

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	24/12/2019 11:21
Date Of Accident	23/12/2019 15:30
Exact Location Of Accident	JUNC JALAN MASJID & CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU6862K
Insured/Policyholder	
Name Of Registered Owner	MUSTAFFA BIN VAPUMARICAN
NRIC No	SXXXX654I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97577604
Alternative Phone No	OFFICE-97577604

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 2.0 AUTO
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	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	5114888395
Cover Note Number	

Driver

Name of Driver	MUSTAFFA BIN VAPUMARICAN
NRIC No	SXXXX654I
Date Of Birth	04/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	29/12/1995
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97577604
Fax Number	
Contact Number	OFFICE-97577604
EEmail Address	NOEMAIL

Address	BLK 172A EDGEDALE PLAINS #13-400
Postcode	821172
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 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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191224/2028.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML7989J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WINSTON CHEW MENG HUI
NRIC/Passport Number	SXXXX766A

Contact Number	97828268
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	MUSTAFFA BIN VAPUMARICAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJU6862K
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.

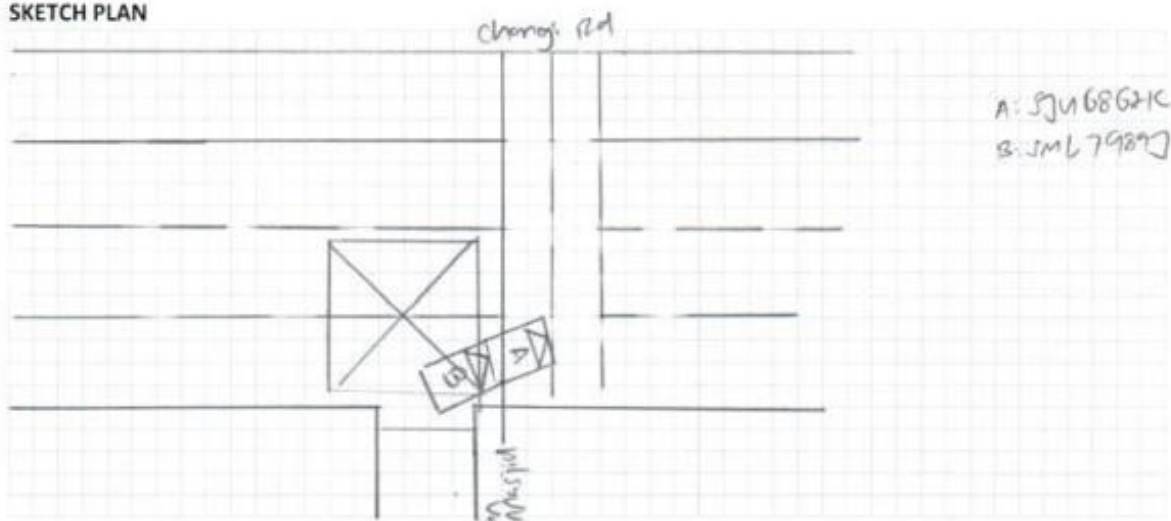

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report - 7/2019/244/2019.

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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)
 Date & Time:


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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191224/2028

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20191224/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2019 10:31		Vide Report No.:		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: MUSTAFA BIN VAPUMARICAN			Address: APT BLK 172A EDGEDALE PLAINS #13-400 SINGAPORE 821172		
ID Type / ID No.: NRIC NO / S1657654I			Contact No.: Home/Office: Mobile: 97577604		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 04/03/1964	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/12/2019 15:30	Type of Location: T-Junction
Location: Along Road 1 CHANGI ROAD JALAN MASJID Junction of Jalan Masjid and Changi Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Pedestrian Crossing	Traffic Volume:	
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
SJU6862K	Car	TOYOTA	Wish	Grey	Slightly Damaged	1
SML7989J	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU6862K	NTUC Income Insurance Co-Operative Limited	5114888395	19/12/2019	18/12/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20191224/2028

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20191224/2028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUSTAFA BIN VAPUMARICAN	ID No.	S1657654I
Related Vehicle	SJU6862K (Car)	Contact No.	97577604
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	23/12/2019	Date Discharge	23/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	WINSTON CHEW MENG HUI	ID No.	S1262766A
Related Vehicle	SML7989J (Car)	Contact No.	97828268
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 Details.

