

## 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	29/10/2019 15:54
Date Of Accident	27/10/2019 00:35
Exact Location Of Accident	CARPARK EXIT OF BEGONIA PAVILION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM4308P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HVS CAPITAL PTE. LTD.
Co Reg No	201829289E
Email Address	FAREES-IZZAT87@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96676464
Alternative Phone No	OFFICE-94811522

### Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID-1.8 S (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5109916971
Cover Note Number	

### Driver

Name of Driver	MOHAMED FAREES IZZAT BIN ALI
NRIC No	S8721387J
Date Of Birth	16/07/1987
Occupation	OUTDOOR
Date Of Driving Pass	05/11/2007
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96676464
Fax Number	
Contact Number	OFFICE-94811522
EEmail Address	FAREES-IZZAT87@HOTMAIL.COM

Address	BLK 404B FERNVALE LANE #21-133
Postcode	792404
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 ON COLLISION
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191027/2019

#### 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	
Vehicle Make/Model/Colour	
Details Of Properties	E-SCOOTER
Vehicle Category	NA/UNKNOWN
Name of Driver	MUHAMMAD RASHEEDI BIN ABDUL
NRIC/Passport Number	S9927755F
Contact Number	82236422

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.



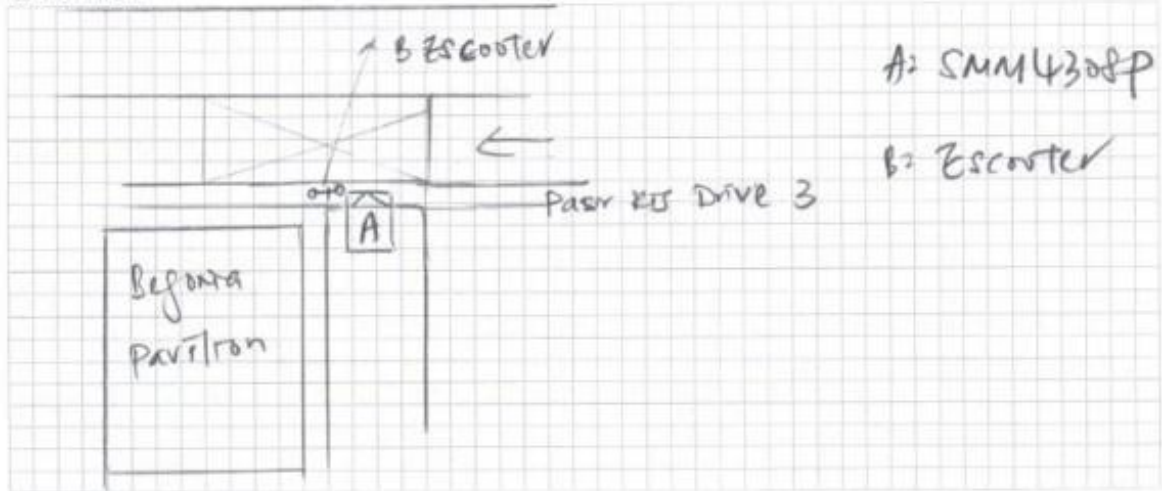
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report : T/2014 1027/2013

## DECLARATION

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

Policyholder:                       
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/20191027/2013

1 of 4

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20191027/2013

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2019 04:02	Vide Report No.: G/20191027/0042	Station Diary No.: 21
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### Informant's Particulars

Name of Informant: MOHAMED FAREES IZZAT BIN ALI			Address: APT BLK 404B FERNVALE LANE #21-133 SINGAPORE 792404	
ID Type / ID No.: NRIC NO / S8721387J			Contact No.: Home/Office: Mobile: 96676464	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 32	Date of Birth: 16/07/1987	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			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: 27/10/2019 00:35	Type of Location:
Location: Along Road 1 PASIR RIS DRIVE 3	Begonia Pavilion Car Park exit near Downtown East	Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow:	Traffic Control:	Traffic Volume: No Traffic	Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMM4308P	Car	TOYOTA	C-HR HYBRID 1.8S CVT		Slightly Damaged	1

### Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: NA

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191027/2013

Police Station Of Origin,  
Pasir Ris N.P.C.  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20191027/2013

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MOHAMED FAREES IZZAT BIN ALI	ID No.	S8721387J
Related Vehicle	SMM4308P (Car)	Contact No.	96676464
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
<b>ESCOOTER</b>			
Name	MUHAMMAD RASHEEDI BIN ABDUL	ID No.	S9927755F
Related Vehicle	NIL	Contact No.	82236422
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	Slight

### Brief Details.

On 27/10/2019 at about 12.35am, I (SMM4308P) was exiting the car park of Begonia Pavilion Car Park near Downtown East with 1 passenger on board. When I exit the car park, I made a check and see no one is crossing the road thus I proceeded. Suddenly, 1 scooter rider came from my left and I was unable to react and I hit onto him.

I stopped immediately and I checked with my passenger if he need any medical assistance. My passenger informed me that he is alright. I then came out of my vehicle and talked to the scooter. I took his phone number however I did not noticed that I took down 1 wrong digit. I then went over to my vehicle and started to jacked up my vehicle as the PMD was under my vehicle thus I was unable to move. After I have took out the PMD, I told the scooter rider that I will come back later after I drop off my passenger. The scooter rider informed me that he is alright with the arrangement thus I continue to send my passenger.

My vehicle suffered scratched on the left front bottom of the bumper. I observed the scooter rider's hand however I cannot recalled which hand had a cut.

I dropped off my passenger at Bedok Reservoir and I went back incident location. When I reached back to the incident location, I saw 2 traffic police were there and I told the traffic police that I came back to look for the scooter rider. Traffic police took down my particulars and issued me with a case card. Traffic Police recorded my in car camera footage from my phone. I was then requested by the traffic police to speak to the scooter rider and his family which I did. I apologized to the scooter rider, his family and they acknowledged. I then exchanged particulars with the scooter rider. I was told by the scooter rider's family member that the ambulance came and the scooter rider was not convey to the hospital.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191027/2013

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Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20191027/2013

### CONTINUATION OF REPORT

I wish to state that I have in car camera pointing front and rear. I am unsure if there is any CCTV around the vicinity. I have the in car camera footage downloaded into my phone. I felt that the scooter was going very fast, did not slow down when approaching car park gantry and he was in my blind spot thus I did not see him coming. This is my first time such accident happened.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191027/2013

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519457  
Tel No: 1800-5852999

Report No. T/20191027/2013

## 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 JOHNNY TAN KOK JOO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/10/2019 04:02

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NORAMEERA BINTE MOHAMED

HUSSEIN

Contact No. 65476236

Authentication Stamp

NP168

Classification Of Case:

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo

