN IBRAHIM
NRIC No	S9608007G
Date Of Birth	08/03/1996
Occupation	OUTDOOR
Date Of Driving Pass	18/03/2015
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83564996
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 877 WOODLANS AVENUE 09 #11-268
Postcode	730877
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 - HEAD TO REAR
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO BELOW STATEMENT/SKETCH PLAN ATTACHED;

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	GBB3137K
Vehicle Make/Model/Colour	NISSAN / URVAN PANEL LWB 3.0 5DR 5MT ABS A/B 2WD
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PANG WEI QUAN
NRIC/Passport Number	S8902036J
Contact Number	91592306
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

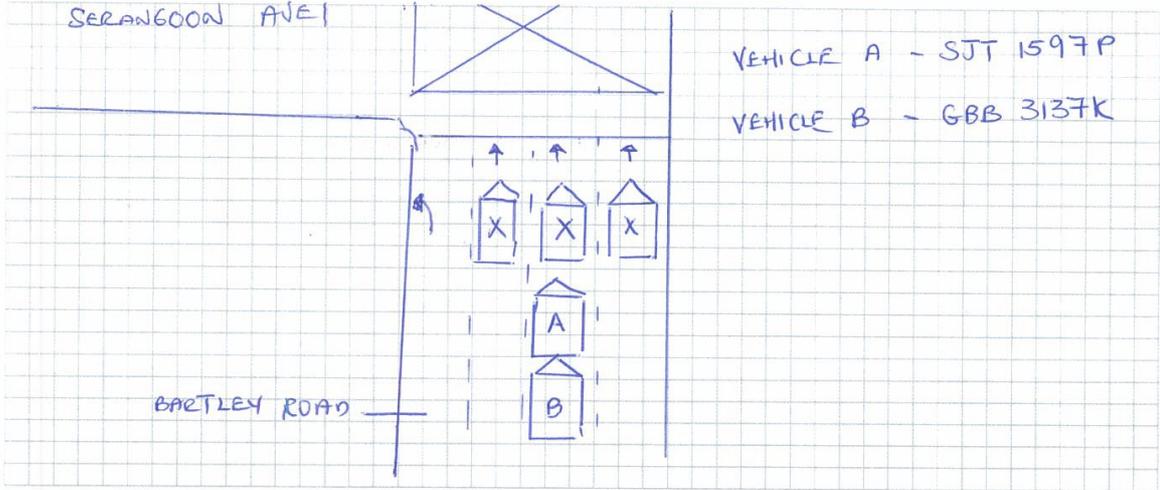


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

15 JUL 2019
IDAC KAKI BUKIT(VAC)
 23 KAKI BUKIT AVE 4
 Reporting Centre Personnel's Signature
 Name: Tel: 67416697
 NRIC/FIN No.: Fax: 67492305
 Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT, T/20190715/2075 (BISHAN N.P.C)

DECLARATION

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

15 JUL 2019


 Policyholder's Signature
 Date & Time:




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

IDAC KAKI BUKIT(VAC)
 23 KAKI BUKIT AVE 4
 Reporting Centre Personnel's Signature
 Name: Tel: 67416697
 NRIC/FIN No.: Fax: 67492305
 Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190715/2075

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20190715/2075

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PANG WEI QUAN	ID No.	S8902036J
Related Vehicle	GBB3137K	Contact No.	91592306
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	MUHAMAD IRFAN BIN IBRAHIM	ID No.	S9608007G
Related Vehicle	SJT1597P	Contact No.	83564996
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/07/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 15/07/2019 at about 1038hrs, I was driving my vehicle (SJT1597P) along Bartley Road towards Tampines before junction of Serangoon Ave 1.

At the point of time, my vehicle was travelling straight and the vehicle travelling in front of my vehicle slow down to a stop as I also stop my vehicle. Suddenly I felt an impact from the rear of my vehicle as such I alighted to make a check and discovered that my vehicle was hit by vehicle (GBB3137K)

Due to the accident, I felt pain on my neck and lower as such I went to consult doctor and was given a three days medical leaves.

I would wish to state that there was no police or ambulance attended to the accident.

I am lodging this report for insurance claim purpose.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20190715/2075

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20190715/2075

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: E / Sgt 2 TAN CHIN SENG, JASON 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/07/2019 14:02
Officer In Charge Of Case: TP / AEIT / Insp NEO CHENG BEET, CECILIA Contact No.: 65476069	Classification Of Case: <div data-bbox="671 1861 1177 2056" style="border: 1px solid black; padding: 5px; display: inline-block;">  SINGAPORE POLICE FORCE SN 061  SIGNATURE </div>
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

