

## 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	08/11/2019 11:52
Date Of Accident	07/11/2019 15:15
Exact Location Of Accident	TELOK BLANGAH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA7019D
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#### Insured/Policyholder

Name Of Registered Owner	MOHAMED NAZIR BIN HAJI JAMALUDIN
NRIC No	S1251152C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90064606
Alternative Phone No	OFFICE-90064606

#### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5108447306
Cover Note Number	

#### Driver

Name of Driver	MOHAMED NAZIR BIN HAJI JAMALUDIN
NRIC No	S1251152C
Date Of Birth	14/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	05/11/1975
Driving Experience	44 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90064606
Fax Number	
Contact Number	OFFICE-90064606
Email Address	NOEMAIL

Address	BLK 307B ANCHORVALE ROAD #02-50
Postcode	542307
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	2
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: : BILL GENDER: : MALE

#### 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191107/7023.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU3174J
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)

DETAILS OF INJURED PERSON 1

Name	MOHAMED NAZIR BIN HAJI JAMALUDIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLA7019D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE


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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 my 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 sums 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/then 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/PIN No.:

## Accident Sketch Plan

### SKETCH PLAN

Veh A - 12/10/17  
Veh B - 12/10/17


### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to 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:  
NIC/FIN No.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191107/7023

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

1 of 3

Report No. T/20191107/7023

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2019 21:22		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED NAZIR BIN HAJI JAMALUDIN			Address: APT BLK 307B ANCHORVALE ROAD #02-50 SINGAPORE 542307		
ID Type / ID No.: NRIC NO / S1251152C			Contact No.: Home/Office: Mobile: 90064606		
Nationality: SINGAPORE CITIZEN			Email: mohamednazir1957@gmail.com		
Sex: Male	Age: 62	Date of Birth: 14/06/1957	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: 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: 07/11/2019 15:15	Type of Location: Straight Road
Location:  TELOK BLANGAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SLA7019D	Car	HONDA	VEZEL 1.5X CVT	White	Seriously Damaged	1
SLU3174J	Car	BMW		Blue	Seriously Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA7019D	NTUC Income Insurance Co-Operative Limited	5108447306	27/03/2019	26/03/2020

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## Police Report



**SINGAPORE  
POLICE FORCE**



T/20191107/7023

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

2 of 3

Report No. T/20191107/7023

### CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MOHAMED NAZIR BIN HAJI JAMALUDIN	ID No.	S1251152C
Related Vehicle	SLA7019D (Car)	Contact No.	90064606
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/11/2019	Date Discharge	07/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

#### Brief Details.

ON THE STATED DATE AND TIME I WAS TRAVELLING ON TELOK BLANGAH ROAD BEFORE SENTOSA GATEWAY . SUDDENLY VEHICLE NUMBER SLU3174J BMW HIT THE REAR OF MY CAR.SHE DO NOT WANT TO EXCHANGE PARTICULARS WITH ME . I TOOK THE PHOTO SOME PHOTOS OF THE ACCIDENT SCENE AND LEFT. I FEEL PAIN ON M Y BACK AND SHOULDER AND WENT TO SEE A DOCTOR.WHICH I WAS AWARDED A 5 DAYS MC

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## Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20191107/7023

3 of 3

Report No. T/20191107/7023

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

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: 07/11/2019 21:22
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168	

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Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



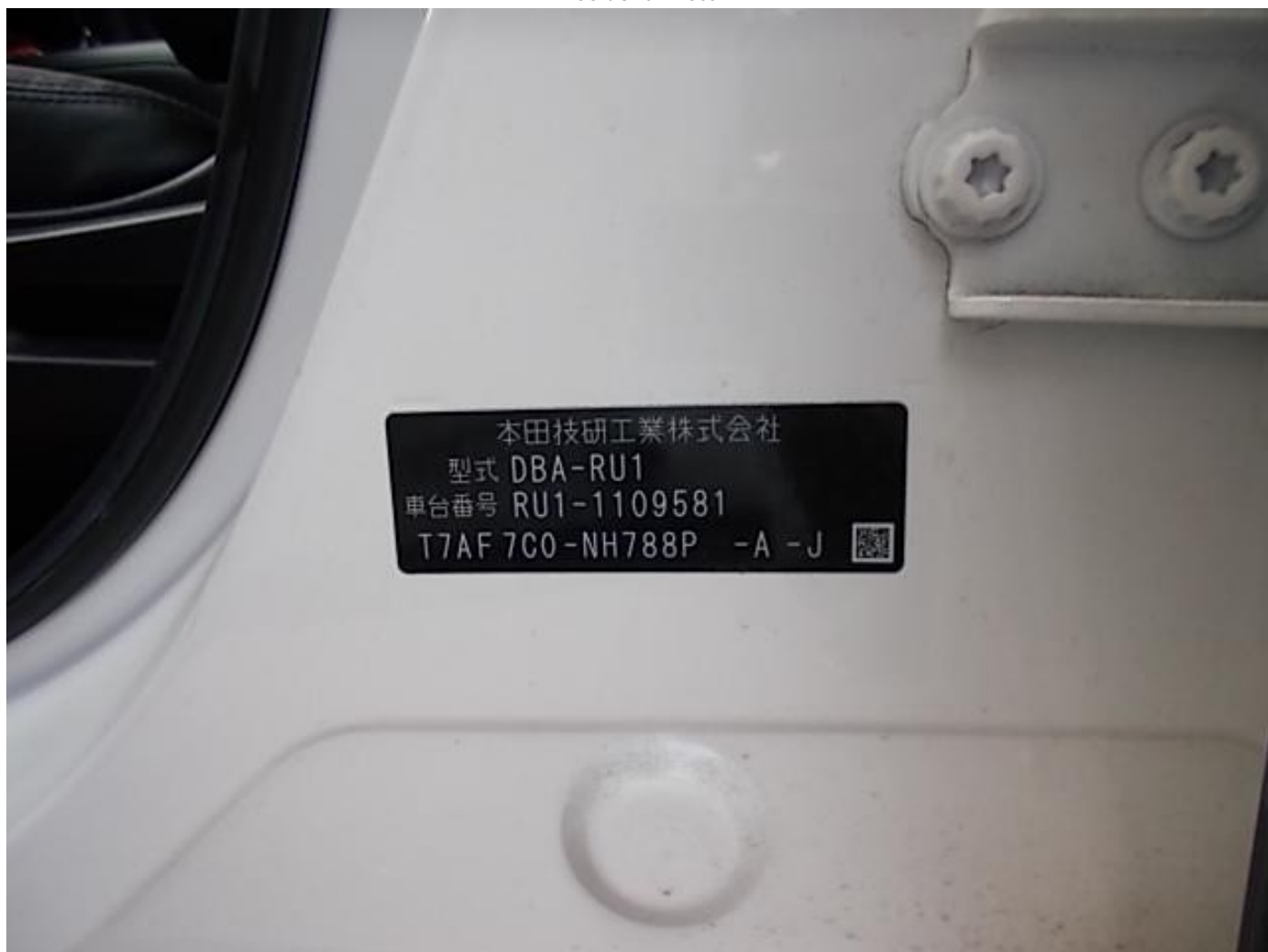
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Accident Photo



Accident Photo

