

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	21/11/2019 15:12
Date Of Accident	20/11/2019 08:35
Exact Location Of Accident	TAMPINES AVENUE 10 TOWARDS BARTLEY ROAD VIADUCT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV8136E
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90295880
Alternative Phone No	OFFICE-90295880

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	THIRD PARTY
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	5109140477
Cover Note Number	

Driver

Name of Driver	HAMIDON BIN HASHIM
NRIC No	S1586986J
Date Of Birth	12/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1991
Driving Experience	28 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90295880
Fax Number	
Contact Number	OTHERS-90295880
Email Address	NOEMAIL

Address	BLK 657 YISHUN AVENUE #12-359
Postcode	760657
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	WET

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: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20191120/2201

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	GBG182Y
Vehicle Make/Model/Colour	NISSAN NV200
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG PANG AIK
NRIC/Passport Number	S1636575J
Contact Number	97462637

Postcode

Nature Of Damage

Passenger 1 NAME: _____ :

GENDER: :

Name **HAMIDON BIN HASHIM**

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJV8136E

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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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:

21/6/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Accident Sketch Plan

SKETCH PLAN

Tampines Ave 10 Towards Bartley Rd VIADUCT
A15TV 836E

E.GBG/82Y

→ W

→ N

→

B A

UNKNOWN
CAP
E BRAKE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on Tampines Ave 10 going to Bartley Road.

A car in front of me suddenly brake and I slowed down and eventually stop.

Just before I release my brakes a van barged onto the rear of my car. The bang was strong and pushed my car forward.

I told the driver that I will bring car to the workshop however he later told me claim by insurance.

POLICE REPORT 7/20/91120/2201

DECLARATION

I/We declare the following 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: Resh Watters
NRIC/PIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191120/2201

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20191120/2201

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2019 22:27		Vide Report No.:		Station Diary No.: 137	
Informant's Particulars					
Name of Informant: HAMIDON BIN HASHIM			Address: APT BLK 657 YISHUN AVENUE 4 #12-359 SINGAPORE 760657		
ID Type / ID No.: NRIC NO / S1586988J			Contact No.:		Mobile: 90295880
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 12/08/1963	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/11/2019 08:35	Type of Location:
Location: Along Road 1 TAMPINES AVENUE 10 Towards Bartley Viaduct				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
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
GBG182Y	Car	NISSAN	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC	Orange	Slightly Damaged	1
SJV8136E	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Red	Slightly Damaged	1

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191120/2201

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20191120/2201

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HAMIDON BIN HASHIM	ID No.	S1586986J
Related Vehicle	SJV8136E (Car)	Contact No.	90295880
Hospital/Clinic	PUBLIC MEDICAL CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	20/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

- 1) I affirmed the report given to be true and correct and to the best of my knowledge. I am working as a Grab Driver for about 3 years and drove a vehicle with the registration number (SJV8136E).
- 2) On 20 November 2019 at about 0835hrs, I was driving along Tampines Avenue 10 towards Bartley Viaduct on a 3 lanes road. The traffic volume was heavy and the floor was wet. I am driving along the most right lane at about 50km/h and the vehicle in-front of me stopped slowly due to traffic congestion and I gradually came to a stopped as well. However, there was a vehicle with the registration number (GBG182Y) collided with my vehicle on the rear.
- 3) I checked with the driver and the passengers for both of our vehicle and affirmed that there was no injuries and doesn't required any immediate medical attention. I observed that my vehicle rear bumper had a slight damaged and there was a slight damaged on the front bumper on the other party as well.
- 4) We exchanged personal contact details and moved off afterwards. On the same day in the evening, I felt some discomfort on my neck and shoulders on the left side of my body and consulted a doctor at a private clinic and was given 3 days of medical certificate and there was a X-ray arrangement at polyclinic as well.

Driver : Ong Pang Aik / S1636575J / 97462637.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191120/2201

3 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20191120/2201

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 1 GAN WEI LEONG, ALASTAIR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Authentication Stamp

NP158

Signature Of Informant:

Date/Time:

20/11/2019 22:27

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

