

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 | 26/08/2019 19:20 |
| Date Of Accident | 24/08/2019 21:00 |
| Exact Location Of Accident | ECP TWDS CHANGI |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|----------------------------------|
| Vehicle Registration Number | SLL3426E |
| Insured/Policyholder | |
| Name Of Registered Owner | SULAIMAN S/O MOHAMED YAS |
| NRIC No | S7939923Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-87200436 |
| Alternative Phone No | OFFICE-87200436 |
| Vehicle Particulars | |
| Manufacturer | MAZDA |
| Model | MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL 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 | 5109358782 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------|
| Name of Driver | SULAIMAN S/O MOHAMED YASIN |
| NRIC No | S7939923Z |
| Date Of Birth | 20/12/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/05/2001 |
| Driving Experience | 18 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87200436 |
| Fax Number | |
| Contact Number | OFFICE-87200436 |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 657B JURONG WEST STREET 65 #04-664 |
| Postcode | 642657 |
| 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 | CHAIN COLLISION |
| 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 | 4 |
| 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) | 3 |
| Passenger 1 | NAME: : - GENDER: : FEMALE |
| Passenger 2 | NAME: : - GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4519999 - FAX NO: 65535679 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190825/2010.

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 | SJY137P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHEN TIEN-HUNG |

| | |
|-------------------------------------|-----------|
| NRIC/Passport Number | S7497169E |
| Contact Number | 81614988 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|------------------------|
| Vehicle Registration Number | SLN7778C |
| Vehicle Make/Model/Colour | MERC E200 |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | NUR SYAHEEMA BINTE ALI |
| NRIC/Passport Number | S8422049C |
| Contact Number | 97345662 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 3

| | |
|-------------------------------------|-----------------------|
| Vehicle Registration Number | SLV7335E |
| Vehicle Make/Model/Colour | MERC |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | DANIEL TAN YONG ZHENG |
| NRIC/Passport Number | S9003244E |
| Contact Number | 98579106 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|----------------------------|
| Name | SULAIMAN S/O MOHAMED YASIN |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SLL3426E |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan


SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
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- 5) Any false reporting may be referred to the police for investigation.
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- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:

Driver's signature
(If driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN

A-SLL3426E
B-SJ4137P
C-SLN7778C
D-SLV7335E

The diagram shows four vehicles labeled A, B, C, and D in a line. Arrows above the vehicles indicate their direction of travel. Vehicle A is moving right, B is moving left, C is moving left, and D is moving left. The vehicles are positioned on a grid background.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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


Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:


reporting centre personnel's Signature
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190825/2010

1 of 4

Report No. T/20190825/2010

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 25/08/2019 01:59 | Vide Report No.: G/20190824/0198 | Station Diary No.: 16 |
|--|-------------------------------------|--------------------------|

| Informant's Particulars | | | |
|--|------------|--|------------------------------|
| Name of Informant: SULAIMAN S/O MOHAMED YASIN | | Address: APT BLK 657B JURONG WEST STREET 65 #04-664 SINGAPORE 642657 | |
| ID Type / ID No.: NRIC NO / S7939923Z | | Contact No.: Home/Office: Mobile: 87200436 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 39 | Date of Birth: 20/12/1979 | Type of Informant: Driver |
| Race: Indian | | Language: English | Institution / School Name: |
| Occupation: SAFETY OFFICER | | Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry: | |

| General Information of the Accident | | | | |
|--|---------------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 24/08/2019 21:00 | Type of Location: Straight Road |
| Location: Along Road 1 EAST COAST EXPRESSWAY ECP towards Changi After Still Road Exit | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|-------|----------------------------------|-------|------------------|------------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
| SJY137P | Car | | | | | 1 |
| SLL3426E | Car | MAZDA | MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT | Grey | Slightly Damaged | 2 |
| SLN7778C | Car | | | | | 0 |
| SLV7335E | Car | | | | | 0 |

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20190825/2019

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Report No. T/20190825/2019

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLL3426E | NTUC Income Insurance Co-Operative Limited | 5109358782 | 15/05/2019 | 14/05/2020 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------------------|--|---|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | | |
| Driver | | | | |
| Name | Chen Tien- hung | ID No. | S7497169E | |
| Related Vehicle | SJY137P (Car) | Contact No. | 81614988 | |
| 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 | SULAIMAN S/O MOHAMED YASIN | ID No. | S7939923Z | |
| Related Vehicle | SLL3426E (Car) | Contact No. | 87200436 | |
| Hospital/Clinic | INTEMEDICAL 24 HR CLINIC | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4,5 Date of Expiry: NIL | |
| Date Treatment | 25/08/2019 | Date Discharge | 25/08/2019 | |
| No. of Days granted Medical Leave | 07 | Degree of Injury | Slight | |
| Driver | | | | |
| Name | Nur Syaheema Binte Ali | ID No. | S8422049C | |
| Related Vehicle | SLN7778C (Car) | Contact No. | 97345662 | |
| 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 | |

Police Report



**SINGAPORE
POLICE FORCE**



T/20190825/2010

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20190825/2010

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------|--|-----------------------------------|
| Driver | | | |
| Name | Daniel Tan Yong Zheng | ID No. | S93003244E |
| Related Vehicle | SLV7335E (Car) | Contact No. | 98579106 |
| 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 |

Brief Details.

On 24/08/2018 at 2100hrs, I was driving my car SLL3426E doing Grab Car service along East Coast Expressway (ECP) towards Changi. I had two female passenger sitting at the rear seat. While I was driving on the furthestmost right lane the traffic slowed down after Still Road exit as such, I slowed and stopped as the vehicle in front of me had stopped. After my vehicle completely stopped, suddenly I felt a collision from the rear. Upon checking, there were three other vehicle behind my car was also involved in the accident. The second car that hit my car was SJY127P followed by third car SLN7778C and last car SLV7335E.

My passenger was feeling unwell as such I called for ambulance. Traffic police was also at the accident scene.

After exchanging details, we left the place. I then felt pain my rear neck and back. I seek medical treatment and was given 7 days of medical leave. The rear portion of my car was damaged.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20190825/2010

4 of 4

Report No. T/20190825/2010

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:
F /
Sr Staff Sgt NURULHUDA BINTE OMAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RAZIZ BIN TAHAR
Contact No.: 65476200

Authentication Stamp
NP158

Signature Of Informant:

Date/Time:
25/08/2019 01:59

Classification Of Case:

SN 055

Singapore

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

