

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	04/10/2019 16:03
Date Of Accident	03/10/2019 18:10
Exact Location Of Accident	PIE (CHANGI) BEFORE CTE (SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR837P
Insured/Policyholder	
Name Of Registered Owner	SYAHRIL BIN SAHID
NRIC No	S8129116J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81009352
Alternative Phone No	OFFICE-81009352

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107072850
Cover Note Number	

Driver

Name of Driver	SYAHRIL BIN SAHID
NRIC No	S8129116J
Date Of Birth	22/09/1981
Occupation	INDOOR
Date Of Driving Pass	19/09/2005
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81009352
Fax Number	
Contact Number	OFFICE-81009352
Email Address	NOEMAIL

Address	BLK 526D PASIR RIS STREET 51 #10-539
Postcode	514526
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	3
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: : SAHID BIN SISWO GENDER: : MALE
Passenger 2	NAME: : SITI KASMIRA HASHIDAH BINTE HASHIM 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/20191004/7020.

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	SKZ5605E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number	
Contact Number	98179760
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKQ4830A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97210663
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

DETAILS OF INJURED PERSON 1

Name	SYAHRIL BIN SAHID
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJR837P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SAHID BIN SISWO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJR837P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	SITI KASMIRA HASHIDAH BINTE HASHIM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJR837P

Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

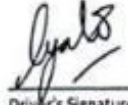
IMPORTANT NOTICE

1. Please report correctly 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. 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 Person's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

VEHICLE A: SJM 837 P
 VEHICLE B: SKR 5605 E
 VEHICLE C: SFQ 4830 A

RECHARGE, before CTE(SLE)




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO THE POLICE REPORT

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20191004/7020

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

1 of 4

Report No. T/20191004/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2019 14:25		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SYAHRIL BIN SAHID			Address: APT BLK 526D PASIR RIS STREET 51 #10-539 SINGAPORE 514526		
ID Type / ID No.: NRIC NO / S8129116J			Contact No.: Home/Office: Mobile: 81009352		
Nationality: SINGAPORE CITIZEN			Email: syah.spy05@gmail.com		
Sex: Male	Age: 38	Date of Birth: 22/09/1981	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: UBER DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/10/2019 18:10	Type of Location: Straight Road
Location: PIE(CHANGI), BEFORE CTE(SLE)				
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
SJR837P	Car	NISSAN	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR	Grey	Seriously Damaged	2
SKQ4830A	Car				Slightly Damaged	1
SKZ5605E	Car				Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

Police Report



**SINGAPORE
POLICE FORCE**



T/20191004/7020

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

2 of 4

Report No. T/20191004/7020

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR837P	NTUC Income Insurance Co-Operative Limited	5107072850	17/01/2019	16/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	SYAHRIL BIN SAHID	ID No.	S8129116J	
Related Vehicle	SJR837P (Car)	Contact No.	81009352	
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	03/10/2019	Date Discharge	04/10/2019	
No. of Days granted Medical Leave	07	Degree of Injury	Serious	
Passenger				
Name	SAHID BIN SISWO	ID No.	S0155958C	
Related Vehicle	SJR837P (Car)	Contact No.	90480045	
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	03/10/2019	Date Discharge	04/10/2019	
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious	
Passenger				
Name	SITI KASMIRA HASHIDAH BINTE HASHIM	ID No.	S8300982I	
Related Vehicle	SJR837P (Car)	Contact No.	86845636	
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	03/10/2019	Date Discharge	04/10/2019	
No. of Days granted Medical Leave	01	Degree of Injury	Serious	

Police Report



**SINGAPORE
POLICE FORCE**



T/20191004/7020

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

3 of 4

Report No. T/20191004/7020

CONTINUATION OF REPORT

Brief Details.

ON 03/10/2019, AT ABOUT 18:10HR, I WAS DRIVING MY VEHICLE ALONG PIE IN THE DIRECTION OF CHANGI WITH MY WIFE & FATHER IN MY VEHICLE. BEFORE THE EXIT TO CTE(SLE), FRONT VEHICLE SLOWED DOWN & STOPPED THUS, I STOPPED AS WELL. ABOUT 2-3SECONDS LATER, VEHICLE NUMBER SKZ5605E, HIT ONTO MY STATIONARY VEHICLE'S REAR PORTION, THE GREAT IMPACT CAUSED MY VEHICLE TO PROPEL FORWARD AND HIT ONTO THE FRONT VEHICLE - SKQ4803A.

MY PASSENGERS & I THEN FELT DISCOMFORT & SEEK MEDICAL ATTENTION AT CHANGI GENERAL HOSPITAL & I WAS GIVEN 7 DAYS MC & MY WIFE HAS 1 DAY MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191004/7020

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

4 of 4

Report No. T/20191004/7020

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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:
04/10/2019 14:25

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



Accident Photo



Accident Photo

