

## 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             | 03/12/2019 09:43 |
| Date Of Accident           | 01/12/2019 02:40 |
| Exact Location Of Accident | BENCOOLEN STREET |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SLM8542P                   |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | AUTO IMPERIAL CARS PTE LTD |
| Co Reg No                   | 201703106W                 |
| Email Address               | NOEMAIL                    |
| Mobile Phone No             |                            |
| Alternative Phone No        | OFFICE-87660478            |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | TOYOTA       |
| Model  | SIENTA       |
| Exact Purpose for which vehicle was being used at time of accident           | GRAB         |
| 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              | YES                                    |
| Policy Number             | 5097006262-02                          |
| Cover Note Number         |  |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | MUHAMMAD FAHMY BIN ABU |
| NRIC No              | S8100792F              |
| Date Of Birth        | 06/01/1981             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 07/06/2004             |
| Driving Experience   | 15 YEARS AND 5 MONTHS  |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-86606126   |
| Fax Number           |                        |
| Contact Number       |                        |
| EEmail Address       | NOEMAIL                |

|   |                                  |
|---|----------------------------------|
| Address   | BLK 308C PUNGGOL WALK<br>#02-334 |
| Postcode  | 823308                           |
| 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 | -<br>-<br>-                      |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                      |

#### 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?   | 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)   | 5                                   |
| Passenger 1   | NAME: : UNKNOWN<br>GENDER: : FEMALE |
| Passenger 2   | NAME: : UNKNOWN<br>GENDER: : FEMALE |
| Passenger 3   | NAME: : UNKNOWN<br>GENDER: : FEMALE |
| Passenger 4   | NAME: : UNKOWN<br>GENDER: : FEMALE  |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES                                    |
| If Yes, Please state which Police Station |  |
| POLICE STATION NAME [OTHER]               | A 391 NEW BRIDGE RD CANTONMENT COMPLEX |
| Was notice of intended Prosecution given? | NO                                     |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: A/20191202/7026

#### 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 | SLH243G |
| 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  | MUHAMMAD FAHMY BIN ABU |
| Approximate Age                                     |                        |
| Injuries Sustain                                    | SLIGHT                 |
| Injured person in which vehicle?                    | SLM8542P               |
| Were seat belts worn?                               | YES                    |
| Was this injured conveyed to hospital by ambulance? | NO                     |
| Address   |                        |
| Postcode  |                        |

## Accident Sketch Plan

12/2/2019

SLM8542P\_SKETCH PLAN FOR STAMP0001.jpg

### SKETCH PLAN

#### IMPORTANT NOTICE

1. This report serves as the evidence of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurers to commence an appropriate 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. The report will be filed with the records of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be made available upon application by interested parties.
7. By the submission 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 as stated.

#### 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 be 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 the 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 in the delivery of cover of envelope/mail package) and/or;
  - (v) complying with applicable laws in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all insurers who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, insurers' 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 also 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 used 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 if disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, settling or managing third-party claims; 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.



Date & Time

Driver's Signature  
of the insured and the policy holder  
Date & Time 02-12-19

Signature of Insurer's Representative  
Name  
Date & Time 02/12/19

# Accident Sketch Plan

12/2/2019

SLM8542P\_SKETCH PLAN FOR STAMP0002.jpg

SKETCH PLAN

A SLM8542P

E. 544243G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: A/20191202/7026



Policyholder's Signature  
Date & Time

*[Signature]*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 02-12-19

*[Signature]*

Receiving Centre Personnel's signature  
Name  
NRIC/Pass No

*sfym 03/12/19*

# Individual Statement



**SINGAPORE  
POLICE FORCE**



A/20191202/7026

1 of 2

## POLICE REPORT (NP299)

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Report No. A/20191202/7026

|  |   |                     |
|--|---|---------------------|
| Date/Time Report Made<br>02/12/2019 15:07                    | Vide Report No.   | Station Diary No.   |
| Name Of Informant<br>MUHAMMAD FAHMY BIN ABU                  | Address<br>APT BLK 308C PUNGGOL WALK #02-334 SINGAPORE 823308 |                     |
| ID Type / ID No.<br>NRIC NO / S8100792F                      | Contact No.<br>Home/Office:                                   | Mobile:<br>86606126 |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address<br>Mimisanpoy@gmail.com                         |                     |
| Occupation<br>GRAB DRIVER                                    | Sex<br>Male   | Age<br>38           |
| Institution/School Name                                      | Date of Birth<br>06/01/1981                                   | Race<br>Malay       |
| Date/Time Of Incident<br>01/12/2019 02:40 - 02/12/2019 00:00 | Location Of Incident<br>BENCOOLEN STREET                      |                     |

