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 witholding 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	05/08/2019 15:52
Date Of Accident	02/08/2019 15:25
Exact Location Of Accident	ALONG BUKIT PANJANG ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJM6135T
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	N.FAREEZ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93824426
Alternative Phone No	OFFICE-93824426
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	201533177E
Cover Note Number	
Driver	
Name of Driver	NORFAREEZ BIN NORHANGINI
NRIC No	S9204520Z
Date Of Birth	12/02/1992
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93824426
Fax Number	
Contact Number	OTHERS-93824426
EMail Address	N.FAREEZ@HOTMAIL.COM

Address	BLK 223 PENDING ROAD #02-109
Postcode	670223
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?	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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	**ROAD**: 1 SEGAR ROAD , **POSTCODE:** 677738 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-8929999 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SGW7431P
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH LIAN QUEE
NRIC/Passport Number	S1273797A
Contact Number	97325112
Address	

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

DETAILS OF INJURED PERSON 1

Name	NORFAREEZ BIN NORHANGINI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJM6135T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

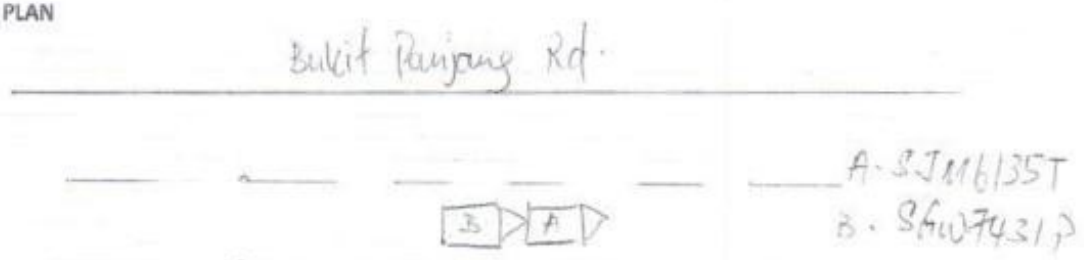
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report. T/20140803/2114

DECLARATION

I/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 Personnel's Signature Name: NRIC/FIN No.:
		05/08/2014

POLICE REPORT

SINGAPORE POLICE FORCE

T2019080321I4

1 of 3

Report No. T2019080321I4

Police Station Of Origin
Bukit Panjang N.P.C.
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-6029999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Vide Report No.	Station Diary No.
03/08/2019 10:43		88

Informant's Particulars

Name of Informant	Address
NORHAN FAREEZ BIN NORHANGINI	APT BLK 223 PENDING ROAD #02-109 SINGAPORE 670223
ID Type / ID No	Contact No.
NRIC NO / S9204520Z	Home/Office: Mobile: 93824428
Nationality	Email
SINGAPORE CITIZEN	

Sex	Age	Date of Birth	Type of Informant
Male	27	12/02/1992	Driver

Race	Language	Institution / School Name
Malay	English	

Occupation	Driving Licence Information	
SELF-EMPLOYED	Class: 2B,2A,2,3,4	Date of Expiry

General Information of the Accident

Type of Accident	Injury	Drink Drive	Date/Time of Accident	Type of Location
	Others	No	02/08/2019 18:25	X-Junction

Location
Junction of Road 1 and Road 2
BUKIT PANJANG ROAD
CHOA CHU KANG ROAD
at the traffic junction

Weather	Road Surface	Road Speed Limit
Clear	Dry	
Traffic Flow	Traffic Control	Traffic Volume
Dual Carriage Way	Traffic Light - Working	Moderate
Type of Collision		Anyone conveyed by ambulance
Between Moving Vehicles - Head To Rear		No

