

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	05/02/2020 12:10
Date Of Accident	04/02/2020 09:00
Exact Location Of Accident	ALONG SENJA RD OUTSIDE BLK 631 SENJA RD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS4101Y
Insured/Policyholder	
Name Of Registered Owner	MODEST CAR LEASING PTE. LTD.
Co Reg No	2XXXXX431D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5108295740
Cover Note Number	

Driver

Name of Driver	SABTU BIN ABU
NRIC No	SXXXX923B
Date Of Birth	01/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1998
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88221964
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 624 SENJA RD #01-104
Postcode	670624
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?	NO
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	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200204/2020

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	SJW1073T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA SIN WAN
NRIC/Passport Number	
Contact Number	97318133
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

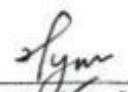
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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.

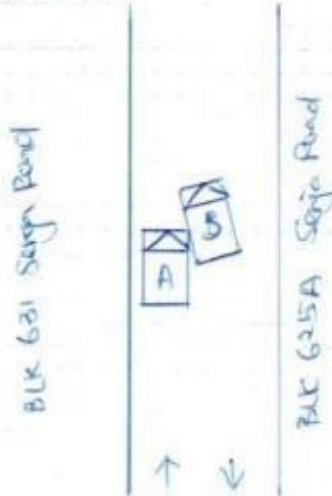

Policyholder's Signature
Date & Time:


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

 05/02/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



Veh A: SJS 41014
Veh B: SJW 10737

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/20200204/2020

DECLARATION

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

Policyholder Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *fym*
NRIC/FIN No: *05/02/20*

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200204/2020

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No: T/20200204/2020

CONTINUATION OF REPORT

Driver			
Name	SABTU BIN ABU		ID No. S1678923B
Related Vehicle	SJS4101Y (Car)		Contact No. 88221964
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	Chua Sin Wan		ID No. NIL
Related Vehicle	SJW1073T (Car)		Contact No. 97318133
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 4/2/2020 at around 0900hrs, I stopped at the side of the road and when I started to move again, a car SJW1073T dashed past my car and hit the front right bumper of my car and caused my car to receive deep scratches. The other driver and I subsequently left our cars. We both agreed to report the accident but he went into his car without providing me with his particulars and drove off. I chased him and subsequently managed to get him to stop his car at Senja Way towards Woodlands Road. I then called for the police and TP officer Muhd Fidaus, TP80Y arrived at the location. He took down our particulars and advised me to lodge a report at the police station. I wish to state that I am lodging this report for my personal usage with my company.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



