

## 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	12/09/2019 09:04
Date Of Accident	05/09/2019 17:25
Exact Location Of Accident	JUNC OF STILL RD S & E COAST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8542B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL HAKEEM MD MALIK
NRIC No	S9337325A
Email Address	ABDULHAKEEM2309@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85333503
Alternative Phone No	OFFICE-85333503

### Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE
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?	YES
If No, Please state action to be taken	
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	5099728001-01
Cover Note Number	-

### Driver

Name of Driver	ABDUL HAKEEM MD MALIK
NRIC No	S9337325A
Date Of Birth	23/09/1993
Occupation	INDOOR
Date Of Driving Pass	08/09/2015
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85333503
Fax Number	
Contact Number	OFFICE-85333503
Email Address	ABDULHAKEEM2309@GMAIL.COM

Address	350A TANJONG KATONG RD
Postcode	437116
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	OILY

#### 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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20190906/2114

#### 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	SMC6928P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED KHAIRUNAN BIN ALI
NRIC/Passport Number	S0088246A
Contact Number	94388317
Address	

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

## Accident Sketch Plan


### SKETCH PLAN


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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: 4/09/19


  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 4/09/19

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

E Coast Rd.



A = SJT 8542B  
B = SMC 6928P.

Still Rd S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20190906/2114

## DECLARATION

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

Policyholder's Signature

Date & Time: 11/09/19

Driver's Signature

(If driver is not the policyholder)

Date & Time: 4/09/19

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190906/2114

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 3

Report No: T/20190906/2114

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2019 16:01	Vide Report No.:	Station Diary No.: 90
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### Informant's Particulars

Name of Informant: ABDUL HAKEEM S/O MD MALIK			Address: 350A TANJONG KATONG ROAD SINGAPORE 437116	
ID Type / ID No.: NRIC NO / S9337325A			Contact No.:	
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 85333503	
Sex: Male			Email:	
Age: 25			Type of Informant: Driver	
Date of Birth: 23/09/1993			Institution / School Name:	
Race: Indian			Language:	
Occupation: Student			Driving Licence Information: Class: 3	
			Date of Expiry:	

### General Information of the Accident

Type of Accident: Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 05/09/2019 17:25	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 STILL ROAD EAST COAST ROAD SLIP ROAD OF EAST COAST ROAD			
Weather: Clear	Road Surface: Oily	Road Speed Limit:	
Traffic Flow:	Traffic Control:	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
SJT8542B	Car	HONDA	AIRWAVE 1.5M A	White	Seriously Damaged	1
SMC6928P	Car	MERCEDES BENZ	C180 AVANTGARDE (R17 LED)	Silver	Slightly Damaged	1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# POLICE REPORT



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T/20190906/2114

Police Station Of Origin:  
Geylang N.P.C  
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Tel No: 1800-8486999

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Report No. T/20190906/2114

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT8542B	NTUC Income Insurance Co-Operative Limited	5099728001-01	02/05/2019	01/05/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL HAKEEM S/O MD MALIK	ID No.	S9337325A
Related Vehicle	SJT8542B (Car)	Contact No.	85333503
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMED KHAIRUNAN BIN ALI	ID No.	S0088246A
Related Vehicle	SMC6928P (Car)	Contact No.	94388317
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 05/09/2019 at 1725hrs, I was along Still Road heading towards the slip road of East Coast Road. I was driving when suddenly realized that the vehicle in front of me had already stopped. As such, I applied my brakes however could not stop in time. I then side swiped the said vehicle and mounted the slip road divider and hit onto the divider signage. I then left my vehicle in the original spot and approached the driver of the other vehicle and made a check on his condition. He informed me that he was fine and I decided to call for Traffic Police assistance. Shortly after, Traffic Police officers arrived at scene and provided me with an incident number, G/20190905/0137, and instructed me to lodge a traffic accident report. I then informed my insurance company about the accident and a towing crew was activated to tow my vehicle to IDAC.

## POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190906/2114

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20190906/2114

### 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:  
G /  
Sgt 3 MOHAMAD AKMAL BIN MOHD ROSLAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/09/2019 16:01

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