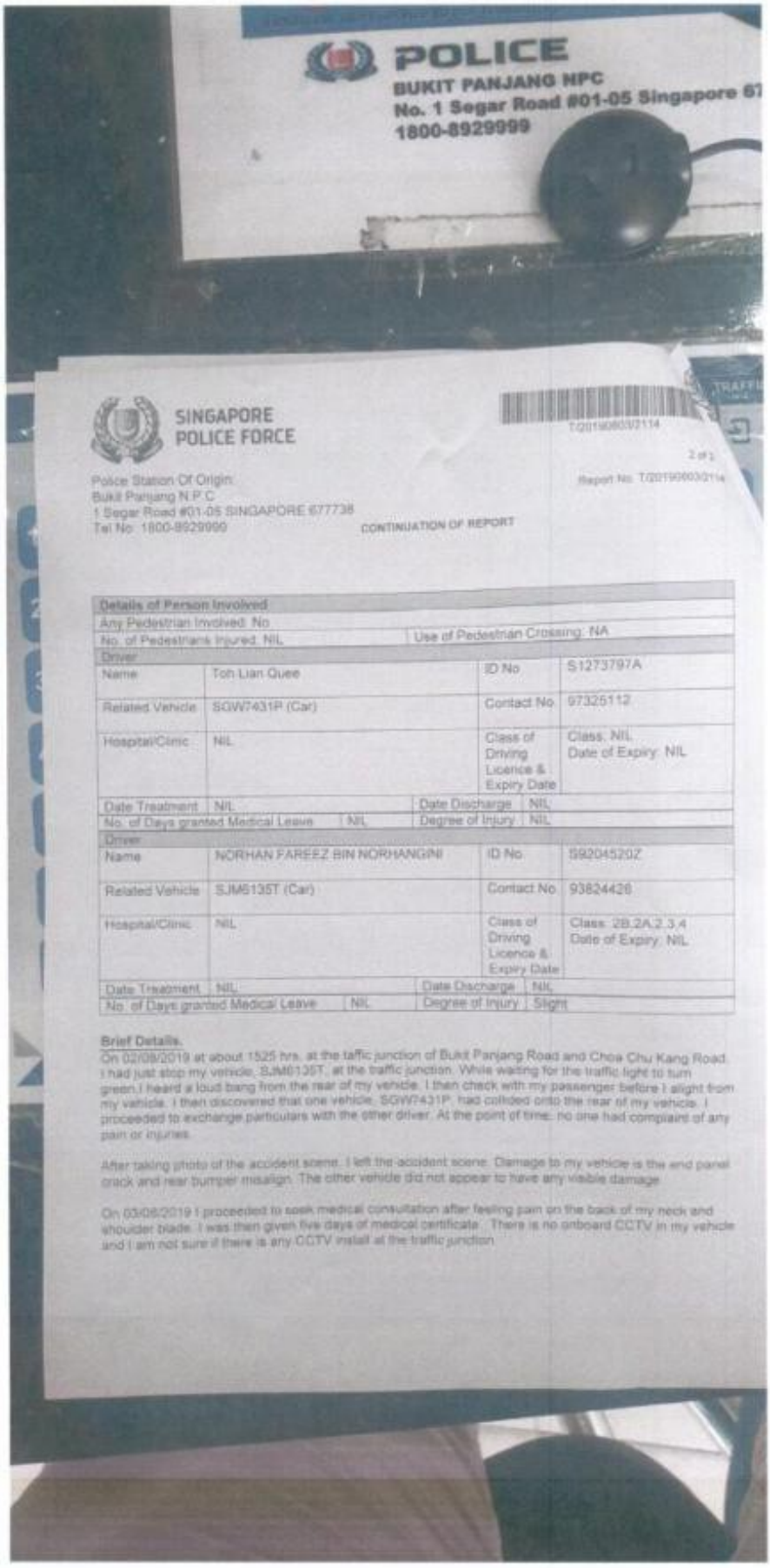
Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW7431P	Car	NISSAN		Beige	Slightly Damaged	0
SJM8135T	Car	TOYOTA		Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJM8135T	NTUC Income Insurance Co-Operative Limited	810047788401	12/01/2019	11/01/2020

POLICE REPORT



POLICE REPORT

Accident Photo

Accident Photo

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