

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	08/01/2020 15:28
Date Of Accident	07/01/2020 22:15
Exact Location Of Accident	JALAN BAHAGIA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM2738U
Insured/Policyholder	
Name Of Registered Owner	METRO CAR LEASING PTE LTD
Co Reg No	2XXXXX490D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91119581

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6 VTI CVT

Exact Purpose for which vehicle was being used at time of accident

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	YES
Policy Number	5109757678
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HILMY BIN MOHAMED HISSAM
NRIC No	SXXXX625J
Date Of Birth	25/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	26/12/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83390625
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 209 SERANGOON CENTRAL #03-270
Postcode	550209
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.E/20200108/7022

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	SHD3501K
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHEONG LAI HUAT
NRIC/Passport Number	
Contact Number	97308769
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD HILMY BIN MOHAMED HISSAM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMM2738U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 209 SERANGOON CENTRAL #03-270
Postcode	550209

Accident Sketch Plan

SKETCH PLAN

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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:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415835
Tel: 6741 6697 Fax: 6748 2305
Email: vac@idac.com.sg

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

SKETCH PLAN



DECLARATION

NRIC/FIN No.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



E/20200108/7022

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POLICE REPORT (NP299)

Report No. E/20200108/7022

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-3910000

Date/Time Report Made 08/01/2020 13:15	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD HILMY BIN MOHAMED HISSAM	Address APT BLK 209 SERANGOON CENTRAL #03-270 SINGAPORE 550209	
ID Type / ID No. NRIC NO / S9039625J	Contact No. Home/Office:	Mobile: 83390625
Nationality SINGAPORE CITIZEN	Email Address boimimi30@gmail.com	
Occupation GRAB Driver	Sex Male	Age 29
Institution/School Name	Date of Birth 25/10/1990	Race Javanese
Date/Time Of Incident 07/01/2020 22:15	Language English	
	Location Of Incident JALAN BAHAGIA	

Brief details.

On the above mentioned date and time, I was driving SMM2738U, travelling along Jalan Bahagia with 1 passenger on board.

At the junction of Jalan Bahagia and Jalan Tentaram, I slowed down my vehicle and was about to Turn Right onto Jalan Tentaram, when I felt a massive impact from my rear right portion. My car almost spun but I managed to keep it under control.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/01/2020 13:15
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



E/20200108/7022

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200108/7022

I alighted to realise that SHD3501K had failed to stop at the stop line of Jalan Tentaram and hit onto my rear right portion when he wanted to Turn Right onto Jalan Bahagia.

Immediately upon the impact, I hit my right knee against the right car door. However, the following morning when I woke up, I felt pain and soreness on my neck, shoulder and lower back areas as well as my right knee. As such I went to see my family doctor at OUR FAMILY PHYSICIAN CLINIC & SURGERY at 829 Tampines St 81. I was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/01/2020 13:15
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Authentication Stamp	