### Brief details.

On 1/12/19 at 02.40 hrs,I was driving my dark brown Toyota sienta slm8542p along bencoolen street,when I was about to turn right into strand hotel a white mercedes plate number slh 243g hit my rear of my vehicle..I was given 3 days medical leave..

|                   |                        |
|-------------------|------------------------|
| Subjects Involved |                        |
| Victim            |                        |
| Person Name       | MUHAMMAD FAHMY BIN ABU |

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>02/12/2019 15:07   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |

Authentication Stamp

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

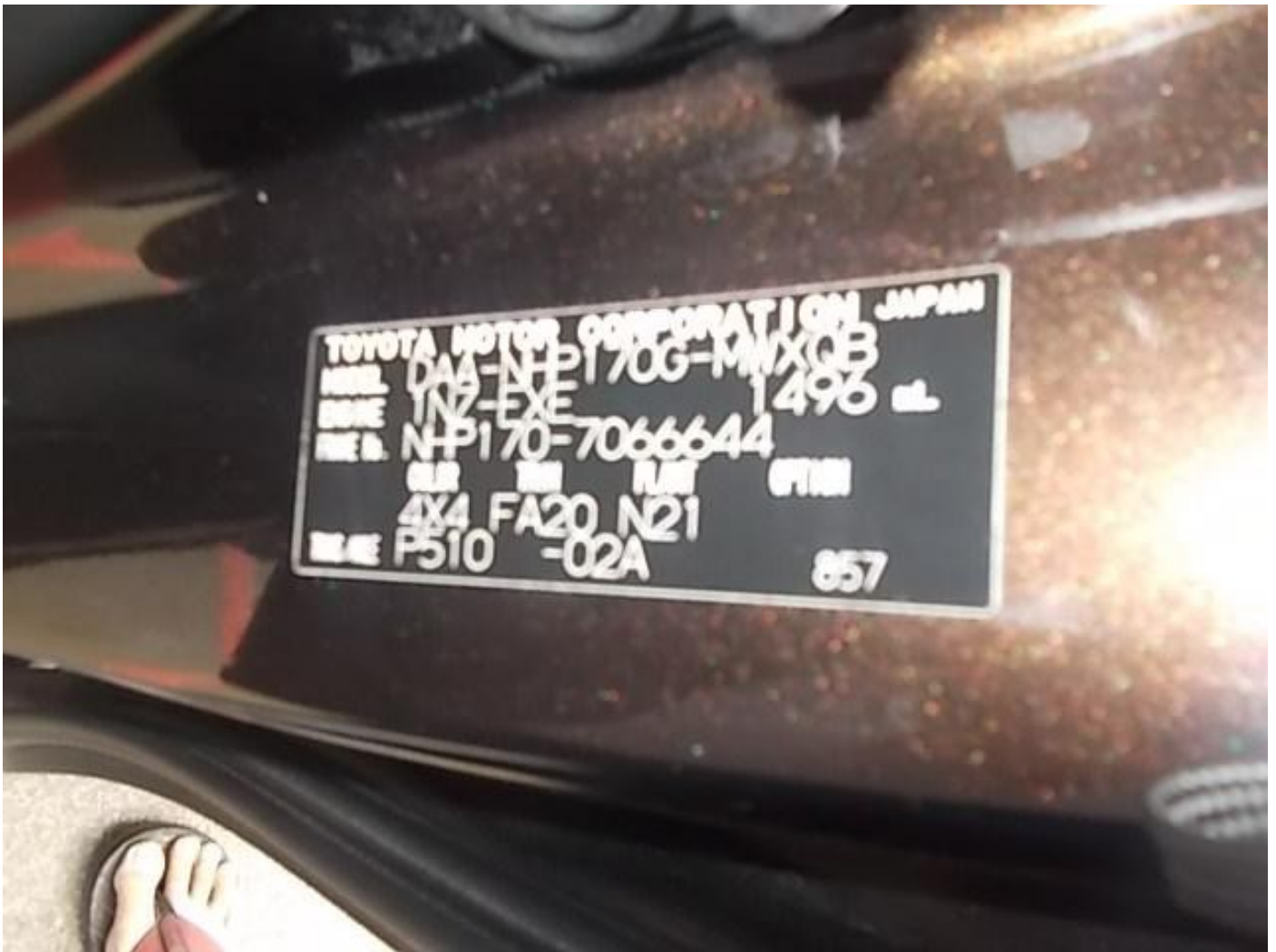


Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



A/20191202/7026

1 of 2

## POLICE REPORT (NP299)

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 069762  
Tel No: 1800-2240000

Report No. A/20191202/7026

|  |  |   |           |                             |               |
|--|--|---|-----------|-----------------------------|---------------|
| Date/Time Report Made<br>02/12/2019 15:07                    |  | Vide Report No.   |           | Station Diary No.           |               |
| Name Of Informant<br>MUHAMMAD FAHMY BIN ABU                  |  | Address<br>APT BLK 308C PUNGGOL WALK #02-334 SINGAPORE 823308 |           |                             |               |
| ID Type / ID No.<br>NRIC NO / S8100792F                      |  | Contact No.<br>Home/Office<br>Mobile<br>86606126              |           |                             |               |
| Nationality<br>SINGAPORE CITIZEN                             |  | Email Address<br>Mimisanpoy@gmail.com                         |           |                             |               |
| Occupation<br>GRAB DRIVER                                    |  | Sex<br>Male   | Age<br>38 | Date of Birth<br>06/01/1981 | Race<br>Malay |
| Institution/School Name                                      |  | Language<br>English   |           |                             |               |