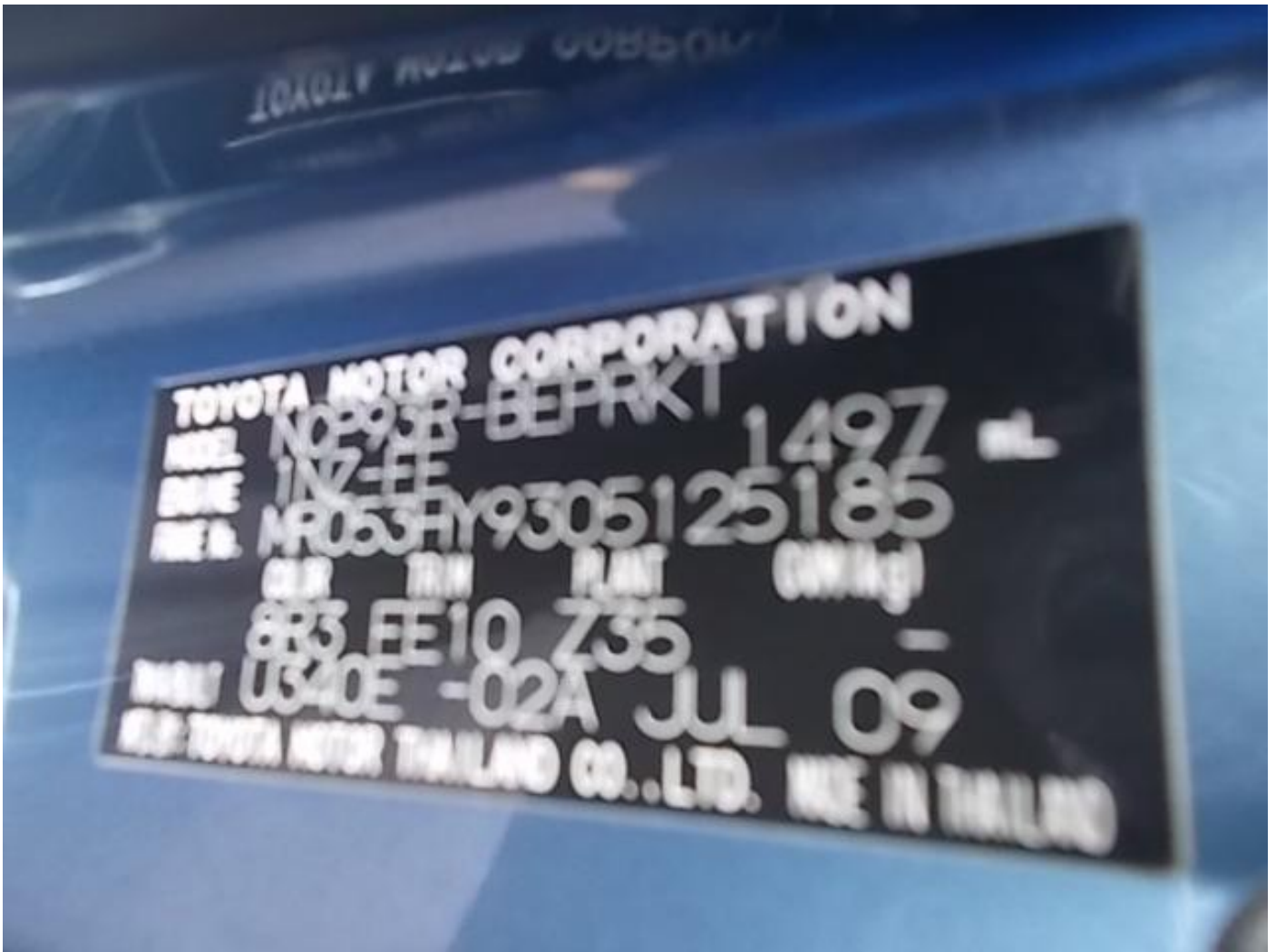
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T:20200204-2020

1 of 3

Police Station Of Origin:
Bukit Panjang N.P.C.
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-6829996

Report No: T:20200204-2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2020 10:31		Vide Report No.:		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: SABTU BIN ABU			Address: APT BLK 624 SENJA ROAD #01-104 SINGAPORE 670624		
ID Type / ID No.: NRIC NO / S16788238			Contact No.: Home/Office: Mobile: 88221964		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 01/08/1964	Type of Informant: Driver		
Race: Boyanness			Language:		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class:		Date of Expiry:

General information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive No	Date/Time of Accident: 04/02/2020 09:00	Type of Location: Straight Road
Location: Along Road 1 SENJA ROAD				
Outside Blk 631 Senja Road Carpark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS4101Y	Car	TOYOTA	Toyota Vios	Blue	Slightly Damaged	0
SJW1073T	Car	NISSAN	Teana	Silver	Slightly Damaged	2

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200204/2020

Police Station Of Origin
Bukit Panjang N.P.C
1 Sagar Road #01-05 SINGAPORE 677738
Tel No: 1800-8829998

2 of 3

Report No: T/20200204/2020

CONTINUATION OF REPORT

Driver			
Name	GABTU BIN ABU	ID No	S16789238
Related Vehicle	SJ64101Y (Car)	Contact No	88221864
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	Chua Sin Wan	ID No	NIL
Related Vehicle	SJW1073T (Car)	Contact No	97318133
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 4/2/2020 at around 0900hrs, I stopped at the side of the road and when I started to move again, a car SJW1073T dashed past my car and hit the front right bumper of my car and caused my car to receive deep scratches. The other driver and I subsequently left our cars. We both agreed to report the accident but he went into his car without providing me with his particulars and drove off. I chased him and subsequently managed to get him to stop his car at Senja Way towards Woodlands Road. I then called for the police and TP officer Muhd Fidaus. TP80Y arrived at the location. He took down car particulars and advised me to lodge a report at the police station. I wish to state that I am lodging this report for my personal usage with my company.

Police Report



**SINGAPORE
POLICE FORCE**



T/2020/004/2020

Police Station Of Origin
Bukit Panjang N.P.C
1, Segar Road #01-05 SINGAPORE 877736
Tel No: 1800-8929999

3 of 3

Report No: T/2020/004/2020

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:

J /

SC ANG REN WEI DOUGLAS

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

04/02/2020 10:31

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MA JUNXIANG

Contact No: 63476251

Classification Of Case

Authentication Stamp

NP168

2020-02-04 10:31