

## 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	21/12/2019 10:51
Date Of Accident	12/12/2019 06:05
Exact Location Of Accident	YIO CHU KANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW9217T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FARID DAWOOD
Co Reg No	5XXXX101K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO CVT 1.5L ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5112029898
Cover Note Number	

### Driver

Name of Driver	MOHAMED FARID BIN MOHD DAWOOD
NRIC No	SXXXX264I
Date Of Birth	09/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	14/08/2008
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92718901
Fax Number	
Contact Number	OFFICE-92718901
Email Address	NOEMAIL

Address	BLK 125 BEDOK RESERVOIR ROAD #01-1069
Postcode	470125
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	RAINING
Road Surface	WET

#### 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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191213/2097.

#### 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	SJE3022Y
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 FARID BIN MOHD DAWOOD
Approximate Age	
Injuries Sustain	NECK, KNEE & BACK
Injured person in which vehicle?	SJW9217T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE


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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 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.

**FARID DAWOOD**  
Co Reg No: 53352101K

Policy holder's signature  
Date / time:

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

  
reporting centre personnel's Signature  
Date / time:

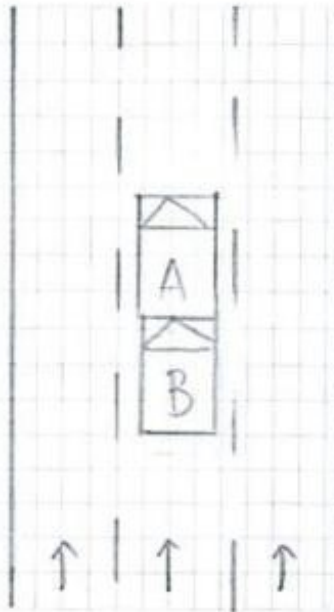
## Accident Sketch Plan

### SKETCH PLAN

Along Yio Chu Kang Road.

von A: SJW9217T

Veh B: SJE30224



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## DECLARATION

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

FARID DAWOOD  
Co Reg No: 53352101K

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/20191213/2097

1 of 3

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No: T/20191213/2097

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 13/12/2019 15:57	Vide Report No.:	Station Diary No.: 22
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### Informant's Particulars

Name of Informant: MOHAMED FARID BIN MOHD DAWOOD	Address: APT BLK 125 BEDOK RESERVOIR ROAD #01-1069 SINGAPORE 470125		
ID Type / ID No.: NRIC NO / S9001254I	Contact No.: Home/Office: Mobile: 92718901		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 29	Date of Birth: 09/01/1990	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name
Occupation: GRAB DRIVER	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 12/12/2019 06:05	Type of Location Straight Road
Location: Along Road 1 YIO CHU KANG ROAD				
TOWARDS HOUGANG AREA				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE3022Y	Car	MAZDA		Brown	Slightly Damaged	2
SJW9217T	Car	NISSAN	LATIO	Silver	Seriously Damaged	0

### Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T20191213/2097

2 of 3

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No 1800-4439999

Report No: T20191213/2097

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	YEO HE GIN, BRYAN	ID No.	S9639888C
Related Vehicle	SJE3022Y (Car)	Contact No.	NIL
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
<b>Driver</b>			
Name	MOHAMED FARID BIN MOHD DAWOOD	ID No.	S9001264I
Related Vehicle	SJW9217T (Car)	Contact No.	92718901
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/12/2019	Date Discharge	12/12/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious

### Brief Details.

On 12/12/2019, at about 0605hours, I was driving my vehicle SJW9217T along Yio Chu Kang Road towards Hougang area on the middle lane out of 3 lanes. I was driving at a speed of about 40-50km/h, however suddenly out of nowhere I felt an impact from the rear of my vehicle. Due to the impact, my body was thrown forward and I became unconscious for about 5 seconds. After I regain consciousness, I managed to stop my vehicle and I discovered a vehicle SJE3022Y had collided onto the rear of my vehicle. After the collision, I felt pain on my right knee, lower back and neck. The driver of SJE3022Y had stopped his vehicle too and asked me if I am okay, and I told him that I will be calling for police and ambulance as I am in pain. I did not observed any visible injuries on the driver of SJE3022Y. After the accident, the rear portion of my vehicle and the front portion of vehicle SJE3022Y was damaged. Afterwards Traffic Police and ambulance came over to assist us, and I was conveyed to Sengkang General hospital and discharged on the same day at night, and I was given 4 days of hospitalization leave.

I would like to state that I do not have an in-car camera inside my vehicle.

Police Report



SINGAPORE  
POLICE FORCE



T/20191213/2097

3 of 3

Police Station Of Origin  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No 1800-4439999

Report No. T/20191213/2097

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 LEE WEI LIANG

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time

13/12/2019 15:57

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN MOHAMED  
JUNID

Contact No 65476247

Authentication Stamp

NP168

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

