

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	02/12/2019 13:39
Date Of Accident	30/11/2019 13:10
Exact Location Of Accident	PIE TWDS AIRPORT B4 EXIT CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX9836C
Insured/Policyholder	
Name Of Registered Owner	KC CAR RENTAL PTE LTD
Co Reg No	201810588M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83759002

Vehicle Particulars

Manufacturer	HONDA
Model	FREED 1.5G HYBRID A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5109056461
Cover Note Number	

Driver

Name of Driver	MOHAMED SAID BIN MOHAMED DAWAM
NRIC No	S1254934B
Date Of Birth	08/04/1957
Occupation	OUTDOOR
Date Of Driving Pass	22/09/1982
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83759002
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 1 EUNOS CRES #10-2523
Postcode	400001
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	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	3
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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191130/2141

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	SLV7771D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OH KWAN HOCK
NRIC/Passport Number	S7703782I
Contact Number	84983102
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLB6580A
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 SAID BIN MOHAMED DAWAM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLX9836C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

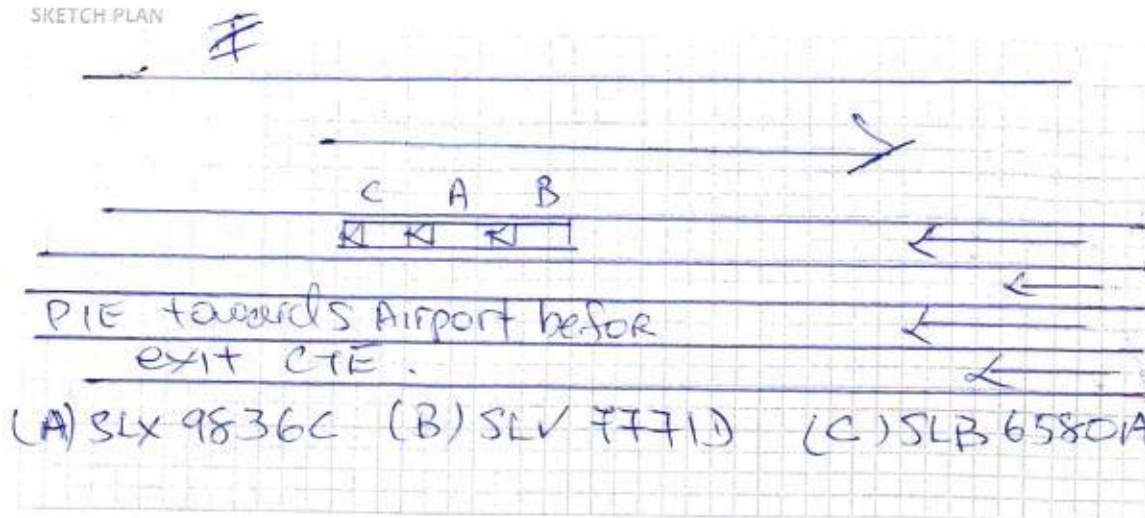
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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 compliance 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per 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)

Reporting Centre Personnel's Signature
Name:



SINGAPORE POLICE FORCE



T/20191130/2141

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20191130/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2019 20:18	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars

Name of Informant: MOHAMED SAID BIN MOHAMED DAWAM			Address: APT BLK 1 EUNOS CRESCENT #10-2523 SINGAPORE 400001		
ID Type / ID No.: NRIC NO / S1254934B			Contact No.: Home/Office: Mobile: 83759002		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 08/04/1957	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2019 13:10	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE Towards Airport before exit CTE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SLB6580A	Car	SUBARU		Red	Seriously Damaged	3
SLV7771D	Car	TOYOTA		Silver	Seriously Damaged	0
SLX9836C	Car	HONDA		White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20191130/2141

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX9836C	NTUC Income Insurance Co-Operative Limited	5109056461-000007	19/04/2019	18/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	OH KWAN HOCK		ID No.	S7703782I
Related Vehicle	SLV7771D (Car)		Contact No.	84983102
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	MOHAMED SAID BIN MOHAMED DAWAM		ID No.	S1254934B
Related Vehicle	SLX9836C (Car)		Contact No.	83759002
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

Brief Details.

