

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	05/11/2019 13:48
Date Of Accident	04/11/2019 22:25
Exact Location Of Accident	BALESTIER RD TWDS MOULMEIN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCX190Y
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SHEQAL BIN SARMANI
NRIC No	S9010429B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97114903
Alternative Phone No	OFFICE-97114903

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANC 1.6MR
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5097295661-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SHEQAL BIN SARMANI
NRIC No	S9010429B
Date Of Birth	24/03/1990
Occupation	INDOOR
Date Of Driving Pass	09/10/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97114903
Fax Number	
Contact Number	OFFICE-97114903
Email Address	NOEMAIL

Address	BLK 115B CANBERRA WALK #05-129
Postcode	752115
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	CHAIN 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	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)	2
Passenger 1	NAME: : TAN JIAN ZHAU GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - L/20191105/7005.

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	SLZ7857U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED YUNUS BIN MOHAMED SULTAN
NRIC/Passport Number	
Contact Number	91599256

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

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLP9933Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name MUHAMMAD SHEQAL BIN SARMANI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SCX190Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident 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.

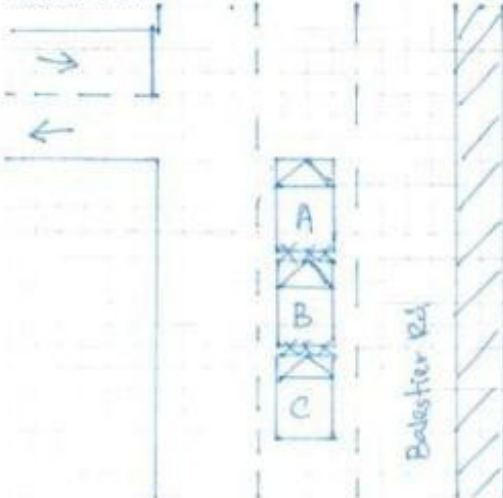

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



Vehicle A : SCX1904

Vehicle B : SLZ7857U

Vehicle C : SLP9933Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (SCX1904) traveling along Balakrishna Rd towards Moulmein Rd on second lane of a 3-lanes, two carriage way. I was driving slow, out of suddenly, to stopped vehicle B (SLZ7857U) which from rear of my vehicle failed and collided onto my vehicle rear portion. After I alighted then I realised I was involved in chain accident. The third vehicle C (SLP9933Y).

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**



L/20191105/7005

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POLICE REPORT (NP299)

Report No. L/20191105/7005

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-4660000

Date/Time Report Made 05/11/2019 03:40		Vide Report No.		Station Diary No.	
Name Of Informant MUHAMMAD SHEQAL BIN SARMANI		Address 115B CANBERRA WALK #05-129 SINGAPORE 752115			
ID Type / ID No. NRIC NO / S9010429B		Contact No. Home/Office: Mobile: 97114903			
Nationality SINGAPORE CITIZEN		Email Address SHEQ_IT@HOTMAIL.COM			
Occupation Other teaching associate professionals nec		Sex Male	Age 29	Date of Birth 24/03/1990	Race Boyanese
Institution/School Name		Language English			
Date/Time Of Incident 04/11/2019 22:20 - 04/11/2019 22:30		Location Of Incident BALESTIER ROAD			

Brief details.

I was involve in a chain accident around Balestier Road on the 4th November 2019 at around 1020pm to 1030pm . My car number is SCX190Y (Mitsubishi Lancer MR) was hit by another two cars from the back as i was driving on a slow moving traffic upon reaching the traffic lights . The third car is a dark grey BMW plate no. SLP9933Y follow by the second car white KIA plate no. SLZ7857U which i got knock on the rear part of my car . After the accident , all three party decided to move in to the left alley to exchange particulars and photograph all damages . The second car which is the white KIA claim that he has car camera front and back to clarify more on the accident . After the accident , i was injured and went to see the doctor at Mt Alvenia Hospital , received treatment and was given 5 days mc due to lower back injury .

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/11/2019 03:40
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



SINGAPORE
POLICE FORCE



L/20191105/7005

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20191105/7005

Subjects Involved			
Victim			
Person Name	MUHAMMAD SHEQAL BIN SARMANI		
ID Type	NRIC NO	ID No	S9010429B
Gender	Male	Age	29
Race	Boyanese	Language	English
Occupation	Other teaching associate professionals nec	Address	115B CANBERRA WALK #05- 129 SINGAPORE 752115
Mobile No	97114903	Is Informant A Victim?	Yes
Person Name	MUHAMMAD SHEQAL BIN SARMANI (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/11/2019 03:40
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