| Date/Time Of Incident<br>01/12/2019 02:40 - 02/12/2019 00:00 |  | Location Of Incident<br>BENCOOLEN STREET                      |           |                             |               |

### Brief details

On 1/12/19 at 02.40 hrs, I was driving my dark brown Toyota sienta slm8542p along bencoolen street, when I was about to turn right into strand hotel a white mercedes plate number slh 243g hit my rear of my vehicle. I was given 3 days medical leave.

|  |                        |
|--|------------------------|
| <b>Subjects Involved</b>   |                        |
| <b>Victim</b>  |                        |
| Person Name  | MUHAMMAD FAHMY BIN ABU |
| Signature Of Officer Recording The Report:<br>Not applicable   |                        |
| Signature Of Interpreter:<br>Not applicable  |                        |
| Officer In-Charge Of Case:   |                        |
| Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |                        |
| Date/Time:<br>02/12/2019 15:07   |                        |
| Classification Of Case:  |                        |
| Authentication Stamp   |                        |

# Police Report



**SINGAPORE  
POLICE FORCE**



A/2019/202/7026

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/2019/202/7026

|                           |  |              |           |
|---------------------------|--|--------------|-----------|
| ID Type                   | NRIC NO  | ID No        | S8100792F |
| Gender                    | Male   | Age          | 38        |
| Race                      | Malay  | Language     | English   |
| Occupation                | GRAB DRIVER  | Address Type |           |
| Address                   | APT BLK 308C PUNGGOL<br>WALK #02-334 SINGAPORE<br>823308 | Mobile No    | 86808126  |
| Is Informant A<br>Victim? | Yes  |              |           |
| Person Name               | MUHAMMAD FAHMY BIN ABU (Informant)                       |              |           |

|  |   |
|--|---|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this<br>report has been authenticated by<br>SingPass. No signature is required |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>02/12/2019 15:07  |
| Officer In-Charge Of Case:                                   | Classification Of Case:   |
| Authentication Stamp   |   |