# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	09/12/2019 15:42
Date Of Accident	08/12/2019 05:35
Exact Location Of Accident	JUNCTION OF CRAWFORD STREET & KALLANG ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP3043D
Insured/Policyholder	
Name Of Registered Owner	FULTONN MOTOR PTE LTD
Co Reg No	201504673R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86603246
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G A
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5114402779
Cover Note Number	
Driver	
Name of Driver	AHMAD SYAZARUAN BIN ABDUL RASHID
NRIC No	S9018702C
Date Of Birth	05/06/1990
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86603246
Fax Number	
ax Number	

**NOEMAIL** 

Address

160 SIN MING DRIVE

#08-04 SIN MING AUTOCITY

Postcode

575722

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident

**COLLISION - CROSS JUNCTION** 

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 YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident** 

REFER ATTACHED SKETCH AND STATEMENT

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

SMN7208U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

**ROBIN JOSEPH** 

NRIC/Passport Number

Contact Number

81574203

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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:

- 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 enquirles 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:

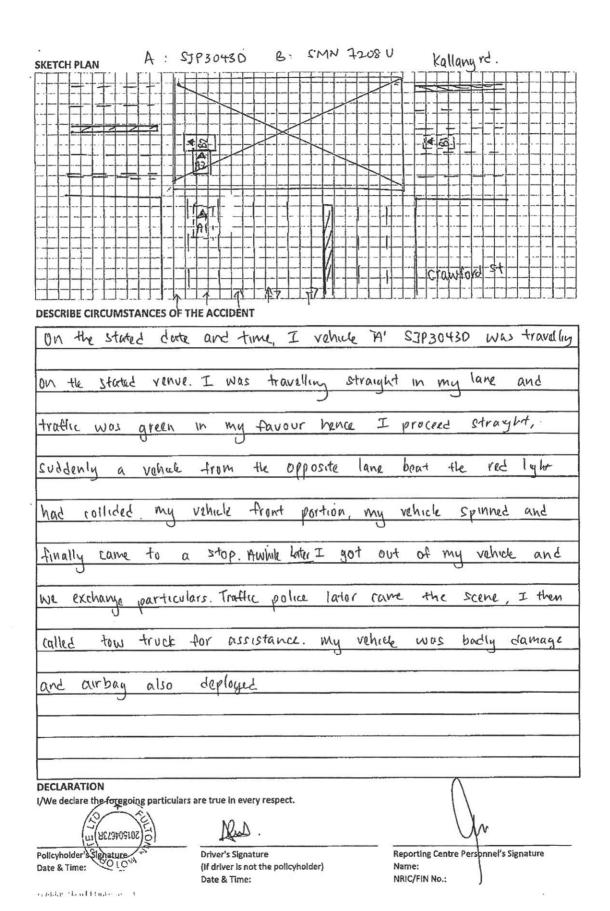
NRIC/FIN No.:

Name:

Reporting Centre Personnel's Signature

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### Sketch Plan #2 Pg. 1







Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20191210/7000

### REPORT OF A TRAFFIC ACCIDENT

Date/Time 10/12/2019		ide:	Vide Report No.: A/20191208/0051		Station Diary No.:		
Informant'	s Particul	ars					
Name of Informant: AHMAD SYAZARUAN BIN ABDUL RASHID			Address: APT BLK 329A ANCHORVALE STREET #02-501 SINGAPORE 541329				
ID Type / ID No.: NRIC NO / S9018702C			Contact No.: Home/Office: Mobile: 86603246				
Nationality: SINGAPORE CITIZEN			Email: ahmadsyaziyana@gmail.com				
Sex: Male	Age: 29	Date of Birth: 05/06/1990	Type of Informant: Driver		·		
Race: Malay			Language: English	Institution /	School Name:		
Occupation: PERSONAL DRIVER			Driving Licence Information: Class:	Date of Ex	piry:		

<b>General Informat</b>	ion of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/12/2019 05:35	Type of Location: X-Junction
Location:				
CRAWFORD St 8	& Kallang Rd			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Wa	ау	Traffic Control: Traffic Light - Work	ing	Traffic Volume:
Type of Collision: Between Moving	Vehicles - Head To Si	de		Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJP3043D	Car					0
SMN7208U	Car				,,,,	0

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





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20191210/7000

#### CONTINUATION OF REPORT

Driver						
Name	AHMAD SYAZARUAN BIN ABDUL RASHID			ID No		S9018702C
Related Vehicle	SJP3043D (Car)			Conta	ct No.	86603246
Hospital/Clinic	24 HOUR WALK-IN CLINIC			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	09/12/2019 Date Dis			harge	09/12	2/2019
No. of Days gran	Days granted Medical Leave 03			f Injury Serious		