On the 23/11/2019 at about 1530hrs, I was driving along Jalan Masjid and turn right into Changi Road. I then stopped my vehicle as the traffic light was red. I then felt a vehicle collided with the back of my vehicle. We came down of our vehicle and exchange particulars. My vehicle suffered damaged on the rear and the other party suffered damage on the front part. I felt that there was pain on my neck and went to the doctor. I was issued 3 days of medical leave.

No Ambulance or Police was at seen during that time.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191224/2028

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20191224/2028

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: F / Sr Staff Sgt MOHAMED FAZLY SHAH BIN HUSSAINSAH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/12/2019 10:31
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	 Signature: Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



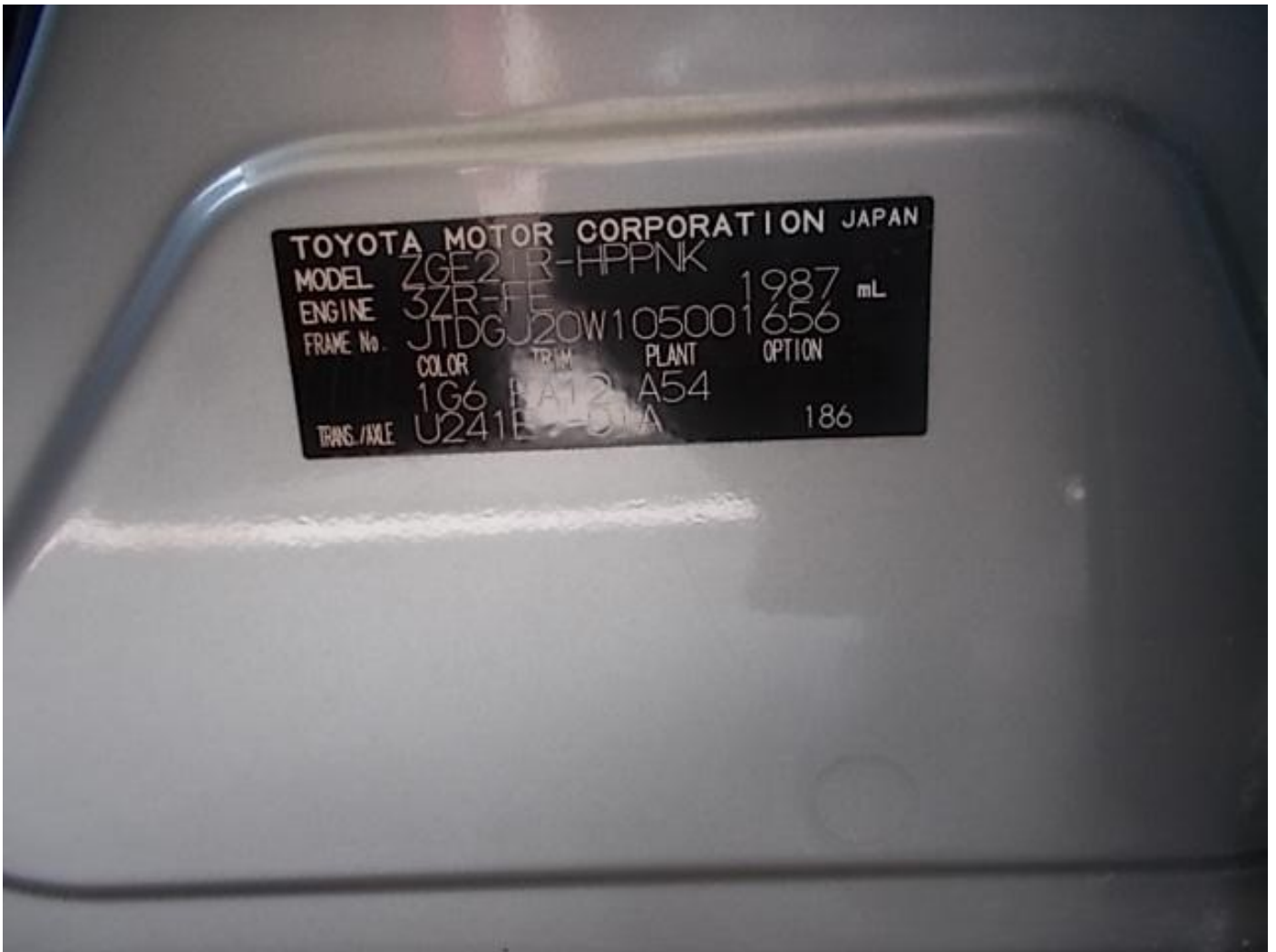
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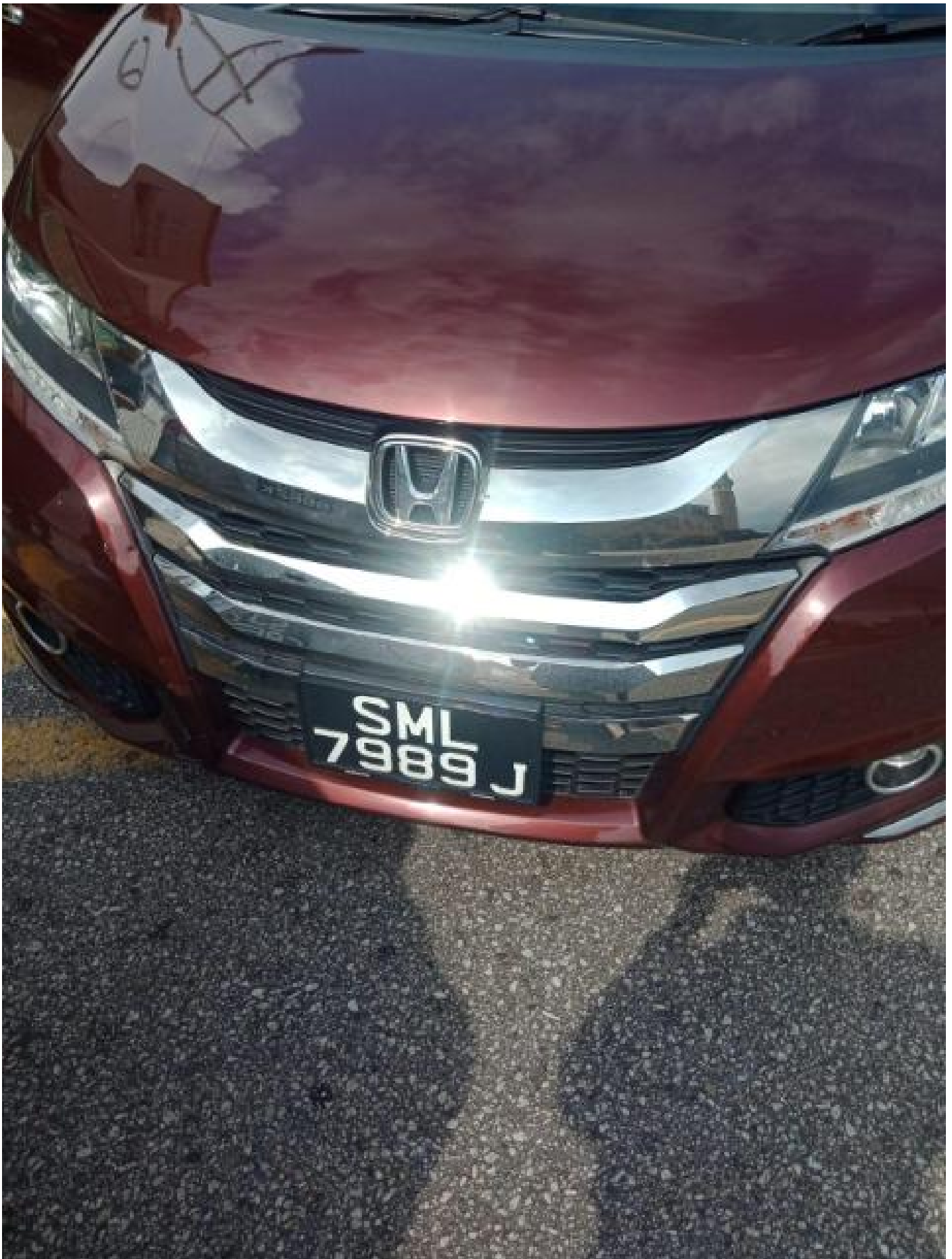
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