

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	11/02/2020 17:41
Date Of Accident	09/02/2020 00:35
Exact Location Of Accident	BLK 673A YISHUN AVE 4 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY9751G
Insured/Policyholder	
Name Of Registered Owner	KEM AUTO
Co Reg No	5XXXX211J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L 5MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	19-MJ001016-R01
Cover Note Number	

Driver

Name of Driver	SHEIK KHAIRULNIZAM BIN ZAIDI
NRIC No	SXXXX375C
Date Of Birth	08/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	21/07/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87424034
Fax Number	
Contact Number	OFFICE-87424034
Email Address	NOEMAIL

Address	BLK 621A EDGEFIELD WALK #15-13
Postcode	821621
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?	
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)	5
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200209/2005.

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 Witness 1

Name	LEONG CHENG FONG
Phone Number	87483783
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE8827J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM BOON KWANG
NRIC/Passport Number	SXXXX925J
Contact Number	98811122
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.



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

car park

SKETCH PLAN

FILE CASE VISION AVE Y

A. 8JY97316
B. 8JE8827J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/2009/2005.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200209/2005

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20200209/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2020 02:36		Vide Report No.:		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: SHEIK KHAIRULNIZAM BIN ZAIDI			Address: APT BLK 621A EDGEFIELD WALK #15-13 SINGAPORE 821621		
ID Type / ID No.: NRIC NO / S8426375C			Contact No.: Home/Office: Mobile: 87424034		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 08/08/1984	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: RYDE DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 09/02/2020 00:35	Type of Location: Car Park
Location: Along Road 1 YISHUN AVENUE 4				
Rubbish Chute Area at Blk 673A Yishun Avenue 4				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE8827J	Car				Slightly Damaged	0
SJY9751G	Car				Slightly Damaged	4

Police Report



**SINGAPORE
POLICE FORCE**



T/20200209/2005

Police Station Of Origin:
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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20200209/2005

CONTINUATION OF REPORT

Brief Details.

On 09/02/2020 at about 0035hrs, I was picking up passengers while performing RydePool services at Blk 673A Yishun Avenue 4 at the Rubbish Chute area. In my vehicle were 4 other passengers. As my vehicle(SJY9751G) front bonnet was facing towards the Rubbish Chute area, I had to reverse slowly to exit the Rubbish Chute area and proceed along the carpark area. As I was reversing slowly, another vehicle grey-colored Toyota Wish SJE8827J came from my left side and was travelling at fast speed, causing my vehicle's right rear side to collide into SJE8827J left rear passenger door. The collision created a dent to SJE8827J's door and damaged the right tail light of my vehicle. I checked with my passengers and they informed that they are okay and do not need medical attention. I then exchanged particulars with the driver of SJE8827J (Lim Boon Kwang, Dobbin, S8839925J, Blk 157 Jalan Teck Whye #07-127, HP: 98811122) and he left the accident vicinity. I was then approached by an eye-witness (Leong Cheng Fong, S7404891I, Blk 673A Yishun Avenue 4 #04-638, HP:87483783) whom informed me that he witnessed the whole accident and would like to state that he noticed that the driver of SJE8827J had plenty of time to notice my vehicle was reversing slowly into the main road and still continued to speed up to attempt to overtake my vehicle.

I wish to state that there was no in-car camera recording the accident. I am lodging this report for my own record purpose and for insurance claims.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200209/2005

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20200209/2005

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:

L /

Sgt 2 BERNARD LAU MENG WAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/02/2020 02:36

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

