

## 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	13/11/2019 15:07
Date Of Accident	11/11/2019 15:55
Exact Location Of Accident	ALONG BEACH ROAD TURNING INTO CRAWFORD STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH6450Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CROWN LEASING & CAR RENTAL
Co Reg No	53377053W
Email Address	EPAYNESCREAMS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84793675
Alternative Phone No	OFFICE-68733133

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
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	NO
Policy Number	5106973698
Cover Note Number	

### Driver

Name of Driver	QAMARUL ARIFIN BIN KAMARUDIN
NRIC No	S9029909C
Date Of Birth	22/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84793675
Fax Number	
Contact Number	OFFICE-68733133
Email Address	EPAYNESCREAMS@GMAIL.COM

Address	BLK 359 TAMPINES STREET 34 #01-449
Postcode	520359
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 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?	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	WOODLANDS WEST N.P.C
Police Station Address	<b>ROAD:</b> 1 WOODLANDS STREET 12 , <b>POSTCODE:</b> 738622 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191112/2017

#### 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	SLA117A
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOW DOMINIC
NRIC/Passport Number	
Contact Number	93379013

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

## Accident Sketch Plan

### SKETCH PLAN

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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: 13 NOV 2019

10:40

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13 NOV 2019

10:40

*[Signature]*  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

A) smH 6450Z

3) SLA 117A

Black Road

CHARLTON ST

copy  
✓  
L. 10/10/10  
H. 10/10/10

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to Police Report  
7/20/9112/2017

## DECLARATION

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



Policyholder's Signature

Date & Time: 13 NOV 2019

10-450

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13 Nov 2019

1040

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

13/11/2019

\_\_\_\_\_  
 Driver's Signature



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191112/2017

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

1 of 3

Report No. T/20191112/2017

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/11/2019 10:37		Vide Report No.:		Station Diary No.: 123	
<b>Informant's Particulars</b>					
Name of Informant: QAMARUL ARIFIN BIN KAMARUDIN			Address: APT BLK 359 TAMPINES STREET 34 #01-449 SINGAPORE 520359		
ID Type / ID No.: NRIC NO / S9029909C			Contact No.: Home/Office: Mobile: 87493675		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 22/08/1990	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 11/11/2019 15:55	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 BEACH ROAD  turning into Crawford Street Lamp Post Number: 93				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SLA117A	Car	AUDI		Black	Slightly Damaged	0
SMH6450Z	Car	MITSUBISHI	Lancer	Red	Slightly Damaged	1

## Details of Person Involved

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

# POLICE REPORT



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POLICE FORCE**



T/20191112/2017

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

2 of 3

Report No. T/20191112/2017

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Chow Dominic		ID No. NIL
Related Vehicle	SLA117A (Car)		Contact No. 93379013
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
<b>Driver</b>			
Name	QAMARUL ARIFIN BIN KAMARUDIN		ID No. S9029909C
Related Vehicle	SMH6450Z (Car)		Contact No. 87493675
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 11 Nov 2019 at about 1554hrs, I was travelling along Beach Road and turning into Crawford Street but I accidentally collided into the mentioned vehicle who stopped at the stop line while turning. I wish to state that no one was injure or convey to hospital during accident. However on the same day at about 2005hrs, the other party then inform me that he is going to hospital to make a check. I am lodging this report for my car rental company.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191112/2017

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

3 of 3

Report No. T/20191112/2017

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:

L /

Sgt 2 TEO WEI SHIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP158

Signature Of Informant:

Date/Time:

12/11/2019 10:37

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





Accident Photo





Accident Photo

