

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	12/02/2020 17:57
Date Of Accident	08/02/2020 21:00
Exact Location Of Accident	ALONG BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6175M
Insured/Policyholder	
Name Of Registered Owner	LEVIN AUTO
Co Reg No	53380455L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91207690
Alternative Phone No	OFFICE-91207690

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRER 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111271585
Cover Note Number	

Driver

Name of Driver	MOHAMMAD SHAHRAZIN BIN MOHD AMINOLAH
NRIC No	S7927622G
Date Of Birth	30/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	16/08/2001
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91207690
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 211C COMPASSVALE LANE #03-224
Postcode	543211
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	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?	YES
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)	2
Passenger 1	NAME: : POH YANG ZHOU GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	SMH2515Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HENG TONG CHUAN
NRIC/Passport Number	S8029494H
Contact Number	92322249
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD SHAHRAZIN BIN MOHD AMINOLAH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJK6175M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	APT BLK 211C COMPASSVALE LANE #03-224
Postcode	543211

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
Name & Title:

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

Processing Centre Assistant's Signature
Name:
NIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

Reporting Centre's Signature
Name:
MCC Ref No:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200211/2037

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 4
Report No. T/20200211/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2020 12:39	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: MOHAMMAD SHAHRAZIN BIN MOHD AMINOLAH			Address: APT BLK 211C COMPASSVALE LANE #03-224 SINGAPORE 543211	
ID Type / ID No.: NRIC NO / S7927622G			Contact No.: Home/Office: Mobile: 91207690	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 40	Date of Birth: 30/08/1979	Type of Informant: Driver	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: PHV DRIVER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/02/2020 21:00	Type of Location: Straight Road
Location: Along Road 1 BEDOK NORTH ROAD Near Bus 84459 near Blk 705 - 706 Bedok North Road				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK6175M	Car	TOYOTA	Vios	Gold	Slightly Damaged	1
SMH2515Y	Car	LEXUS		White		0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
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T/20200211/2037

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Report No. T/20200211/2037

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD SHAHRAZIN BIN MOHD AMINOLAH	ID No.	S7927622G
Related Vehicle	SJK6175M (Car)	Contact No.	91207690
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/02/2020	Date Discharge	11/02/2020
No. of Days granted Medical Leave	11	Degree of Injury	Slight
Driver			
Name	HENG TONG CHUAN (WANG ZHONGQUAN)	ID No.	S8029494H
Related Vehicle	SMH2515Y (Car)	Contact No.	92322249
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	POH YANG ZHOU	ID No.	NIL
Related Vehicle	NIL	Contact No.	96308386
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 the above mentioned date, place and time. I was travelling in my car bearing registration plate SJK6175M Car TOYOTA Vios Gold on the left side of the lane towards PIE while ferrying a passenger, who was sitting behind. His particulars are as above. while approaching the bus stop no: 84459, I realized a bus was exiting the bus stop thus I made a stop behind the yellow box. my car was stationary when suddenly a car bearing registration plate SMH2515Y hit the rear of my vehicle. After that, I came out and made a check on my vehicle and exchanged particular with the other party. I made a check on my passenger and he was conscious. I last saw he was on the phone with someone while talking to the other driver.

My body was feeling in pain thus I called for ambulance. Upon ambulance arrival I was conveyed to Changi General Hospital and was discharged on 11/02/2020. While I was in the hospital I was contacted



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Report No. T/20200211/2037

CONTINUATION OF REPORT

by TP IO Meera, Contact: 6547 6236 and she gave me the incident number G/20200208/0257. She then informed me to lodge Traffic accident report upon discharged.

I wish to state that I do not have any in-car camera.

POLICE REPORT



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T/20200211/2037

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Report No. T/20200211/2037

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: G / Sgt 3 SITI NATASHA BINTE ABDUL NASSIR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2020 12:39
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NORAMEERA BINTE MOHAMED HUSSEIN Contact No.: 65476236	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

