

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	26/12/2019 11:13
Date Of Accident	23/12/2019 13:30
Exact Location Of Accident	JALAN TECK WHYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX3865G
Insured/Policyholder	
Name Of Registered Owner	JUFRI BIN JAMARI
NRIC No	SXXXX846D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98335774
Alternative Phone No	OFFICE-98335774

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106260801
Cover Note Number	

Driver

Name of Driver	JUFRI BIN JAMARI
NRIC No	SXXXX846D
Date Of Birth	24/09/1983
Occupation	INDOOR
Date Of Driving Pass	07/08/2003
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98335774
Fax Number	
Contact Number	OFFICE-98335774
Email Address	NOEMAIL

Address	BLK 547B SEGAR ROAD #02-01
Postcode	672547
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 - MAJOR/MINOR RD
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	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191223/2176.

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	SLF9470T
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XE4621X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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 JUFRI BIN JAMARI

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJX3865G

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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- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:

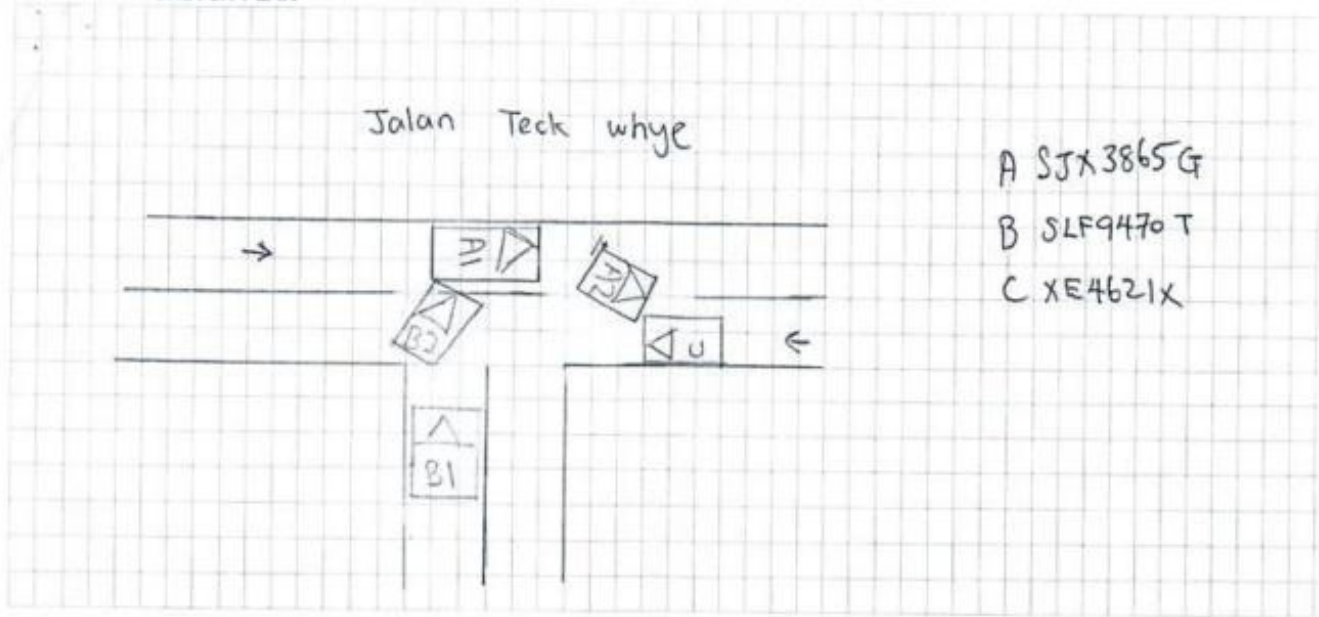
Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:


reporting centre personnel's Signature
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20191223/2176

1 of 4

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20191223/2176

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2019 21:57	Vide Report No.:	Station Diary No.: 131
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Informant's Particulars

Name of Informant: JUFRI BIN JAMARI			Address: APT BLK 547B SEGAR ROAD #02-01 SINGAPORE 672547	
ID Type / ID No.: NRIC NO / S8329846D			Contact No.:	Mobile: 98335774
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 36	Date of Birth: 24/09/1983	Type of Informant: Driver	
Race: Javanese			Language:	Institution / School Name:
Occupation: BIOTECHNICIAN			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/12/2019 13:30	Type of Location:
Location: Along Road 1 JALAN TECK WHYE main road in front of Blk 154 Jalan Teck Whye Road towards Ten Mile Junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX3885G	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5	Blue	Seriously Damaged	0
SLF9470T	Car				Slightly Damaged	0
XE4621X	Tipper truck				Slightly Damaged	0

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company			

Police Report



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20191223/2176

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX3865G	NTUC Income Insurance Co-Operative Limited	5106260801	13/12/2018	09/06/2020

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JUFRI BIN JAMARI	ID No.	S8329846D
Related Vehicle	SJX3865G (Car)	Contact No.	98335774
Hospital/Clinic	ONECARE CLINIC BUKIT PANJANG	Class of Driving Licence & Expiry Date	Class: 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	AW JIN WEI	ID No.	S9613065A
Related Vehicle	SLF9470T (Car)	Contact No.	81020363
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	Unknown	ID No.	NIL
Related Vehicle	XE4621X (Tipper truck)	Contact No.	92375150
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

Police Report



SINGAPORE
POLICE FORCE



T/20191223/2176

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Report No. T/20191223/2176

Police Station Of Origin:

Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

Brief Details.

On 23 December 2019 at 1330hrs, I was driving along Jalan Teck Whye Road going towards Ten Mile Junction. Upon reaching the T-junction near Blk 154 Jalan Teck Whye Road, one car bearing registration number SLF9470T, came out abruptly and turned right without checking for the traffic where I was coming.

As such, our vehicles collided and the impact caused me to hit onto another tipper truck bearing registration number XE4621X which happened to be on the opposite of the road. Shortly after, the driver and myself came down to make a check and I called for police assistance. Both myself and the driver affirmed no injuries and we exchanged particulars before the traffic police arrived and left after the traffic police officer told us so. Due to the impact, my rear right tyre was dented and my left front bonnet was dented. For the other vehicle, the left bumper front was dented and scratched while the tipper truck front bumper is slightly dented.

I managed to get the footage of the accident from the tipper truck as it has a dash cam installed in it. On the later part of the day, I felt pain and aches on my neck as such I went to the clinic to seek medical treatment where I was given three days of MC.

Bukit Panjang NPC
1 Segar Road #01-05
Singapore 677738
Tel : 6892 9999

Police Report



SINGAPORE
POLICE FORCE

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1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20191223/2176

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Report No. T/20191223/2176

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:

J /
Sr Staff Sgt CHAN KANG YUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
Sgt 2 PHUA TIAK YEE
Contact No. 65472077

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:
23/12/2019 21:57

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