On 30/11/2019 at about 01:10pm, I was driving my grab vehicle SLX9836C Honda/White along PIE towards Changi Airport at the lane 1. As I was travelling at the said lane in front of me there was a vehicle SLB6580A Subaru/Red applied and emergency break. Once I notice the front vehicle applied and emergency break, I also did applied and managed to stopped in time without hitting the front vehicle. About few second later, I felt that my vehicle was hit by another vehicle from the rear and due to the impact my vehicle moved forward and hit the front vehicle rear bumper. The vehicle who had hit my rear bumper was SLV7771D Toyota/Silver and all the involved parties stepped out from the vehicle to make a checked. I did asked the front vehicle why he emergency break and I was told that in front of his vehicle was also making an emergency. as upon that time, the traffic was so heavy. My vehicle was in the middle and the damaged was front and rear bumper. Only the third vehicle willing to exchange detail, however the first vehicle ignore the ideas.

I wish to state that my car did installed In car camera and was recorded upon the incident took place. I wish add on that after the accident my back of my head felt sprained and some giddiness.



**SINGAPORE
POLICE FORCE**



T/20191130/2141

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20191130/21

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20191130/2141

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Report No. T/20191130/2141

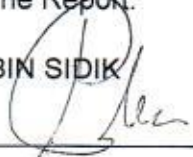

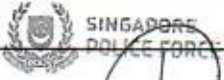
Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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: G / Sgt 3 MUHAMMAD DJAMADIL BIN SIDIK 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2019 20:18
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5109056461"/>	Date of Accident	<input type="text" value="30/11/2019 13:20"/>
Vehicle No.(For Motor)	<input type="text" value="SLX9836C"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109056461	5109056461-000007	KC CAR RENTAL PTE LTD	201810588M	GFM	drivo CLASSIC	SLX9836C	SLX9836C	19/04/2019	18/04/2020

Claim Handling

The premium on this policy has not been collected.

Accident MT/1073949

Policy No.	S109056461	Vehicle No.	SLX9836C	GST Registration No.	
Certificate No.	S109056461-000007				
Policyholder Name	KC CAR RENTAL PTE LTD			Policyholder NRIC	201810588M
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83759002	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Exemption(%)	0	Private Hire	Yes

Accident Details

Report Date	02/12/2019 17:52	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	30/11/2019	Time of Accident hh:mm	13:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	FEE TWDS AIRPORT B4 EXIT CTE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#05-04 AUTOMOBILE MEGAMAR	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	05-04	Related Policy Number	S109056461		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMED SAID BIN MOHAMED	Driver NRIC	S1254934B	Driver DOB	08/04/1957
Register Date of Driver License	22/09/1982	Driver Age	62	Driving Experience	37
Contact No.(Mobile)	83759002	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 1 #10-2523	Address 2	EUNOS CRESCENT	Address 3	SINGAPORE 400001
Address 4		Address Type	Singapore address	Post Code	400001
Unit No.	10-2523				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	= Yes No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	KC CAR RENTAL PTE LTD	Insured NRIC	20181
Contact No.(Mobile)	90603343	Contact No. (Home)		Contact No. (Office)	+
Email Address		CI		TP	
Claim Description		Vehicle Number	SLX9836C	Vehicle Number	SLV77
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	0
Exhibit No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Finalisation					
Date Registered				Claim Close Date	02/12/2019 17:54
Report Taken By				Date Received	02/12/
					LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.	MT/1073949	Claim No.	001
Last Doc. Received	Yes No	Upload Date	02/12/2019 17:56

Path *	Category *	Confidential	Urgency *	Desc
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Message Read				

Attachment List

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