

## 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             | 10/06/2019 15:43                                   |
| Date Of Accident           | 08/06/2019 22:15                                   |
| Exact Location Of Accident | JUNCTION OF ANCHORVALE STREET TWDS ANCHORVALE CRES |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | SJF5793L           |
| <b>Insured/Policyholder</b> |                    |
| Name Of Registered Owner    | SCIVEZ             |
| Co Reg No                   | 53341370B          |
| Email Address               | SCIVEZ@HOTMAIL.COM |
| Mobile Phone No             |                    |
| Alternative Phone No        | OFFICE-91908501    |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | HONDA        |
| Model  | FIT 1.3G A   |
| Exact Purpose for which vehicle was being used at time of accident           | PTE HIRE USE |
| 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             | 5082169896-03                          |
| Cover Note Number         | 03/06/19 - 02/06/10                    |

### Driver

|                      |                            |
|----------------------|----------------------------|
| Name of Driver       | MOHAMAD FARHAN BIN MOHAMAD |
| NRIC No              | S8605104D                  |
| Date Of Birth        | 23/02/1986                 |
| Occupation           | OUTDOOR                    |
| Date Of Driving Pass | 11/12/2006                 |
| Driving Experience   | 12 YEARS AND 5 MONTHS      |
| Gender               | MALE                       |
| Mobile Number        | (LOCAL) +65-91908501       |
| Fax Number           |                            |
| Contact Number       |                            |
| EEmail Address       | SCIVEZ@HOTMAIL.COM         |

|   |                                |
|---|--------------------------------|
| Address   | BLK 430B YISHUN AVE 11 #02-400 |
| Postcode  | 762430                         |
| Was driver an employee of the Insured's Company     | NO                             |
| If No, Relationship of the Driver with the Insured  | OWNER                          |
| 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?  |                                       |
| 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)   | 4                                     |
| Passenger 1   | NAME: : PASSENGER<br>GENDER: : FEMALE |
| Passenger 2   | NAME: : PASSENGER<br>GENDER: : MALE   |
| Passenger 3   | NAME: : PASSENGER<br>GENDER: : MALE   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> 32 YISHUN ST 81 , <b>POSTCODE:</b> 768456 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-8522999 - <b>FAX NO:</b> 68522239                              |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED.

#### Attachment(s)

|   |              |
|---|--------------|
| Are accident photos available for attachment? | YES          |
| Was there any video captured by Car Camera?   | YES          |
| Remarks/ Reasons:                             | NOT RECORDED |
| Was there any audio recorded?                 | NO           |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMK9511X |
| Vehicle Make/Model/Colour   |          |

Details Of Properties

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      | LI AOLUN    |
| NRIC/Passport Number                | S8879842B   |
| Contact Number                      | 91135003    |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: SJF 5793 L  
INSURER : NTUC  
DATE & TIME: 08/6/19 @ 22:15

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. The 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 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:

*Paulson*

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

10/6/19  
*[Signature]*  
Reporting Centre Personnel's Signature  
Name: *(YS)*  
NRIC/FIN No.:



## Sketch Plan #2

### SKETCH PLAN

Anchorvale  
Crescent

A = SJF 5793L  
B = SMK 9511X  
Li Aolun  
S8879842B  
HP-91135003

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Anchorvale Street

Refer to Police Report No: T/20190609/2008

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

### 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.:

GIARMC Sketch Plan Form V3

( ) Claim Own Policy    ( ) Claim Third Party    ( ) Reporting Only  
(✓) Claim OB/TP at other workshop (by Pek Tiong Auto)



**SINGAPORE  
POLICE FORCE**



T/20190609/2008

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

1 of 3

Report No. T/20190609/2008

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>09/06/2019 00:56 | Vide Report No.: | Station Diary No.:<br>24 |
|--|------------------|--------------------------|

| Informant's Particulars                                  |            |   |                              |
|--|------------|---|------------------------------|
| Name of Informant:<br>MOHAMAD FARHAN BIN<br>MOHAMAD TAIB |            | Address:<br>APT BLK 430B YISHUN AVENUE 11 #02-400 SINGAPORE<br>762430 |                              |
| ID Type / ID No.:<br>NRIC NO / S8605104D                 |            | Contact No.:<br>Home/Office: Mobile: 91908501                         |                              |
| Nationality:<br>SINGAPORE CITIZEN                        |            | Email:  |                              |
| Sex:<br>Male   | Age:<br>33 | Date of Birth:<br>23/02/1986  | Type of Informant:<br>Driver |
| Race:<br>Malay   |            | Language:   | Institution / School Name:   |
| Occupation:<br>PRIVATE HIRE DRIVER                       |            | Driving Licence Information:<br>Class: Date of Expiry:                |                              |

| General Information of the Accident  |            |                      |  |                                     |
|--|------------|----------------------|--|-------------------------------------|
| Type of Accident:  | Non-Injury | Drink Drive:<br>No   | Date/Time of Accident:<br>08/06/2019 10:15 | Type of Location:<br>X-Junction     |
| Location:<br>Along Road 1<br>ANCHORVALE STREET<br>ANCHORVALE CRESCENT<br>Traffic Junction at Anchorvale Street towards Anchorvale Crescent |            |                      |  |                                     |
| Weather:<br>Clear  |            | Road Surface:<br>Dry |  | Road Speed Limit:                   |
| Traffic Flow:  |            | Traffic Control:     |  | Traffic Volume:                     |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear   |            |                      |  | Anyone conveyed by ambulance:<br>No |

| Details of Vehicle Involved |      |      |       |       |                  |                 |
|-----------------------------|------|------|-------|-------|------------------|-----------------|
| Vehicle No.                 | Type | Make | Model | Color | Condition        | No of Passenger |
| SJF5793L                    | Car  |      |       |       | Slightly Damaged | 3               |
| SMK9511X                    | Car  |      |       |       |                  | 0               |

| Details of Vehicle Insurance |  |               |            |             |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
| SJF5793L                     | NTUC Income Insurance Co-Operative Limited | 5082169896-03 | 03/06/2019 | 02/06/2020  |

PR



**SINGAPORE  
POLICE FORCE**



T/20190609/2008

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

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Report No. T/20190609/2008

**CONTINUATION OF REPORT**

**Brief Details.**

On 08/06/2019 at about 2215hrs, I was driving my vehicle bearing registration number SJF5793L along Anchorvale Street and stopped my vehicle at the traffic junction due to red light. There was a vehicle in front of mine. While waiting to turn right into Anchorvale Crescent, I felt a impact from the rear. I then realized that a vehicle bearing registration number SMK9511X had hit the rear of my vehicle. No one was injured. As such, we exchanged particulars. The driver is one Li Aolun S8879842B of 1 Geylang East Ave 1 #11-06 H/P: 91135003. I had 3 passengers with me, 2 rear passengers and 1 front passenger. One of the passenger namely Wagiman 92377825 complained of pain at the back of his neck. I had advised him to seek medical treatment. I also felt giddy due to the impact and will be seeking medical treatment later on if it worsen. I am lodging report for record purpose.



**SINGAPORE  
POLICE FORCE**



T/20190609/2008

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

3 of 3

Report No. T/20190609/2008

**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:<br>L /<br>Sr Staff Sgt NIRATNA NINGSEH BINTE ABD JALIL | Signature Of Informant:<br>   |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>09/06/2019 00:56   |
| Officer In Charge Of Case:<br>TP / GIA /<br>Staff Sgt WONG SIEU LUI<br>Contact No.: 65476151      | Classification Of Case:<br>SN 085  |
| Authentication Stamp<br>NP168   | Signature:<br><br> |



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