### Brief Details.

On the stated date and time, I Vehicle A (SJP3043D) was travelling straight on the stated venue. I was travelling straight in my lane and traffic was green in my favour hence i proceed straight. Suddenly a vehicle from the opposite lane beat the red light had collided my vehicle front portion. My vehicle spinned and finally came to a stop. Awhile later I got out of my vehicle and we exchanged particulars. Traffic policelater came the scene, I then called tow truck for assistance. My vehicle was badly damaged and airbag was deployed.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20191210/7000

3 of 3

Tel No: 65470000

### **CONTINUATION OF REPORT**

Sketch Plan
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Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2019 09:48
Officer In Charge Of Case: TP / TPHQ / TAN JUN YAN Contact No.: 65476311	Classification Of Case:

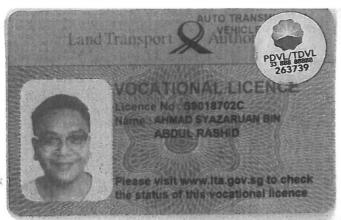
**Authentication Stamp** 

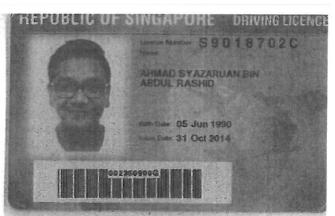
NP168

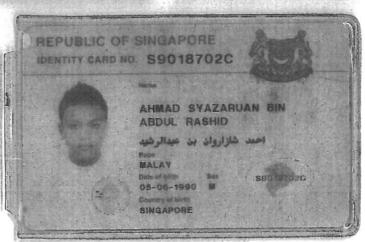


# Certificate of Insurance

	Certificate	orinsura	ince
MOTOR VEHICLES (THIRD PARTY MOTOR VEHICLES (THIRD PARTY ROAD TRANSPORT ACT, 1987 (MA ROAD TRANSPORT (AMENDMENT MOTOR VEHICLES (THIRD PARTY)	RISKS AND COMPENSATION ALAYSIA) I) ACT, 2019 (MALAYSIA)	N) RULES, 1960	R 189)
Certificate Number: 5114402779	-000009	Cover :	Third Party
1. Index mark and Registration N	lumber of Vehicle :	SJP3043D	, into tarty
Chassis Number		GE61135091	
Name of Policyholder     Strating Date of Leavening		FULTONN MO	TOR PTE LTD
Effective Date of Insurance     Expiry Date of Insurance		27 Nov 2019	
		26 Nov 2020	
<ol> <li>Persons or Classes of Persons</li> <li>The Policyholder.</li> </ol>	entitled to drive#		
(b) Any other person who is o	driving on the Policyholder's	s order or with	his/her nermission
			e licensing or other laws or regulations to drive
the Motor Vehicle or has t	been so permitted and is no	t disqualified b	y order of a Court of Law or by reason of any
enactment or regulation in	n that behalf from driving th	he Motor Vehic	le.
<ol> <li>Limitations as to Use#</li> <li>(a) Use for social domestic an</li> </ol>	nd pleasure purposes and in	connection wi	th the Policyholder's or Hirer's business.
This Policy does not cover	•		the state of the s
(a) Use for racing, pace-makin	g, reliability trial or speed-t	esting.	
<ul><li>(b) Use for the carriage of goo</li></ul>	ds (other than samples) in	connection wit	h any trade or business.
(c) Use for any purpose in con	nection with the Motor Tra	de.	
# Limitations rendered inope	erative by Section 8 of the N	Motor Vehicle (	Third Party Risks and Compensation)
headings.	ion 95 of the Road Transpo	rt Act, 1987 (M	alaysia), are not to be included under these
The second secon		- v	
EXCESS (SECTION 1)	:	N/A	
EXCESS (SECTION 2)	:		
ADDITIONAL EXCESS		N/A	
UNNAMED DRIVER EXCESS		N/A	
REPAIR AT OWNER'S PREFERRED V		NO	
NSURE WITH COE NCD PROTECTION		N/A	
PRIMARY DRIVER		NO	
NAMED DRIVER (1)		N/A	
NAMED DRIVER (2)		N/A	
HIRE PURCHASE COMPANY		N/A	LITO (C) PTT LTD
SUM INSURED			UTO (S) PTE LTD
30W MODRED		N/A	
vehicles (Third Party Risks and Cor	npensation) Act (Chapter 18	89) and Part IV	n accordance with the provisions of the Motor of the Road Transport Act, 1987 (Malaysia)
Agency : SGP BUSINE Date of Issue : 26 Nov 2019	SS CONSULTANCY PTE. LTD. 3 11:53 hrs	. (00000573828	3)
		For NTUC II	NCOME INSURANCE CO-OPERATIVE LIMITED
	1		O COME INSURANCE CO-OPERATIVE ENVITED
-	mank -		1
//	H		
2 1			16
Countersigned By:			
	Authorised Officer		Chief Evention
	Transfer Office		Chief Executive







This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

13

PRIVATE HIRE CAR VL

09/07/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 9000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without obtoh pedals =< 2900kg

NP 428A

Licence No: 59018702C

