

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	17/01/2020 12:31
Date Of Accident	16/01/2020 15:30
Exact Location Of Accident	SLIP RD JALAN BUKIT MERAH TWDS COLLEGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG6647R
Insured/Policyholder	
Name Of Registered Owner	WJ CAR RENTAL PTE LTD
Co Reg No	2XXXXX284H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86089649
Alternative Phone No	OFFICE-86089649

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5107104393
Cover Note Number	

Driver

Name of Driver	MOHAMAD NASER BIN ASADAR
NRIC No	SXXXX544C
Date Of Birth	03/08/1981
Occupation	INDOOR
Date Of Driving Pass	07/05/2008
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87481743
Fax Number	
Contact Number	OFFICE-87481743
Email Address	NOEMAIL

Address	BLK 603 JURONG WEST STREET 62 #04-187
Postcode	640603
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	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

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)	2
Passenger 1	NAME: : NURULANI BINTI KAMARUZAMAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200117/2023.

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	SLQ9363L
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)

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DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC6273D
Vehicle Make/Model/Colour
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)

3

DETAILS OF INJURED PERSON 1

Name MOHAMAD NASER BIN ASADAR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLG6647R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NURULANI BINTI KAMARUZAMAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLG6647R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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:

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/20200117/2023

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/20200117/2023

1 of 4

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No: T/20200117/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/01/2020 10:00	Vide Report No.:	Station Diary No.: 22
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Informant's Particulars

Name of Informant: MOHAMAD NASER BIN ASADAR			Address: APT BLK 603 JURONG WEST STREET 62 #04-187 SINGAPORE 640603		
ID Type / ID No.: NRIC NO / S8122544C			Contact No.: Home/Office: Mobile: 87481743		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 03/08/1981	Type of Informant: Driver		
Race: Boyanese			Language:		Institution / School Name:
Occupation: SMRT TECHNICAL OFFICER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/01/2020 15:30	Type of Location: Zebra Crossing
Location: Along Road 1 JALAN BUKIT MERAH				
Jln Bukit Merah towards Kampong Bahru Rd, at the zebra crossing of College Rd				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6273D	Car				Slightly Damaged	2
SLG6647R	Car				Slightly Damaged	1
SLQ9363L	Car				Slightly Damaged	3

Police Report



**SINGAPORE
POLICE FORCE**



T/20200117/2023

Police Station Of Origin,
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20200117/2023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Abdul Rahim Bin Mohamed	ID No.	S1314926G
Related Vehicle	SHC6273D (Car)	Contact No.	96924058
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	MOHAMAD NASER BIN ASADAR	ID No.	S8122544C
Related Vehicle	SLG6647R (Car)	Contact No.	67481743
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Ong Chee Seng (Wang Zhicheng)	ID No.	S7833107J
Related Vehicle	SLQ9363L (Car)	Contact No.	97335794
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

Brief Details.

On 16/01/2020 at about 1530hrs, I was driving my rental vehicle SLG6647R with my wife namely Nurulaini at the passenger seat. We were going to Singapore General Hospital (SGH). I was driving along Jin Bukit Merah towards Kampong Bahru Rd. I then made a left turn at the zebra crossing at the junction of College Rd. I stopped my vehicle as there were pedestrians going to cross the road. My vehicle came to a complete stop. Suddenly, I felt an impact from the rear. I then got down from my vehicle and realized that I had been hit on the rear. It was a chain collision involving 3 vehicles and my vehicle was the first vehicle. The second vehicle's registration plate is SLQ9363L and the last vehicle is a Taxi with registration plate SHC6273D. The other drivers of the vehicles also got down and the driver of the second

Police Report



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Report No. T/20200117/2023

CONTINUATION OF REPORT

vehicle namely Mr Ong claimed that it was not his fault and that he also stopped his vehicle completely before being hit on his rear by the Taxi. The Taxi Driver namely Mr Abdul also seemed to be clueless about how the accident happened. I took pictures of the accident and all of the drivers exchanged particulars. My vehicle suffered some dents and scratches to the rear bumper. The second vehicle suffered some dents and scratches on the front part of the vehicle and some dents and scratches on the rear bumper. Part of the rear bumper was dislodged and dropped on the ground. The Taxi suffered some slight damages to the front bumper. No Government property damage. No Police or ambulance at scene. I only have a front in-car camera installed in my vehicle. No pedestrians were injured.

My wife and I both suffered some strain and soreness on my neck. My wife and I both went to Central 24-Hr Clinic (Pioneer North) for medical attention. My wife and I were both given 3 days of MC. I wish to state that my wife is 8 months pregnant and the Doctor told her to go to hospital immediately if she feels any discomfort. I am lodging this report for insurance claim purposes. I have informed the rental company as well.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200117/2023

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649482
Tel No: 1800-7929999

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Report No. T/20200117/2023

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:

J /

Sgt 2 WU JIALEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/01/2020 10:00

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

