

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	31/08/2019 17:32
Date Of Accident	28/08/2019 12:30
Exact Location Of Accident	JURONG WEST ST 51
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU9128M
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HILMIE BIN SAMSUDIN
NRIC No	S8732729I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97919271
Alternative Phone No	OFFICE-97919271

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS J AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5090807083-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HILMIE BIN SAMSUDIN
NRIC No	S8732729I
Date Of Birth	10/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	09/01/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97919271
Fax Number	
Contact Number	OFFICE-97919271
Email Address	NOEMAIL

Address	BLK 119 YISHUN RING ROAD #01-445
Postcode	760119
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 - CHANGE/CROSS LANE
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : NUR FARHAIN BTE YAHYA GENDER: : FEMALE

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/20190829/7016.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE343A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

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

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLA5465L
Vehicle Make/Model/Colour TOYOTA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver ALLAN
NRIC/Passport Number
Contact Number 93366517

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

Passenger 3

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name MUHAMMAD HILMIE BIN SAMSUDIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGU9128M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NUR FARHAIN BTE YAHYA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGU9128M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

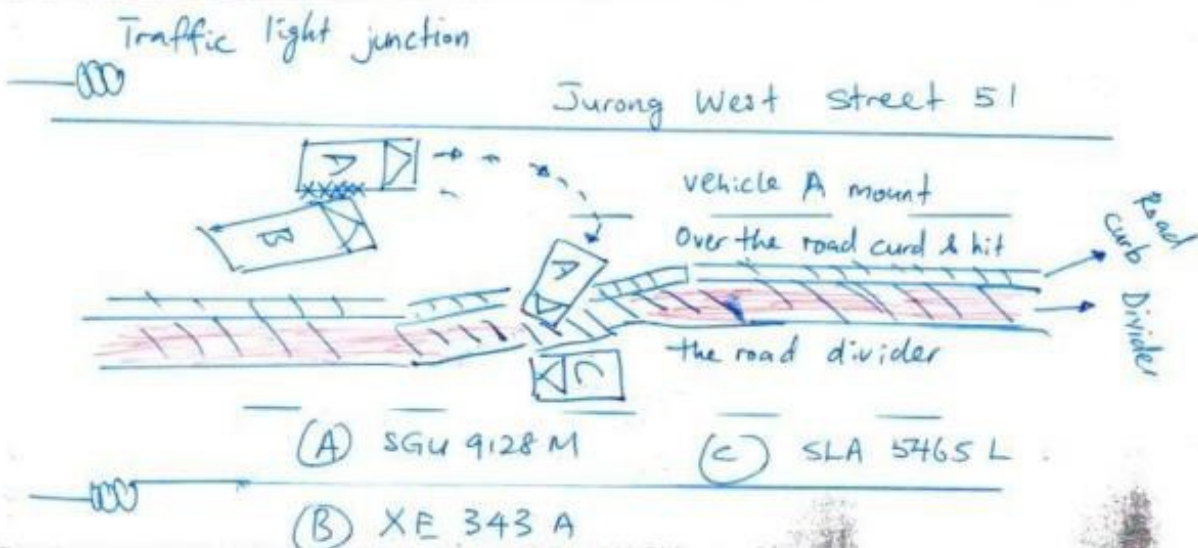
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

Refer to Police Report No: T/2019 of 29/7016

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

Witnessed by Reporting Centre Personnel

Police Report



**SINGAPORE
POLICE FORCE**



T/20190829/7016

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

1 of 3

Report No. T/20190829/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2019 13:48	Vide Report No.: J/20190828/0069	Station Diary No.:
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Informant's Particulars			
Name of Informant: MUHAMMAD HILMIE BIN SAMSUDIN		Address: APT BLK 119 YISHUN RING ROAD #01-445 SINGAPORE 760119	
ID Type / ID No.: NRIC NO / S8732729I		Contact No.: Home/Office: Mobile: 97919271	
Nationality: SINGAPORE CITIZEN		Email: muhd_hilmie_samsudin@spf.gov.sg	
Sex: Male	Age: 31	Date of Birth: 10/10/1987	Type of Informant: Driver
Race: Javanese		Language: English	Institution / School Name:
Occupation: POLICE OFFICER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/08/2019 12:30	Type of Location: Straight Road
Location: JURONG WEST STREET 51				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGU9128M	Car	TOYOTA	VIOS J AUTO	Silver		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGU9128M	NTUC Income Insurance Co-Operative Limited	5090807083-02	29/05/2019	28/05/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190829/7016

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

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Report No. T/20190829/7016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD HILMIE BIN SAMSUDIN	ID No.	S8732729I
Related Vehicle	SGU9128M (Car)	Contact No.	97919271
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/08/2019	Date Discharge	28/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 28/8/19 at 1230hrs, I was traveling along Jurong West St 52 towards AYE. Traffic was in my favour I was turning right with my right signal light ON towards Jurong West St 51 proceeding to AYE. Traffic was clear in my direction as I started to make the right turn. After completing my turn, suddenly I felt a very strong impact from the rear of my car. A Flatbed Trailer lorry bearing the plate no. XE343A had hit the rear of my vehicle, plate no. SGU9128M. Due to the hard impact, the lorry pushed my vehicle to mount over the curb and hit the centre divider which my vehicle had also hit a stationary vehicle at a red light. A police car was at the scene. Someone had called the ambulance and a police vehicle arrived at the scene of the accident. Me and my passenger Nur Farhain were conveyed to Eng Teng Fong Hospital by ambulance. On the same day at 1630hrs I was discharged and given 3 days mc and my passenger was given 2 days mc. At 2100hrs I felt pain on my body and decided for further check-up and went to Mount Alvernia Hospital and was given 5 days mc.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190829/7016

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

3 of 3

Report No. T/20190829/7016

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 / TPB /
MA JUNXIANG
Contact No.: 65476251

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:
29/08/2019 13:48

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





Accident Photo



Accident Photo

