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 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	27/12/2019 10:49
Date Of Accident	26/12/2019 10:00
Exact Location Of Accident	SLIP RD KPE TWDS PIE (TUAS)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGB8664M
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD RAHIM BIN SOED
NRIC No	SXXXX332E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97209491
Alternative Phone No	OFFICE-97209491
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO 1.5L A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5099832831-01
Cover Note Number	
Driver	
Name of Driver	MUHAMAD RAHIM BIN SOED
NRIC No	SXXXX332E
Date Of Birth	08/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2004
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97209491
Fax Number	
Contact Number	OFFICE-97209491
EMail Address	NOEMAIL

Address	BLK 139 TAMPINES STREET 11 #04-64
Postcode	521139
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 - CHANGE/CROSS LANE
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: : LIM WEE LIAN, JACQUELINE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 6 TAMPINES AVE 4 , **POSTCODE:** 529682 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-5871999 - **FAX NO**: 65871699
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191226/2158.

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	SLC1148T
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)	1

DETAILS OF INJURED PERSON 1

Name	MUHAMAD RAHIM BIN SOED
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGB8664M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LIM WEE LIAN, JACQUELINE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGB8664M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

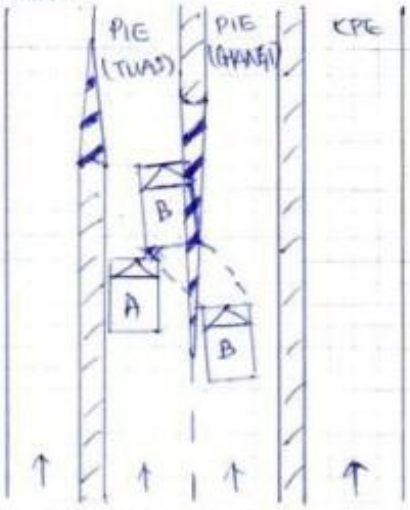
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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



Veh A: SGB8664M
Veh B: SLC1487T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/20191226/2158

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/20191226/2158

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20191226/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
26/12/2019 22:13	T/20191226/2114	78

Informant's Particulars

Name of Informant: MUHAMAD RAHIM BIN SOED			Address: APT BLK 139 TAMPINES STREET 11 #04-64 SINGAPORE 521139	
ID Type / ID No.: NRIC NO / S6901332E			Contact No.: Home/Office:	Mobile: 97209491
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 50	Date of Birth: 08/01/1969	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/12/2019 10:00	Type of Location: Y-Junction
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY At the exit of PIE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGB8664M	Car	NISSAN	LATIO 1.5L A	Black	Seriously Damaged	1
SLC1148T	Car	TOYOTA		Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGB8664M	NTUC Income Insurance Co-Operative Limited	5099832831-01	30/06/2019	29/06/2020

SINGAPORE POLICE FORCE

T/20191226/2158

Report No: T/20191226/2158

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	MUHAMAD RAHIM BIN SOED			ID No.	S6901332E
Related Vehicle	SGB8664M (Car)			Contact No.	97209491
Hospital/Clinic	STREET 11 CLINIC			Class of Driving Licence & Expiry Date	Class: 3.4 Date of Expiry: NIL
Date Treatment	26/12/2019		Date Discharge	26/12/2019	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	
Passenger					
Name	LIM WE LIAN JACQUELINE			ID No.	NIL
Related Vehicle	SGB8664M (Car)			Contact No.	82016008
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	Slight	

Brief Details.

On 26/12/2019 at about 1709hrs, I have lodged a traffic police accident report at Pasir Ris NPC vide T/20191226/2114. However, after lodging the report, I had seek medical treatment and was given 3 days medical leave. I would also add further information to my traffic accident report.

On 26/12/2019 at about 1055hrs, I was driving my private hire car Reg No: SGB8664M along KPE towards PIE. At the exit to PIE, I had entered the left lane that is proceeding towards PIE (TUAS), after I exit the tunnel before entering PIE, a silver in colour car who was on the right lane towards PIE(Changi Airport) cut onto my lane on the chevron markings and hit onto the right front side of my car. I horned the car to stop as I stopped my vehicle. During this time, the driver stopped a few distance away in front of my car. I went out of my car, I signaled him to wait as I need to check on my female passenger that was in shock to ask if she is injured and require any immediate medical attention. The other driver took photos of my private hire car and drove off without even talking to me. I was not able to get his registration number as he drove away.

My passenger informed that she is injured however upon offering to call for ambulance, she informed that her husband will fetch her and take her to the hospital for treatment. After she left, I drive away and went to the nearby carpark to view the footage from my in-car camera and noted that the vehicle registration number is SLC1148T. I felt pain on the back of my neck and seek medical attention as the pain persist. My private hire car has scratches and dent at the right front door, front side panel and the front head light crack.

SINGAPORE POLICE FORCE

T/20191226/2158

Police Station Of Origin:
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Tel No: 1800-5871999

CONTINUATION OF REPORT

SINGAPORE POLICE FORCE

T/20191226/2158

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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 / Sr Staff Sgt MUHAMAD FAISAL BIN MOHD SALEH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/12/2019 22:13
Officer In Charge Of Case: TP / HRT / Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL Contact No.: 65476131	Classification Of Case:

Authentication Stamp
NP168

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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