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 <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.

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	ACCIDENT STATEMENT
Date Of Report	02/01/2020 11:53
Date Of Accident	01/01/2020 04:00
Exact Location Of Accident	CARPARK ENTRANCE BLK 93 BEDOK NORTH AVE 4
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR3575A
Insured/Policyholder	
Name Of Registered Owner	AUTODRIFT PTE LTD
Co Reg No	2XXXXX326K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96313775
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5108560082
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD IRWAN BIN SNIN
NRIC No	SXXXX121B

NRIC No SXXXX121B
Date Of Birth 16/04/1969
Occupation OUTDOOR
Date Of Driving Pass 30/01/2007

Driving Experience 12 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91518472

Fax Number
Contact Number

EMail Address NOEMAIL

BLK 744 BEDOK RESERVOIR RD #04-3021 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE 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

Number of Passengers (Including Driver)

ambulance?

YES

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Was any other material or property damaged?

Passenger 1

2

NAME: : UNKNOWN

GENDER: : MALE

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**

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE: Police Station Address

470629, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20200101/2084.

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 **SHA6513Y**

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 18

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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.
- 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:
 - 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:
 - 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.

Policyhoider's Signature Date & Time:

01021326

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN A = SJR 3575A B = SHA 6513 Y Reversed DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer 7/20200101/2084 Police Report DECLARATION going particulars are true in eveny respect.

Policyholder's Signature

Date & Time:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

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Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT





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

1 of 3 Report No. T/20200101/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2020 18:28		ade:	Vide Report No.:	Station Diary No.: 17		
Informa	nt's Particu	lars				
Name of Informant: MOHAMMAD IRWAN BIN SNIN			Address: APT BLK 744 BEDOK RESERVOIR ROAD #04-3021 SINGAPORE 470744			
ID Type / ID No.: NRIC NO / S6913121B			Contact No.: Home/Office:	Mobile: 91518472		
National SINGAP	ity: ORE CITAZE	EN	Email:			
Sex: Male	Age: 50	Date of Birth: 16/04/1969	Type of Informant: Driver			
Race: ' Boyanese .			Language: English	Institution / School Name:		
Occupation: SENIOR TECHNICIAN		AN	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/01/2020 04:00	Type of Location T-Junction
towards Char Weather:	TH AVENUE 4	tion carpark entrance to Road Surface:		nue 4 (cpark BDB25) Road Speed Limit:
Clear				
Clear Traffic Flow: Dual Carriage	W a y .	Traffic Control: Not Controlled		Traffic Volume: No Traffic

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA6513Y	TAXI'			Blue		0
SJR3575A	Car	ТОУОТА	Vios	Red	Slightly Damaged	1

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

POLICE REPORT



T/20200101/2084

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

2 of 3 Report No. T/20200101/2084

CONTINUATION OF REPORT

Driver			NAME OF THE OWNER, OWNER, OWNER, OWNER,		- The	
Name	MOHAMMAD IRWAN BIN SNIN		ID No		S6913121B	
Related Vehicle	SJR3575A (Car)		Conta	ct No.	91518472	
Hospital/Clinic	NIL			Class Drivin Licent Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date D		Date Disc	charge	NIL	
No. of Days granted Medical Leave NIL Degree		Degree o	f Injury	NIL		

Brief Details.

On 01/01/2020 @ 0400hrs, I was driving my car, SJR3575A, on lane 1 of Bedok North Avenue 4 towards Changl Fire Station. I wanted to send my 1 male passenger to his destination at Blk 93 Bedok North Avenue 4. As I wanted to turn right into carpark BDB25, there was a taxi, SHA6513Y, in front of me, also wanting to turn right. As the said taxi proceeded to turn right, I drove forward however the said taxi stopped midway through the turn. I jammed brake to stop as well. All of a sudden, the said taxi begin to reverse. I honked at the said taxi to warn the driver however the said taxi continued to reverse fast and collided with the front right portion of my car. I did not go down from my car however I signaled the driver to wait for me in the carpark. The taxi driver drove into the carpark however the driver made a left turn n drove on. I tried chasing the said taxi however upon reaching the other gantry, I alighted from my car to signal to the taxi driver. The driver looked at me and when the gantry barrier lifted up, the taxi driver drove out of the carpark. I then proceed to send my passenger to his destination. I have an in-car camera however the said camera is faulty. That's all.

POLICE REPORT





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

3 of 3 Report No. T/20200101/2084

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 MOHAMMAD FADZLI BIN JAMALUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/01/2020 18:28
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:



















