

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	06/11/2019 11:00
Date Of Accident	05/11/2019 19:45
Exact Location Of Accident	SLE TOWARDS CTE BEFORE LENTOR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY7986U
Insured/Policyholder	
Name Of Registered Owner	OW MUI KHENG
NRIC No	S1324862A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98154775
Alternative Phone No	OTHERS-98154775

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	PTE 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5051408411-08
Cover Note Number	09/10/2019 - 08/10/2020

Driver

Name of Driver	MAT TORMIZI BIN MOHAMMAD
NRIC No	S7584505G
Date Of Birth	11/09/1975
Occupation	INDOOR
Date Of Driving Pass	18/04/2009
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97385288
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 744 WOODLANDS CIRCLE #05-758
Postcode	730744
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	4
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH CENTRAL
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT.

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	SLA2371T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YANG SHAO GUANG
NRIC/Passport Number	S8278024F
Contact Number	81802386
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMH7972C
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJR1182M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver WU YAO GUAN
NRIC/Passport Number S79361111
Contact Number 93620022
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MAT TORMIZI BIN MOHAMMAD
Approximate Age 44
Injuries Sustain FELT UNWELL
Injured person in which vehicle? SGY7986U
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address BLK 744 WOODLANDS CIRCLE #05-758
Postcode 730744

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SGY 7986U
INSURER : NTUC
DATE & TIME: 05/11/19 19:45 HRS

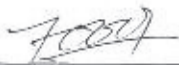
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

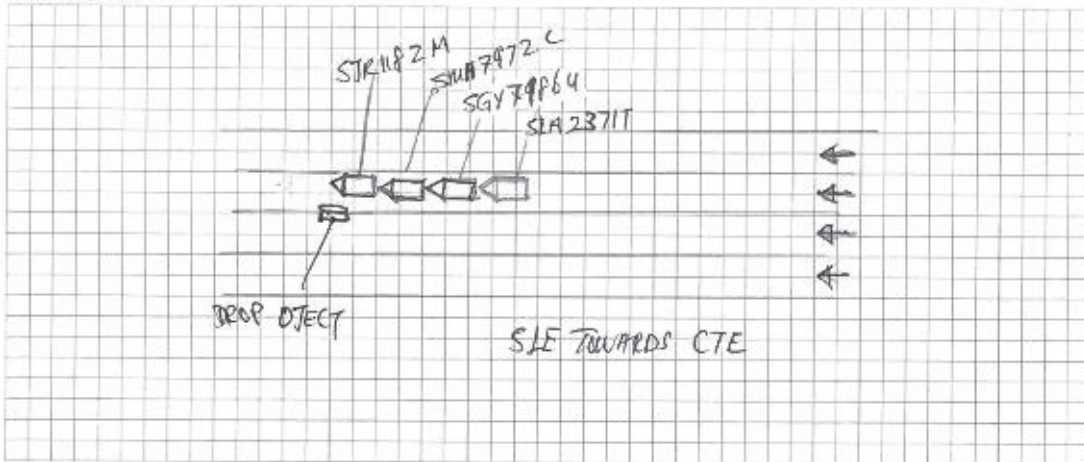
Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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.:

G:\RMC SketchPlanForm_v3

() Claim Own Policy

(X) Claim Third Party

() Reporting Only

() Claim OD/TP at other workshop ()



**SINGAPORE
POLICE FORCE**



T/20191105/2189

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20191105/2189

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2019 23:55		Vide Report No.:		Station Diary No.: 175	
Informant's Particulars					
Name of Informant: MAT TORMIZI BIN MOHAMMAD			Address: APT BLK 744 WOODLANDS CIRCLE #05-758 SINGAPORE 730744		
ID Type / ID No.: NRIC NO / S7584505G			Contact No.:		
Nationality: MALAYSIAN			Home/Office: Mobile: 97385288		
Email:					
Sex: Male	Age: 44	Date of Birth: 11/09/1975	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Manufacturing plant/production manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2019 19:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SELETAR EXPRESSWAY CENTRAL EXPRESSWAY BEFORE LENTOR				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Mod	Color	Condition	No of Passenger
SGY7985U	Car	TOYOTA	VIOS	Black	Seriously Damaged	0
SJR1182M	Car	NISSAN	QASHQAI	Blue	Slightly Damaged	0
SLA2371T	Car	CITROEN	GRAND C4 PICASSO	Grey	Seriously Damaged	0
SMH7972C	Car	KIA	CERATO FORTE KQUP	Silver	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 318194

Tel No. 1800-2519999

Report No. T/20191105/2189

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MAT TORMIZI BIN MOHAMMAD	ID No.	S7584505G
Related Vehicle	SGY7986U (Car)	Contact No.	97385288
Hospital/Clinic	UNIHEALTH 24-HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	WU YAO GUAN	ID No.	S7936111I
Related Vehicle	SJR1182M (Car)	Contact No.	93620022
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	YANG SHAO GUANG	ID No.	S8278024F
Related Vehicle	SLA2371T (Car)	Contact No.	81802386
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 05/11/2019 at about 07.45pm, while I was driving my company's vehicle (SGY7986U), I saw a cardboard box along the road in between two lanes on my left, and the first car (SJR1182M), and another car (SMH7972C) in front of me had stopped abruptly, and I was able to stop in time. However, the car (SLA2371T) behind me was unable to stop in time, he then collided into the rear of my vehicle causing me to collide into the vehicle in front of me. The impact was huge and my airbag had been activated. The first two cars was able to move, hence they had driven off after we exchanged particulars.

However, my car and the one behind was unable to move, hence a tow service was activated. I had felt



**SINGAPORE
POLICE FORCE**



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Tel No: 1800-2519999

CONTINUATION OF REPORT

unwell after the accident and went to consult a doctor and was given 3 days of MC.