

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	21/09/2019 09:32
Date Of Accident	18/09/2019 17:55
Exact Location Of Accident	ALONG MCE TOWARDS TAMPINES ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8769Y
Insured/Policyholder	
Name Of Registered Owner	BENG HAI MOTOR SERVICE
Co Reg No	52836794C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96631569
Alternative Phone No	OFFICE-96631569

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT

Exact Purpose for which vehicle was being used at time of accident

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	5111563168
Cover Note Number	10/08/2019-09/08/2020

Driver

Name of Driver	MUHAMMAD NAZRI BIN MOHAMED ROSLAND
NRIC No	S8826231Z
Date Of Birth	23/07/1988
Occupation	OUTDOOR
Date Of Driving Pass	31/07/2018
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91777209
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 483 JURONG WEST STREET 41
#07-246

Postcode 640483

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? NO

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) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SENGKANG NPC

Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON THE 18/09/2019 ABOUT 1757HRS, I WAS DRIVING MY COMPANY VAN GBH8769Y ALONG MARINA COASTAL EXPRESSWAY TOWARDS TAMPINES ROAD. THERE WAS HEAVY TRAFFIC AND I WAS MOVING FORWARD SLOWLY WHEN SUDDENLY I HEARD A LOUD BANG FROM THE REAR. I THEN SAW A MOTORCYCLE RIDER PUSHING HIS MOTORCYCLE IN FRONT OF MY VAN AND HE IMMEDIATELY RODE OFF. I IMMEDIATELY WENT OUT OF THE VAN AND MADE A CHECK AND DISCOVERED THAT MY COMPANY'S VAN RIGHT TAIL LIGHT WAS BROKEN. THERE WAS NO OTHER DAMAGES AND I DID NOT MANAGED TO EXCHANGE CONTACT WITH THE MOTORCYCLE RIDER AS HE HAD RODE OFF IMMEDIATELY. I THEN IMMEDIATELY LEFT THE SCENE AS THERE WAS HEAVY TRAFFIC. NO ONE WAS INJURED AND NO ONE CONVEYED BY AMBULANCE. NO TRAFFIC POLICE ATTENDED AS WELL.

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 FBP658U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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)**

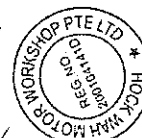
I understand, acknowledge, agree and consent that:

- (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:

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



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



**SINGAPORE
POLICE FORCE**



T/20190918/2188

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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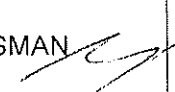

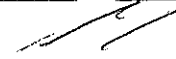
Report No. T/20190918/2188

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 / Sgt 3 MUHAMMAD NAJEEB BIN OSMAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/09/2019 21:45
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	



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T/20190918/2188

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190918/2188

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD NAZRI BIN MOHAMED ROSLAND	ID No.	S8826231Z
Related Vehicle	GBH8769Y (Van)	Contact No.	91777209
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 the 18/09/2019 at about 1757hrs, I was driving my company van GBH8769Y along Marina Coastal Expressway towards Tampines Road. There was heavy traffic and I was moving forward slowly when suddenly I heard a loud bang from the rear.

I then saw a motorcycle rider pushing his motorcycle in front of my van and he immediately rode off. I immediately went out of the van and made a check and discovered that my company's van right tail light was broken. There was no other damages and I did not managed to exchange contact with the motorcycle rider as he had rode off immediately.

I then immediately left the scene as there was heavy traffic. No one was injured and no one conveyed by ambulance. No Traffic Police attended as well.



**SINGAPORE
POLICE FORCE**



T/20190918/2188

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190918/2188

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2019 21:45	Vide Report No.:	Station Diary No.: 185
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Informant's Particulars			
Name of Informant: MUHAMMAD NAZRI BIN MOHAMED ROSLAND		Address: APT BLK 483 JURONG WEST STREET 41 #07-246 SINGAPORE 640483	
ID Type / ID No.: NRIC NO / S8826231Z		Contact No.:	Mobile: 91777209
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 31	Date of Birth: 23/07/1988	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: COURIER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/09/2019 17:55	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 MARINA COASTAL EXPRESSWAY TAMPINES ROAD MCE towards Tampines Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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	
FBP658U	Motorcycle					0	
GBH8769Y	Van				Slightly Damaged	0	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA