

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	20/01/2020 12:15
Date Of Accident	19/01/2020 16:00
Exact Location Of Accident	SLE (BKE) BEFORE MANDAI RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC537D
Insured/Policyholder	
Name Of Registered Owner	WATERCOLOURS AUTOMOBILE
Co Reg No	5XXXX045W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96411066
Alternative Phone No	OFFICE-96411066

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN 3.0 5MT ABS AB 5DR LWB PANEL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5107288410
Cover Note Number	

Driver

Name of Driver	MOHAMAD HASMI BIN DARWIS
NRIC No	SXXXX860D
Date Of Birth	07/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	22/10/1994
Driving Experience	25 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	+65-90906964
Fax Number	
Contact Number	OFFICE-90906964
EEmail Address	NOEMAIL

Address	BLK 483 PASIR RIS DRIVE 4 #02-471
Postcode	510483
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JKG4774 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200119/2092.

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	JKG4774
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HAMDAN BIN FADZLAN
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 SMG4761U
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)

Accident Sketch Plan

SKETCH PLAN

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6. 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.
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



Veh A: GBC537D
 Veh B: JKG 4774
 Veh C: SMG 4761U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report NO: T/20200119/2092

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Policyholder's Signature
 Date & Time:

1/1/2020 11:11

I hereby declare that the foregoing particulars are true in every respect.



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/20200119/2092

1 of 4

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No: T/20200119/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/01/2020 17:28	Vide Report No.: L/20200119/0125	Station Diary No.: 139
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Informant's Particulars

Name of Informant: MOHAMAD HASMI BIN DARWIS			Address: APT BLK 483 PASIR RIS DRIVE 4 #02-471 SINGAPORE 510483	
ID Type / ID No.: NRIC NO / S1848860D			Contact No.: Home/Office:	Mobile: 90906964
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 54	Date of Birth: 07/10/1965	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: FREELANCE DRIVER			Driving Licence Information: Class:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/01/2020 16:00	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY BUKIT TIMAH EXPRESSWAY Accident along SLE on Centre lane(2nd Lane).				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
GBC537D	Van	NISSAN		Silver	Slightly Damaged	1
JKG4774	Car	TOYOTA		Black	Slightly Damaged	4
SMG4761U	Car	KIA		Blue	Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20200119/2092

Police Station Of Origin:
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1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20200119/2092

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMAD HASMI BIN DARWIS	ID No.	S1848860D
Related Vehicle	GBC537D (Van)	Contact No.	90906964
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	HAMDAN BIN FADZLAN	ID No.	580705015397
Related Vehicle	JKG4774 (Car)	Contact No.	0127056491
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	ALAN WONG HSIAO YO	ID No.	S1794872E
Related Vehicle	SMG4761U (Car)	Contact No.	94371248
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 19/01/2020 at 0400pm, I was travelling along SLE with my vehicle(GBC537D) on the second lane towards BKE. The vehicle(SMG4761U) which was in front made a sudden Jam brake thus I also did a Jam brake to avoid colliding to the vehicle(SMG4761U). I then felt an impact coming from the back of me vehicle causing my vehicle(GBC537D) to move forward and hitting the vehicle in front(SMG4761U).

I then realized that vehicle(JKG4774) had collided onto the back of my vehicle. No one was injured and no Government property was damaged from this incident. My vehicle suffered damages to the front and back portion. There is no CCTV inside my vehicle.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200119/2092

3 of 4

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1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20200119/2092

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20200119/2092

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

4 of 4

Report No. T/20200119/2092

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 GOH ZHONG SHENG, JOHNSON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/01/2020 17:28

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO : JN1MG4E25Z0794707
UNLADEN WT : 1800 KG
MAX LADEN WT : 3200 KG
PASSENGER CAP : 1 DRIVER 2 OTHER
TYRE SIZE : (F) 195R15C-8PR
(R) 195R15C-8PR

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: GBC 537D
Name (as shown in NRIC) : Waterchours Automata NRIC/FIN/Passport No : 53357045W
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 61 Ubi Avenue 2 #08-04 Singapore 408898
Contact (Tel) : _____ Mobile No. : 9641 1066
Email Address : hasmichawish@gmail.com
Date of Accident : 19/1/2020 Time of Accident : 1600HRS
Place of Accident : Along SLE towards BKE Before Marichi Road Exit
Insurance Company : NTUC


(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Incorrect company stamp, amend company stamp



Policyholder / Driver's Signature
Date: _____



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