

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	11/09/2019 12:52
Date Of Accident	08/09/2019 03:00
Exact Location Of Accident	EU TONG SEN STREET / TEW CHEW STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM504P
Insured/Policyholder	
Name Of Registered Owner	VERMAX CAR LEASING AND MARKETING PTE LTD
Co Reg No	201530285C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97770553

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6L 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	5093756378-02
Cover Note Number	

Driver

Name of Driver	EDDIEAIROS BIN ABDULLAH
NRIC No	S7821012E
Date Of Birth	23/07/1978
Occupation	OUTDOOR
Date Of Driving Pass	24/08/2012
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81189973
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 306B PUNGGOL PLACE #07-21
Postcode	822306
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)	2
Passenger 1	NAME: : GRAB PASSENGER
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/2019010/2000;

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	SH7239R
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 INJURED PERSON 1

Name

EDDIEAIROS BIN ABDULLAH

Approximate Age

41

Injuries Sustain

Injured person in which vehicle?

SKM504P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

BLK 306B PUNGGOL PLACE #07-21

Postcode

822306

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 (c) 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:

11 SEP 2019
IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Reporting Centre Personnel's Signature
Singapore 415933
Name:
NRIC/TIN: 67416697 Fax: 67492305
Email: yackb@singnet.com.sg

Accident Sketch Plan

SKETCH PLAN

TEW CHEW
ST

A-SKM504A

B-SH7239R

EU TONG SEN
STREET

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref

To Police Report

DECLARATION

I/We declare that 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

Singapore 415935

Reporting Centre Phone No: 67416697 Fax: 67492305

Nearest Police Station

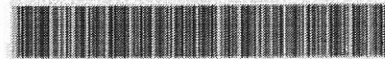
E-mail: vackb@singnet.com.sg

11 SEP 2019

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190910/2000

1 of 3

Report No. T/20190910/2000

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2019 00:08		Vide Report No.:		Station Diary No.: 6
Informant's Particulars				
Name of Informant: EDDIEFAIROS BIN ABDULLAH		Address: APT BLK 306B PUNGGOL PLACE #07-21 SINGAPORE 822306		
ID Type / ID No.: NRIC NO / S7821012E		Contact No.: Home/Office: Mobile: 81189973		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 41	Date of Birth: 23/07/1978	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 08/09/2019 03:00	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 EU TONG SEN STREET TEW CHEW STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKM504P	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Accident Sketch Plan



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T/20190910/2000

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A 391 New Bridge Road Police Cantonment
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Tel No: 1800-2369999

2 of 3

Report No: T/20190910/2000

CONTINUATION OF REPORT

Driver			
Name	EDDIEFAIROS BIN ABDULLAH		ID No. S7821012E
Related Vehicle	NIL		Contact No. 81189973
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.

I was travelling along Eu Tong Sen Street towards Tew Chew Street at about 3am with a female passenger in my car. I am a Grab Driver. I wanted to change to the leftmost lane as I wanted to turn left into Tew Chew Street. I noticed a taxi (SH7239R) stationary along Eu Tong Street picking up a passenger. I cannot recall if his hazard light was on or not. As I was about to change lane and turn left, when I drove past him, he drove forward, resulting in him hitting onto the rear left portion of my car, near the wheel. There are dents and scratches on my car at the aforementioned affected area. I am not aware of any injuries on anyone else but I am experiencing slight lower back pain and it could be because of the accident. I am lodging this report for insurance claims. That is all.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190910/2000

3 of 3

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Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20190910/2000

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:
A /
Staff Sgt LEE HUA SHENG

Signature Of Informant:

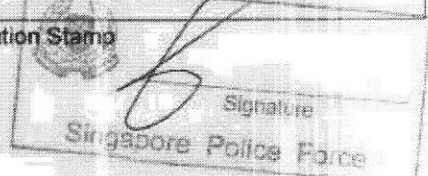
Signature Of Interpreter:
Not applicable

Date/Time:
10/09/2019 00:08

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No: 65476151

Classification Of Case:

Authentication Stamp
NP168



Accident Sketch Plan



Mount Alvernia Hospital
Medical Certificate

24-Hour Walk-in Clinic and
Emergency Department

No. M19000023874

This is to certify that EDDIEFAIROS BIN ABDULLAH, S7821012E, is granted Outpatient Sick Leave for 5 day(s)
from 10-Sep-2019 to 14-Sep-2019.
Remark:

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Lim Jiewing

MCR 19711D

A&E / 24-HOUR WALK-IN CLINIC

Mount Alvernia Hospital
820 Thomson Road
Singapore 574623
Tel: 63476210

10/09/2019

Date