

## 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	03/03/2020 15:39
Date Of Accident	28/02/2020 16:40
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3194A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAFE DRIVE LIMOUSINES
Co Reg No	5XXXX002K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92961142

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (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	THIRD PARTY
Fleet Policy	YES
Policy Number	5115548765-000004
Cover Note Number	

### Driver

Name of Driver	JOHARI BIN HASSAN
NRIC No	SXXXX705H
Date Of Birth	22/02/1958
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1985
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	+65-91269451
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK619, BUKIT PANJANG RING RD, #17-812
Postcode	670619
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	CHAIN COLLISION
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	3
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ATTACH 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	SDJ9869B
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBH7080G  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
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  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLZ3194A  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode



## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 inquiries 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 claim 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.

DRIVESAFE  
LAWYERS  
33407002X

Policyholder's Signature  
Date & Time:

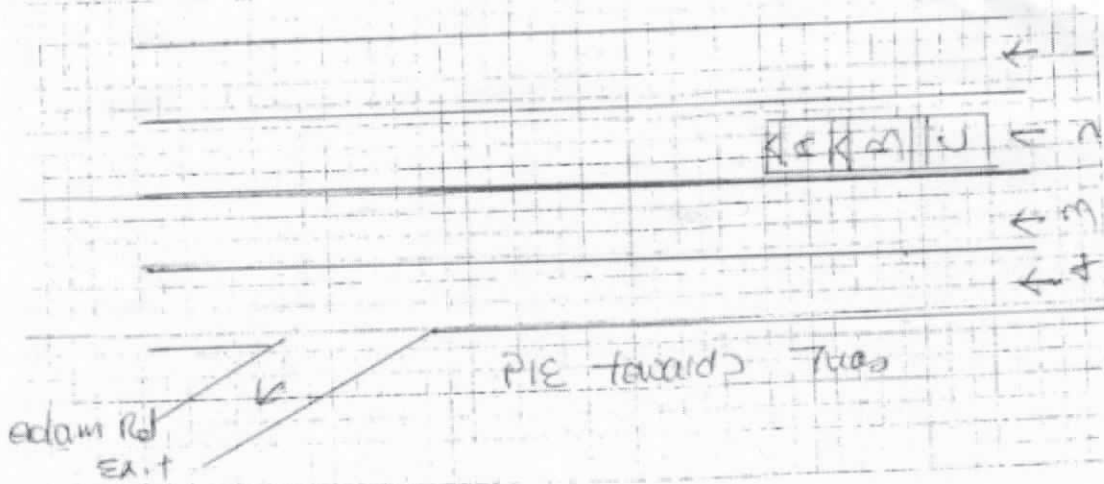
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 75843  
Tel: 6453 1278 Fax: 6453 7944  
(Claims Section)

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref / To Police Report NO: T/2000302/0090

(A) SLZ 3194 A

(B) SDJ 9869 B

(C) GBH 7080 G

## DECLARATION

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

DRIVE SAFE  
UNDOUBT  
33407002X

Policyholder's Signature  
Date & Time:

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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 570643  
Tel: 6453 1239 Fax: 6453 7944  
(Claims Section)

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

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200302/2090

1 of 4

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

Report No. T/20200302/2090

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2020 15:39	Vide Report No.:	Station Diary No.: 70
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## Informant's Particulars

Name of Informant: JOHARI BIN HASSAN	Address: APT BLK 619 BUKIT PANJANG RING ROAD #17-812 SINGAPORE 670619		
ID Type / ID No.: NRIC NO / S1328705H	Contact No.:	Mobile: 91269451	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 62	Date of Birth: 22/02/1958	Type of Informant: Driver
Race: Malay	Language: English	Institution / School Name:	
Occupation: GRAB DRIVER	Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

## General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2020 16:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY				
towards Tuas				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH7080G	Lorry	TOYOTA		Silver	Slightly Damaged	0
SDJ9869B	Car	HONDA		Blue	Slightly Damaged	0
SLZ3194A	Car	HONDA	STREAM 1.8L AT RSZ	Black	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200302/2090

2 of 4

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

Report No. T/20200302/2090

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ3194A	TOKIO MARINE INSURANCE SINGAPORE LTD.	19MK000765R00	04/09/2019	03/09/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Driver</b>				
Name	Yap Zhi Siong		ID No.	G2040353K
Related Vehicle	GBH7080G (Lorry)		Contact No.	NIL
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	
<b>Driver</b>				
Name	Tan Shiao Woi		ID No.	S7528866B
Related Vehicle	SDJ9869B (Car)		Contact No.	NIL
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	
<b>Passenger</b>				
Name	saliah binte asali		ID No.	S1361679E
Related Vehicle	SLZ3194A (Car)		Contact No.	91712552
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	Slight	

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200302/2090

3 of 4

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

Report No. T/20200302/2090

## CONTINUATION OF REPORT

Driver			
Name	JOHARI BIN HASSAN	ID No.	S1328705H
Related Vehicle	SLZ3194A (Car)	Contact No.	91269451
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 28/02/2020 at about 1644 hrs, along PIE towards Tuas. I was driving the rental vehicle, SLZ3194A, along 2nd lane of the four lane expressway. As the vehicle in front of me had stop, due to heavy traffic. I also stop the rental vehicle. After stopping, I heard a loud bang at the back of the rental vehicle. I then check on my wife whom was seating at the front passenger seat. After making sure that she is ok., I alight the rental vehicle to make a check.

Upon alighting the rental vehicle, I realized that two other vehicles was involved. Motor Lorry, GBH7080G which had collided onto the vehicle, SDJ9069B which in turn collided onto the rental vehicle. At the point of time, no one had complaint of any pain or injuries. I then exchange particulars with the vehicle driver, Tan Shiao Woi, S7528866B and the motor lorry driver, Yap Zhi Siong, G2040353K.

After exchanging particulars, the other drivers and I left the accident scene. Damage to the rental vehicle is the rear portion, while the other vehicle is the right front and left back portion and the motor lorry is the front right portion. Subsequently my wife and I felt pain at the back of our necks. My wife and I then seek medical consultation and was given three days of medical certificate each. Subsequently I proceeded to the nearest police post, to lodge a Traffic Accident report.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200302/2090

4 of 4

Police Station Of Origin:  
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1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20200302/2090

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 /

Sr Supt Supt CHOO NGAI PANG

Signature Of Interpreter:

Not applicable

SIGNATURE

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Signature Of Informant:

Date/Time:

02/03/2020 15:39

Classification Of Case:

Authentication Stamp

NP168

# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UEN: S68550004 / GST Reg. No.: M49081773

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: HCA100027880 Vehicle Registration No: SLZ319AA  
 Name (as shown in NRIC): Johari Bin Hassan NRIC/FIN/Passport No: S1328725H  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address: 33K 619 Bukit Panjang Bay Rd #17-812 Singapore (676617)  
 Contact (Tel): \_\_\_\_\_ Mobile No: 91269451  
 Email Address: em1autopet@td@gmail.com  
 Date of Accident: 28/2/2020 Time of Accident: 16:40  
 Place of Accident: PIC Towards Tuas  
 Insurance Company: NTUC

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Kindly amend vehicle B to SDJ 9869B.

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature

Name:  
 NRIC/FIN No.:  
 Date:

**CITY AUTO PTE LTD**  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 4233 Fax: 6453 7944  
 (Claims Section)