

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	04/02/2020 11:19
Date Of Accident	03/02/2020 09:55
Exact Location Of Accident	JUNC OF FERNVALE LINK & SENGKANG EAST WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF2345T
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD FAUZE BIN AMIR
NRIC No	SXXXX454E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86995385
Alternative Phone No	OTHERS-86995385

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
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	5107101454-01
Cover Note Number	

Driver

Name of Driver	MOHAMAD FAUZE BIN AMIR
NRIC No	SXXXX454E
Date Of Birth	15/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	28/04/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86995385
Fax Number	
Contact Number	OTHERS-86995385
Email Address	NOEMAIL

Address	BLK 338C ANCHORVALE CRESCENT #02-43
Postcode	543338
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	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	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED POLICE REPORT: F/20200204/7032

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ3817Y
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)

DETAILS OF INJURED PERSON 1	
Name	MOHAMAD FAUZE BIN AMIR
Approximate Age	
Injuries Sustain	NECK & SHOULDER
Injured person in which vehicle?	SLF2345T
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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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.

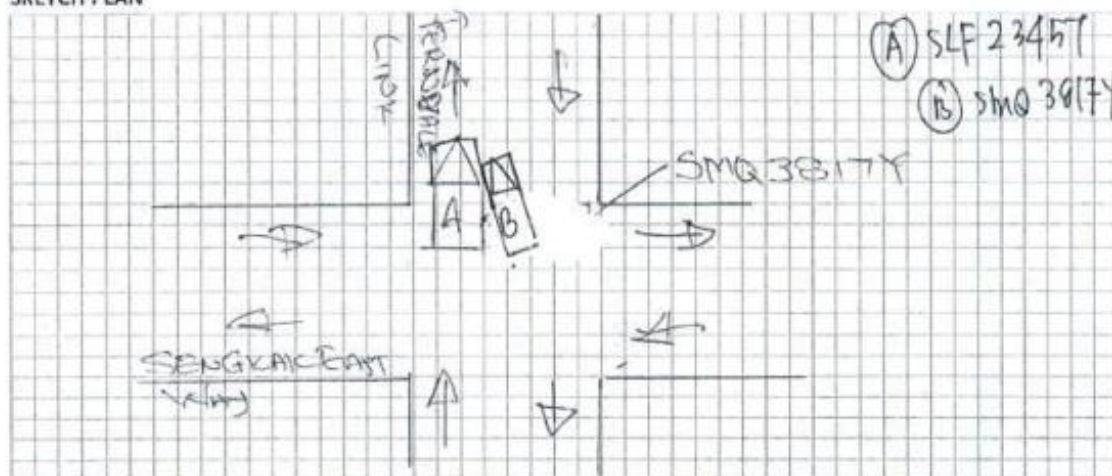

Policyholder's Signature
Date & Time:


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

 06/02/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 3rd FEB. 2020, I WAS DRIVING TOWARDS FERNVALE LINK.

AS I APPROACHED THE JUNCTION OF FERNVALE LINK AND SENGKANG EAST WAY, VEHICLE B HIT MY FRONT RIGHT OF MY CAR.

I HAVE VIDEO FOOTAGE OF THE SAID ACCIDENT.

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:

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

04/02/20

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



F/20200204/7032

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POLICE REPORT (NP299)

Report No. F/20200204/7032

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1900-2180900

Date/Time Report Made 04/02/2020 15:11	Video Report No.	Station Diary No.
Name Of Informant MOHAMAD FAUZE BIN AMIR	Address APT BLK 338C ANCHORVALE CRESCENT #02-43 SINGAPORE 543338	
ID Type / ID No. NRIC NO / S8812454E	Contact No. Home/Office:	Mobile: 96995385
Nationality SINGAPORE CITIZEN	Email Address halopapa@hotmail.sg	
Occupation Other car and light goods vehicle drivers nec	Sex Male	Age 31
Institution/School Name	Date of Birth 15/04/1988	Race Javanese
Date/Time Of Incident 03/02/2020 09:55 - 03/02/2020 10:00	Location Of Incident APT BLK 338C ANCHORVALE CRESCENT #02-43 SINGAPORE 543338	

Brief details.

On 3 of FEB about 0955hrs I was on the way picking up my customer at femvale close... as I was at the junction on femvale link... the is a vehical infront of me waiting for the traffice light change to green. Once it turn to green light we move off.. driving at left side of the lane.. when suddenly from out of no where there is a car.. just bang on to my car... the impact was hard enough and i have some injuries. On my neck and my shoulder.. i keep on rewinding my video cam... i realise the other party no even beside me . But other junction lane..

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2020 15:11
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



F/20200204/7032

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200204/7032

Subjects Involved			
Suspect			
Person Name	Leo Heng Yong		
ID Type	NRIC NO	ID No	S0012345E
Gender	Male	Age	40-50
Race	Chinese	Language	Chinese
Victim			
Person Name	MOHAMAD FAUZE BIN AMIR		
ID Type	NRIC NO	ID No	S8812454E
Gender	Male	Age	31
Race	Javanese	Language	English
Occupation	Other car and light goods vehicle drivers nec	Address Type	
Address	APT BLK 336C ANCHORVALE CRESCENT #02-43 SINGAPORE 543338	Mobile No	86995385
Is Informant A Victim?	Yes		
Person Name	MOHAMAD FAUZE BIN AMIR (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2020 15:11
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp