

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 14/10/2019 12:05
Date Of Accident 12/10/2019 20:30
Exact Location Of Accident NICOLL DRIVE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFW5977G
Insured/Policyholder
Name Of Registered Owner SYED FAISAL BIN SYED OMAR
NRIC No S6831062H
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-86087325
Alternative Phone No OFFICE-86087325

Vehicle Particulars

Manufacturer VOLKSWAGEN
Model SCIROCCO-1.4 TSI (A)
Exact Purpose for which vehicle was being used at time of accident PERSONAL
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 COMPREHENSIVE
Fleet Policy NO
Policy Number 5108455255
Cover Note Number

Driver

Name of Driver SYED NABIL BIN SYED FAISAL
NRIC No S9713628I
Date Of Birth 29/04/1997
Occupation OUTDOOR
Date Of Driving Pass 20/11/2018
Driving Experience 0 YEAR AND 10 MONTH
Gender MALE
Mobile Number (LOCAL) +65-97821596
Fax Number
Contact Number
EMail Address NABIL.PARODIES@GMAIL.COM

Address BLK 217 TAMPINES STREET 23 #12-07
 520217
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 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 2
 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) 4

Passenger 1 NAME: : SYED FAISAL BIN SYED OMAR
 GENDER: : MALE
 Passenger 2 NAME: : NORMAH BINTE SARIB
 GENDER: : FEMALE
 Passenger 3 NAME: : SHARIFAH NURFARZANA BINTE SYED FAISAL
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] TAMPINES NPC
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

SEE ATTACHED SKETCH PLAN AND POLICE REPORT NO: T/20191013/2000

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 SLX1353G
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver MOHAMMAD RAZIF BIN RAMLI
 NRIC/Passport Number S9029091F

Contact Number 97272592
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SYED FAISAL BIN SYED OMAR
Approximate Age
Injuries Sustain
Injured person in which vehicle? SFW5977G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address BLK 217 TAMPINES STREET 23 #12-07
Postcode 520217

DETAILS OF INJURED PERSON 2

Name SYED NABIL BIN SYED FAISAL
Approximate Age
Injuries Sustain
Injured person in which vehicle? SFW5977G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address BLK 217 TAMPINES STREET 23 #2-07
Postcode 520217

Sketch Plan

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

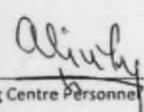
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

14/10/2019
10:45am



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



**SINGAPORE
POLICE FORCE**



T/20191013/2000

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20191013/2000

CONTINUATION OF REPORT

Driver			
Name	SYED NABIL BIN SYED FAISAL	ID No.	S9713628I
Related Vehicle	SFW5977G (Car)	Contact No.	97821596
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	MOHAMMAD RAZIF BIN RAMLI	ID No.	S9029091F
Related Vehicle	SLX1353G (Car)	Contact No.	97272592
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 above mentioned date, time and location I was involved in a car accident. I was driving on the right lane of Nicole drive while the other vehicle was on the left lane slightly ahead of me half a car length. Suddenly he cut into my lane without signaling which causes me to hit the right side of the vehicle and make my car go right and up the curb and hit the signage. We then called for police and TP attended to us.



**SINGAPORE
POLICE FORCE**



T/20191013/2000

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20191013/2000

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 2 GAN JIAN CAI, DARREN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/10/2019 00:05
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: 
Authentication Stamp NP168	