

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	16/01/2020 14:18
Date Of Accident	15/01/2020 21:20
Exact Location Of Accident	PIE TOWARDS CTE(AMK)EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG7181J
Insured/Policyholder	
Name Of Registered Owner	MASADI BIN MASDAWI
NRIC No	SXXXX386A
Email Address	MASADI_MASDAWI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96813370
Alternative Phone No	OTHERS-96813370

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 G (A)
Exact Purpose for which vehicle was being used at time of accident	PVT 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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5076190009-04
Cover Note Number	14/1/2020-13/1/2021

Driver

Name of Driver	MASADI BIN MASDAWI
NRIC No	SXXXX386A
Date Of Birth	21/09/1944
Occupation	INDOOR
Date Of Driving Pass	11/01/1984
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96813370
Fax Number	
Contact Number	OTHERS-96813370
EEmail Address	MASADI_MASDAWI@HOTMAIL.COM

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MASADI BIN MASDAWI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJG7181J
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Address	BLK 134 MARSILING RD #07-2132
Postcode	730731
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 - 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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20200116/2017

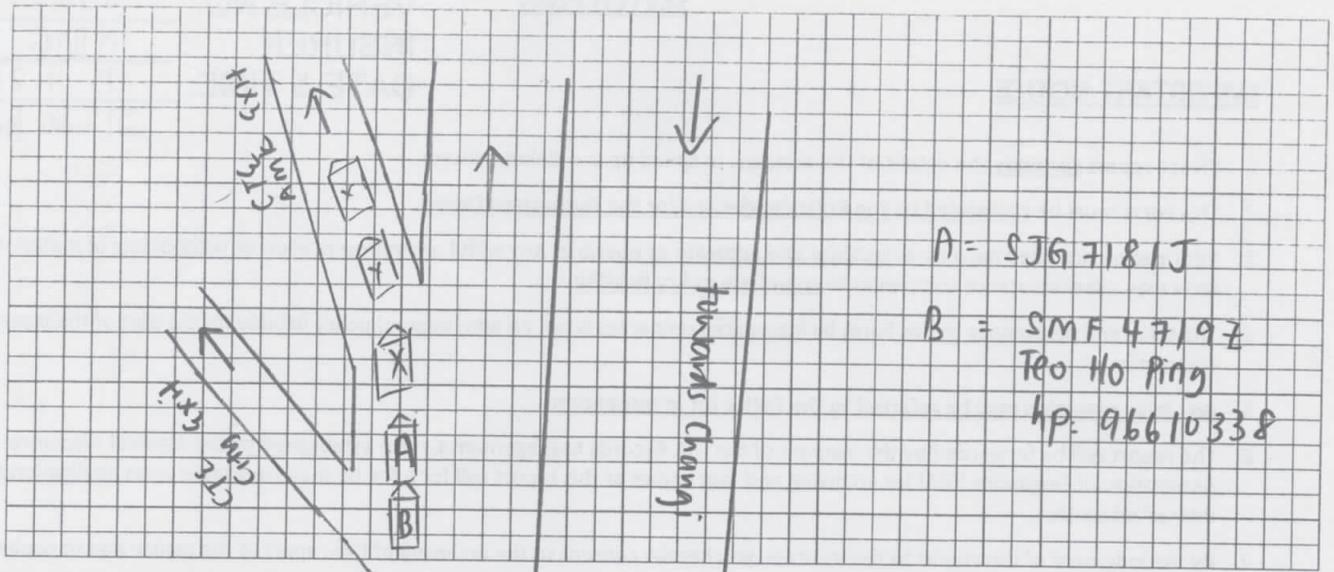
Attachment(s)

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	SMF4719Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO HO PING
NRIC/Passport Number	
Contact Number	96610338
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: T/20200116/2017

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Masda Masdan

[Signature]

16-1-2020

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

(95)

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

VEHICLE NO.: SJG 7181J
INSURER : NTNC
DATE & TIME: 15.1.2020
21:20 hrs.

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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.

Manani Masdew

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

16.1.2020

Reporting Centre Personnel's Signature
Name: *[Signature]* (45)
NRIC/FIN No.:



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2020 06:17	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: MASADI BIN MASDAWI		Address: APT BLK 134 MARSILING ROAD #07-2132 SINGAPORE 730134	
ID Type / ID No.: NRIC NO / S0282386A		Contact No.: Home/Office:	Mobile: 96813370
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 75	Date of Birth: 21/09/1944	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Polytechnic lecturer		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/01/2020 21:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE Exit towards CTE (AMK)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SJG7181J	Car	HONDA	FIT 1.3G A	Blue	Seriously Damaged	0
SMF4719Z	Car					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJG7181J	NTUC Income Insurance Co-Operative Limited	5076190009-04	14/01/2020	13/01/2021



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20200116/2017

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:

L /
Staff Sgt YAP YHEE HOE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168



Signature Of Informant:

✶
Manarai Masdani

Date/Time:

16/01/2020 06:17

Classification Of Case:

Signature:

SN 085



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20200116/2017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MASADI BIN MASDAWI	ID No.	S0282386A
Related Vehicle	SJG7181J (Car)	Contact No.	96813370
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/01/2020	Date Discharge	16/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TEO HO PING	ID No.	NIL
Related Vehicle	SMF4719Z (Car)	Contact No.	96610338
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 15/01/2020 at about 2120hrs, I was driving my car bearing registration number SJG7181J along PIE heading towards the direction of CTE (AMK). There was a congestion, thus I had slowed down. However, there was a sudden impact collided to the back of my car. I had stopped my car.

I had a shock for a moment, till the driver of the other car bearing registration number SMF4719J, opened my front passenger door to check if I was alright. After which I recovered from the shock and exchanged particulars with the said driver. There was a tow truck (Vision Autowork Pte Ltd, Victor Lee, Tel: 83300469) nearby and I had engaged his service to tow my vehicle to my car park. I had then took a taxi to the hospital (Khoo Teck Puat Hospital) to seek medical treatment. I was given 03 days of medical leave by the doctor.

I am lodging this report for insurance claimant.