

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	14/01/2020 17:07
Date Of Accident	11/01/2020 18:30
Exact Location Of Accident	PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ9144D
Insured/Policyholder	
Name Of Registered Owner	ISROKHA
Passport No/FIN	GXXXX882L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82339243
Alternative Phone No	OTHERS-82339243

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON-2.0 (A)
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109447659
Cover Note Number	

Driver

Name of Driver	MOHAMED ANZARI S/O MOHAMED KUNJU
NRIC No	SXXXX562J
Date Of Birth	08/02/1962
Occupation	INDOOR
Date Of Driving Pass	24/09/1982
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82339243
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 159 #12-1530 LORONG 1 TOA PAYOH TOA PAYOH GREEN
Postcode	310159
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	TOA PAYOH CENTRAL
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20200112/2047

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	SH8531P
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
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	SHC5478L
Vehicle Make/Model/Colour	RENAULT / LATITUDE 2.0L DCI AUTO D/AB 4DR
Details Of Properties	
Vehicle Category	TAXI
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 ANZARI S/O MOHAMED KUNJU
Approximate Age	57
Injuries Sustain	
Injured person in which vehicle?	SJZ9144D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 159 #12-1530 LORONG 1 TOA PAYOH TOA PAYOH GREEN
Postcode	310159

Accident Sketch Plan

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:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: wckb@vicom.com.sg
Reporting Centre Personal Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A: SJZ 9144D
B: 3H 8531-P
C: SHC 5478L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Attached the Police Report No : T/20200112/2047

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:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20200112/2047

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20200112/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2020 14:34	Vide Report No.:	Station Diary No.: 116
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Informant's Particulars

Name of Informant: MOHAMED ANZARI S/O MOHAMED KUNJU			Address: APT BLK 159 LORONG 1 TOA PAYOH #12-1530 SINGAPORE 310159	
ID Type / ID No.: NRIC NO / S1559562J			Contact No.: Home/Office: Mobile: 82339243	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 08/02/1962	Type of Informant: Driver	
Race: Malayalee			Language:	Institution / School Name:
Occupation: Chief operating officer/General Manager			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/01/2020 18:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Towards Tuas after Paya Lebar exit Lamp Post Number: 555	Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Moderate	Anyone conveyed by ambulance: No	
Type of Collision: Chain Collision				

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH8531P	Car					1
SHC5478L	Car					4
SJZ9144D	Car				Slightly Damaged	0

Accident Sketch Plan



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T/20200112/2047

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20200112/2047

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Tay Leng Hock	ID No.	S2701948Z
Related Vehicle	SH8531P (Car)	Contact No.	97532650
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	Wee Kong Seng David	ID No.	S1613286A
Related Vehicle	SHC5478L (Car)	Contact No.	97518055
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	MOHAMED ANZARI S/O MOHAMED KUNJU	ID No.	S1559562J
Related Vehicle	SJZ9144D (Car)	Contact No.	82339243
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/01/2020 at about 1830hrs, I was driving my vehicle(SJZ9114D) and traveling along PIE towards Tuas, lamp post 555. That point of time, the vehicle in front of me, SHC54782L and myself was going up slope at the expressway.

Subsequently, I felt an impact from the back of my vehicle. I immediately went down to take a look and notice the vehicle (SH8531P) behind me, had hit onto the back of my vehicle and due to the impact, it caused my vehicle to hit the front vehicle.

Accident Sketch Plan



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Report No. T/20200112/2047

CONTINUATION OF REPORT

The passenger from the vehicle behind me, told me that the said driver was going up the slope and that point of time the sun was setting and the ray was shining directly to the driver eyes. As such, it cause a sudden blindness to the driver.

We were then attended by the Traffic Police and paramedic. The passengers in front of my vehicle was then conveyed via the ambulance. My vehicle do have in car camera recoding as well. No government property was damaged.

Accident Sketch Plan



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Report No. T/20200112/2047

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: E / Sgt 2 KELVIN ONG LIN WEI	Signature Of Informant: -
Signature Of Interpreter: Not applicable	Date/Time: 12/01/2020 14:34
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case: SN 188
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

