

## 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	15/11/2019 17:12
Date Of Accident	14/11/2019 08:45
Exact Location Of Accident	JUNCTION OF TAMPINES AVE 5 AND TAMPINES AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB9171L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROMIZAN B MOHD SAHID
NRIC No	S7530829I
Email Address	LIN_ROMI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81805464
Alternative Phone No	OTHERS-81805464

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.6 (A)
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	REPORTING ONLY
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	5106870601
Cover Note Number	

### Driver

Name of Driver	ROMIZAN B MOHD SAHID
NRIC No	S7530829I
Date Of Birth	14/10/1975
Occupation	INDOOR
Date Of Driving Pass	05/11/1997
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81805464
Fax Number	
Contact Number	OTHERS-81805464
Email Address	LIN_ROMI@YAHOO.COM.SG

Address	BLK 661C JURONG WEST STREET 64 #02-436
Postcode	643661
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 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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	NANYANG N.P.C
Police Station Address	<b>ROAD:</b> 2 JURONG WEST AVE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191114/2128 AND T/20191115/2043

#### 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	SGP9192C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ROMIZAN B MOHD SAHID
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SGB9171L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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: 15/11/19

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

*PS REFER TO POLICE REPORT  
7/2019/114/2128 & 7/2019/115/2243*

## DECLARATION

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

Policyholder's Signature  
Date & Time:

*[Signature]* 15/11/19

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

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

*[Signature]* 15/11/2019  
*[Signature]*



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191114/2128

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3

Report No. T/20191114/2128

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2019 17:44	Vide Report No.:	Station Diary No.: 453
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### Informant's Particulars

Name of Informant: ROMIZAN BIN MOHAMED SAHID	Address: APT BLK 661C JURONG WEST STREET 64 #02-436 SINGAPORE 643661
ID Type / ID No.: NRIC NO / S7530829I	Contact No.: Home/Office: Mobile: 81805464
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 44 Date of Birth: 14/10/1975	Type of Informant: Driver
Race: Malay	Language: Institution / School Name:
Occupation: Computer engineer	Driving Licence Information: Class: Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/11/2019 08:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 5 TAMPINES AVENUE 2				
Weather: Cloudy	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head On		Anyone conveyed by ambulance: Yes		

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGB9171L	Car	TOYOTA	COROLLA 1.6	Silver	Seriously Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGB9171L	NTUC Income Insurance Co-Operative Limited	5106870601	09/01/2019	03/01/2020

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191114/2128

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No: T/20191114/2128

## 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	ROMIZAN BIN MOHAMED SAHID	ID No.	S7530829I
Related Vehicle	SGB9171L (Car)	Contact No.	81805464
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 14/11/2019 at about 0845hrs, I was driving my vehicle SGB9171L along Tampines Ave 5 on the third lane from the left, which was going straight. The traffic light had turned red at the junction of Tampines Ave 5 and Tampines Ave 2, hence I had stopped behind 4 - 5 cars. I then took a sip of water from my bottle as my throat felt dry. Upon putting the bottle down, the traffic light turned green.

When my vehicle started cruising forward, I choked on the water and began coughing heavily. The cough got so serious that I started to black out, while my vehicle was still moving forward. I could not remember if my foot was on the accelerator. The next thing I knew, I was woken up by someone and I saw that there was a red vehicle in front of me which I had collided head-on. I was then conveyed to Changi General Hospital by the ambulance. I did not manage to get the details of the other party as I was subconscious at that moment. However, she was also conveyed to the hospital. I was then given 3 days' of medical leaves.

My vehicle's in-car camera was not in use, however the other party's vehicle seemed to be having an in-car camera. I am also unsure of the damages on the vehicles.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191114/2128

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20191114/2128

## 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:  
J /  
Sgt 2 BRENDA TING WAN HUA

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/11/2019 17:44

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MUHAMMAD TAUFIQ BIN MOHAMED  
Contact No.: 92977771

Classification Of Case:

Authentication Stamp  
NP168  
  
SIGNATURE



# POLICE REPORT



T/20191115/2043

1 of 3

Report No. T/20191115/2043

## Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20191114/2128

Report Number T/20191115/2043

Vide Report Number T/20191114/2128

Date/Time of Report Made 15/11/2019 11:29

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant ROMIZAN BIN MOHAMED SAHID

ID Type / ID No. NRIC NO / S7530829I

Home/Office

Mobile 81805464

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 14/11/2019 08:45

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGB9171L	Car	TOYOTA	COROLLA 1.6	Silver	Seriously Damaged	0

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

POLICE REPORT



T/20191115/2043

2 of 3

Report No. T/20191115/2043

Continuation of CSF For NP168

Driver				
Name	ROMIZAN BIN MOHAMED SAHID		ID No.	S7530829I
Related Vehicle	SGB9171L (Car)		Contact No.	81805464
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 Facts.**

IN REGARDS TO REPORT T/20191114/2128

I WOULD LIKE TO ADD THAT PRIOR TO THIS INCIDENT I HAVE NO MEDICAL HISTORY, AND WHEN I WAS COUGHING HEAVILY I CLOSED MY EYES DUE TO MY DRY THROAT.

POLICE REPORT



T/20191115/2043

3 of 3

Report No. T/20191115/2043

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / MUHAMMAD TAUFIQ BIN MOHAMED
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

