

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	21/02/2020 17:30
Date Of Accident	20/02/2020 14:00
Exact Location Of Accident	THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK522J
Insured/Policyholder	
Name Of Registered Owner	GRACE AUTO LEASING
Co Reg No	201634359K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90212595

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO-1.5 (A)

Exact Purpose for which vehicle was being used at time of accident

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	5112456019-000036
Cover Note Number	

Driver

Name of Driver	HUSIN BIN MOHAMED
NRIC No	S1329723A
Date Of Birth	16/04/1958
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1983
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90212595
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 18 BEDOK SOUTH ROAD #11-75
Postcode	460018
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER OF OTHERS
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?	NO
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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , 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 SKETCH PLAN/POLICE REPORT

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	SHD8596D
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	HUSIN BIN MOHAMED
Approximate Age	
Injuries Sustain	04 DAYS MEDICAL LEAVE
Injured person in which vehicle?	SJK522J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

A diagram showing a three-lane road. The leftmost lane is labeled "BUS LANE" and has a dashed line on its right side. A vehicle is positioned in the center lane, between the dashed line and the solid line on its right. Arrows indicate traffic flow: a left-pointing arrow above the vehicle and a right-pointing arrow below it.

Report NO. T/20200220/2175

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

GRACE AUTO LEASING
Reg No: 53887089E

ue in every respect.

Handwritten signature

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:

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200220/2175

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200220/2175

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2020 23:20		Vide Report No.:		Station Diary No.: 109	
Informant's Particulars					
Name of Informant: HUSIN BIN MOHAMED			Address: APT BLK 18 BEDOK SOUTH ROAD #11-75 SINGAPORE 460018		
ID Type / ID No.: NRIC NO / S1329723A			Contact No.: Home/Office: Mobile: 90212595		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 16/04/1958	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/02/2020 14:00	Type of Location: Straight Road
Location: Along Road 1 THOMSON ROAD TOWARDS THOMSON MEDICAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SHD8596D	Car					0
SJK522J	Car				Slightly Damaged	1

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

POLICE REPORT Pg. 1



**SINGAPORE
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T/20200220/2175

2 of 3

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Tel No: 1800-5871999

Report No. T/20200220/2175

CONTINUATION OF REPORT

Driver			
Name	HUSIN BIN MOHAMED	ID No.	S1329723A
Related Vehicle	SJK522J (Car)	Contact No.	90212595
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/02/2020	Date Discharge	20/02/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 20/02/2020 at about 1400hrs, I was driving a rental vehicle (SJK522J) along Thomson Road (3-lane) and I was on lane 3. Along with me was a passenger (James, HP:9179939) who was seated on the rear passenger seat.

As I was travelling along Thomson road in a yellow box, a taxi from the opposite direction suddenly turned right towards the direction of Chencery lane and collided into my right side of my vehicle.

I alighted from my vehicle and spoke to the other driver. At that point of time, we agreed to make an insurance claim. We took photos of the accident but did not managed to exchange particulars. We the moved off from the said location. My vehicle sustained dents and scratches along the front right bumper and was dislodged. In addition, my front right light was cracked and damaged. No towing was required and my vehicle was able to moved off normally.

I then head Mount Alvernia hospital as I felt some chest pain due to the impact against the steering wheel. I head for 2 different X-ray session and was given 4 days of MC.

I wish to state that my vehicle has in car camera and was recording during the accident. No police or ambulance was called in.



**SINGAPORE
POLICE FORCE**



T/20200220/2175

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Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20200220/2175

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 2 MUHAMMAD SYARAFUDDIN BIN
SHARIFF

Signature Of Informant:

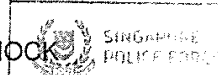
Signature Of Interpreter:
Not applicable

Date/Time:
20/02/2020 23:20

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



