

## 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	21/01/2020 14:39
Date Of Accident	20/01/2020 08:10
Exact Location Of Accident	JUNC THOMSON RD & MARYMOUNT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP5343P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MAHAMOD BIN HUSSIN
NRIC No	SXXXX600I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90613004
Alternative Phone No	OFFICE-90613004

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113550516
Cover Note Number	

### Driver

Name of Driver	MAHAMOD BIN HUSSIN
NRIC No	SXXXX600I
Date Of Birth	15/12/1952
Occupation	OUTDOOR
Date Of Driving Pass	13/10/1979
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90613004
Fax Number	
Contact Number	OFFICE-90613004
E-Mail Address	NOEMAIL

Address	BLK 7 MARSILING DRIVE #07-48
Postcode	730007
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)	3
Passenger 1	NAME: : NORHANA BINTE AHMAD GENDER: : FEMALE
Passenger 2	NAME: : ILHAN HAZIQ GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST N.P.C
Police Station Address	<b>ROAD:</b> 1 WOODLANDS STREET 12 , <b>POSTCODE:</b> 738622 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT - T/20200120/2176.

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS7277E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	YEO HUO JI,CECILIA
NRIC/Passport Number	
Contact Number	98899782
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4

#### DETAILS OF INJURED PERSON 1

Name	MAHAMOD BIN HUSSIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMP5343P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	NORHANA BINTE AHMAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMP5343P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	ILHAN HAZIQ
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMP5343P
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.

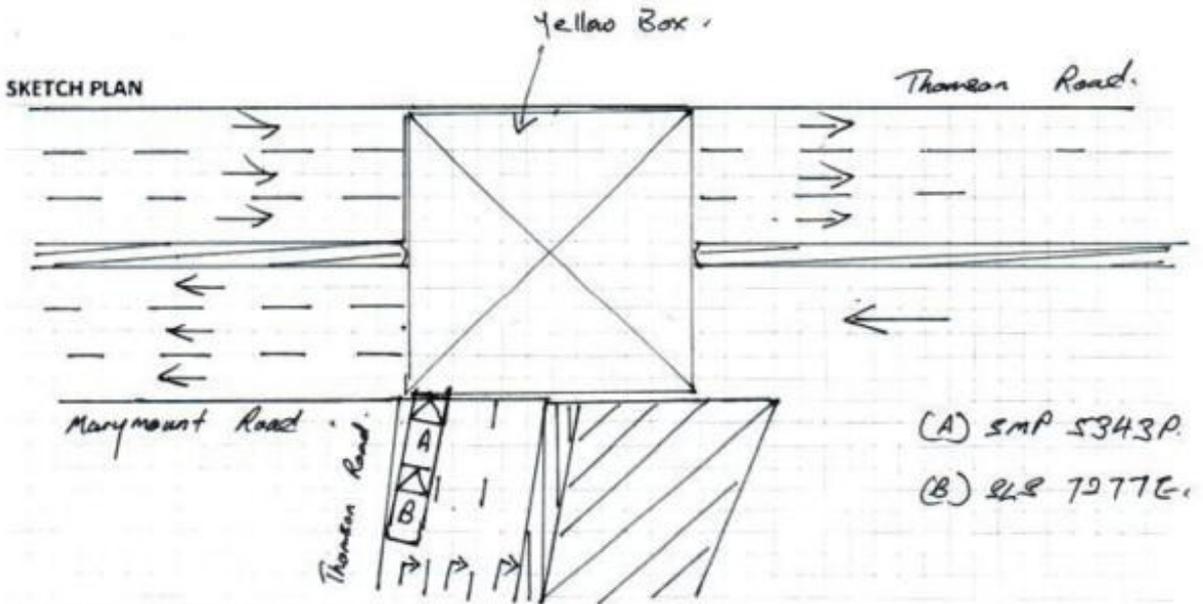
X

  
\_\_\_\_\_  
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report No :  
T/20200120/2176

DECLARATION

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

Policyholder's Signature  
Date & Time:

MAHAMUD Bin Hussin  
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/20200120/2176

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

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Report No. T/20200120/2176

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP5343P	NTUC Income Insurance Co-Operative Limited	5113550516	22/10/2019	21/10/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
<b>Driver</b>				
Name	YEO HAO JI, CECILIA (YANG HAOJI)	ID No.	S8228678J	
Related Vehicle	SLS7277E (Car)	Contact No.	98899782	
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	
<b>Driver</b>				
Name	MAHAMOD BIN HUSSIN	ID No.	S0033600I	
Related Vehicle	SMP5343P (Car)	Contact No.	90613004	
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	
<b>Passenger</b>				
Name	NORHANA BINTE AHMAD	ID No.	S7830559B	
Related Vehicle	SMP5343P (Car)	Contact No.	82005538	
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	20/01/2020	Date Discharge	20/01/2020	
No. of Days granted Medical Leave	04	Degree of Injury	Slight	

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200120/2176

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

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Report No. T/20200120/2176

CONTINUATION OF REPORT

### **Brief Details.**

On 20/01/2020 at 0810hrs at the Y-Junction between Thomson Road and Marymount Road, I was driving my car with 2 passengers (daughter in law and grandson) and stopped at the said traffic junction before the yellow box even though the traffic light was green for my side, as there were 3 other vehicles in the yellow box turning right as well due to heavy traffic at the said junction.

Suddenly, I and my passengers felt the back of my car was hit causing my car to move forward into the yellow box. I alighted from my car and saw that a blue mini cooper hit onto the back of my car. The said car was driven by a female Chinese driver and she alighted from her car. I asked her why she did not stopped and she replied that she could not brake in time. We exchanged particulars.

Ambulance came and conveyed my daughter in law to Tan Tock Seng Hospital where she was given 4 days outpatient sick leave. Traffic Police attended to us. My car has a in-car camera and the memory card has been given to the police for their investigation. My car sustained serious dents/damages to the rear boot, rear bumper, rear left signal light and scratches as well.



Police Report



L/20200120/2126

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Case Summary Form (CSF)

Report No. L/20200120/2126

Manual Form Serial No T/20200120/2176  
Report Number L/20200120/2126  
Vide Report Number T/20200120/2176  
Date/Time of Report Made 20/01/2020 21:11  
Place Report Lodged Woodlands West N.P.C.  
Name of Informant Mahamod Bin Hussin  
ID Type / ID No. NRIC NO / S00336001  
Home/Office 90613004  
Mobile 90613004  
Email  
Date/Time of Incident From 20/01/2020 08:10  
Date/Time of Incident To  
Incident Location THOMSON ROAD SINGAPORE  
Y-junction between Thomson Road and Marymount Road

**Brief Facts**

I wish to add facts to the report; T/20200120/2176 that after the accident, I went to Tan Tock Seng Hospital and I was given 4 days outpatient sick leave.

Case Sensitivity No  
Officer-in-Charge of Case Traffic Police Department /  
Mohamed Sufian Bin Mohamed Junid  
Contact No. 65470000  
Classification of Case 1) NO OFFENCE DISCLOSED



WOODLANDS WEST NPC  
NO. 1 WOODLANDS STREET 12  
SINGAPORE 738622  
TEL: 1800-363 9999

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

