

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	28/01/2020 20:50
Date Of Accident	24/01/2020 09:00
Exact Location Of Accident	LAVENDER ST B4 RACE COURSE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW3118X
Insured/Policyholder	
Name Of Registered Owner	JOURNEY MOTORS
Co Reg No	5XXXX528A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98575910

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5109123823
Cover Note Number	

Driver

Name of Driver	KHAMSANI BIN SALIM
NRIC No	SXXXX415G
Date Of Birth	20/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2017
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87542130
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 626 SENJA RD #01-164
Postcode	670626
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	SIDE SWIPE
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	ROCHER N.P.C
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200125/2006

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WC6830T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	KHAMSANI BIN SALIM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGW3118X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

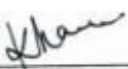
IMPORTANT NOTICE

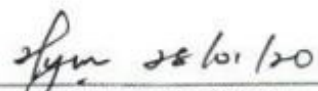
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

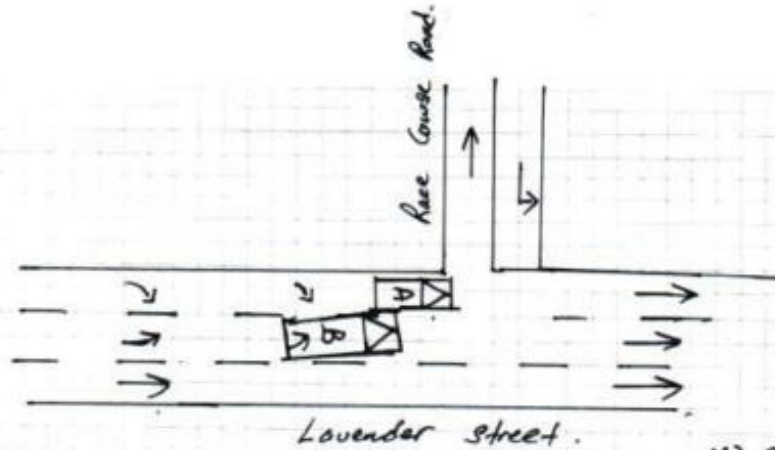

Policyholder's Signature
Date & Time:


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



(A) 9GW 3118X

(B) WC 6830T.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Plz refer to Police Report

No: T/20200125/2006.

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:

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200125/2006

2 of 3

Police Station Of Origin:

Rocher N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

Report No: T/20200125/2006

CONTINUATION OF REPORT

Driver			
Name	KHAMSANI BIN SALIM	ID No.	S8038415G
Related Vehicle	SGW3118X (Motorcycle)	Contact No.	87542130
Hospital/Clinic	MY FAMILY CLINIC (SENJA)	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Date Treatment	24/01/2020	Date Discharge	24/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details:

On the 24.01.2020 at about 09.00am, whilst I was driving my vehicle bearing the registration number SGW3118X along Lavender St when suddenly a cement truck bearing the registration number WC6830T had knocked against the right side of my vehicle when I was about to turn in to Race Course Rd. Due to that, the right side of my vehicle was badly damaged. The driver of WC6830T and I alighted from our vehicle and make a check. I managed to get his particulars and his supervisor contact number. No one was injured and no police or ambulance come to scene. As such, I proceed to the police station to lodge an accident report.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200125/2005

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
206679
Tel No: 1800-2649999

1 of 3

Report No: T/20200125-2706

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2020 01:05	Vehicle Report No.:	Station Diary No.:
		8

Informant's Particulars

Name of Informant: KHAMSAH BIN SALIM			Address: APT BLK 628 SENJA ROAD #01-164 SINGAPORE 670628		
ID Type / ID No.: NRIC NO / S8039415G			Contact No: Home/Office:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	24/01/2020 09:00	Straight Road
Location:				
Along Road 1				
LAVENDER STREET				
Weather:		Road Surface:		Road Speed (Limit):
Clear		Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
One Way		Traffic Light - Working		
Type of Collision:				Anyone conveyed by ambulance:
Between Moving Vehicles - Side Swipe - Same Direction				No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW3118X	Motorcycle				Slightly Damaged	0
WC6630T	truck					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



728207357018

3403

Police Station Of Origin:
Rocher N.P.C
11 Kampong Kapor Road SINGAPORE
206878
Tel No: 1800-2948888

Report No: 74012551252070

CONTINUATION OF REPORT

Driver			
Name	KHAMSANI BIN SALIM	ID No.	S8038415G
Related Vehicle	SGW3118X (Motorcycle)	Contact No.	87542130
Hospital/Clinic	MY FAMILY CLINIC (SENUA)	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: Nil
Date Treatment	24/01/2020	Date Discharge	24/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Nil

Brief Details:

On the 24/01/2020 at about 09.00am, whilst I was driving my vehicle bearing the registration number SGW3118X along Lavender St when suddenly a cement truck bearing the registration number VC6830T had knocked against the right side of my vehicle when I was about to turn in to Race Course Rd. Due to that, the right side of my vehicle was badly damaged. The driver of VC6830T and I alighted from our vehicle and make a check. I managed to get his particulars and his supervisor contact number. No one was injured and no police or ambulance come to scene. As such, I proceed to the police station to lodge an accident report.

Police Report



SINGAPORE
POLICE FORCE



T202001252000

Police Station Of Origin
Rocher N.P.C.
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2946666

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Report No: T202001252000

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 NORHAYATI BINTE ABUL SAMAD

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/01/2020 01:05

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65475151

Classification Of Case:

Authentication Stamp:

NP198