

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 Submission	11/03/2020 13:12 (SGT)
Date of Accident	10/03/2020 11:45 (SGT)
Exact Location of Accident	Moulmein Rd, Singapore
Additional Location Information	ALONG MOULMEIN RD TWDS THOMSON RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN1834L
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZAKARIA BIN TARAMAN
NRIC No	SXXXX168A
Email Address	zakariataraman67@gmail.com
Mobile Phone No	(Phone) +65-97974425
Alternative Phone No	+65-97974425

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5108044001
Cover Note Number	-

DRIVER

Name of Driver	ZAKARIA BIN TARAMAN
NRIC No	SXXXX168A
Date Of Birth	23/06/1967
Occupation	Outdoor

Date Of Driving Pass	03/03/1998
Driving experience	22 YEARS
Gender	Male
Mobile Number	(Phone) +65-97974425
Alt. Phone Number	+65-97974425
Email Address	zakariataraman67@gmail.com
Address	BLK 755 WOODLANDS AVE 4 #04-309
Address complement	-
Postcode	730755
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police Division Hq
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20200310/7025

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	SLU8776P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO WEIFENG,SIMON

NRIC No	SXXXX753G
Contact Number	(Phone) +65-98274233
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ZAKARIA BIN TARAMAN
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJN1834L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN(PASSENGER)
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	JAW
Injured person in which vehicle?	SJN1834L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

↑

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:

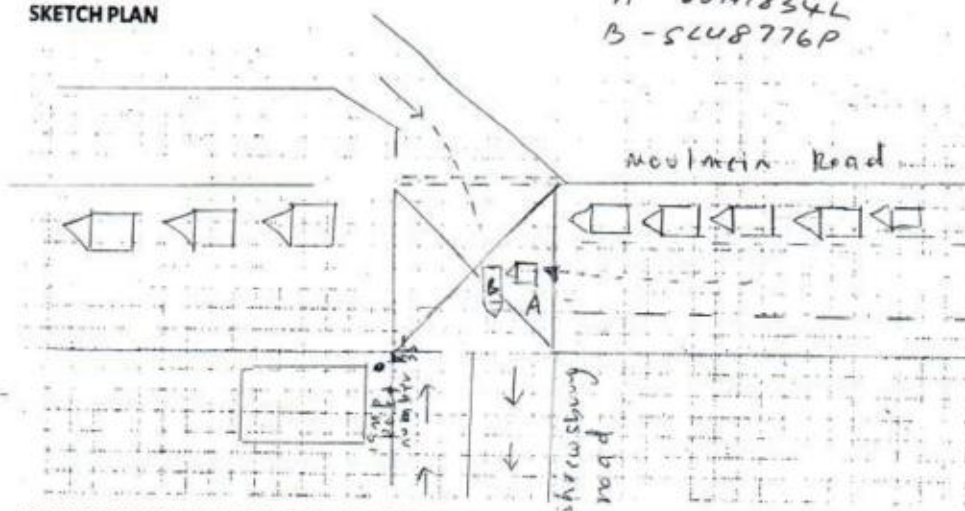
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

multinomial Read



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

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.:



























**SINGAPORE
POLICE FORCE**



1/20200310/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408885
Tel No: 65470000

1 of 4
Report No: T/20200310/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2020 16:05	Video Report No.: E/20200310/0071	Station Diary No.:
Informant's Particulars		
Name of Informant: ZAKARIA BIN TARAMAN		Address: 755 WOODLANDS AVENUE 4 #04-309 SINGAPORE 730755
ID Type / ID No.: NRIC NO / S1629168A	Contact No.: Home/Office:	Mobile: 97974425
Nationality: SINGAPORE CITIZEN		Email: tzak.jig@gmail.com
Sex: Male	Age: 52	Date of Birth: 24/06/1967
Type of Informant: Driver		
Race: Javanese	Language: English	Institution / School Name:
Occupation:	Driving Licence Information: Class: 2B, 2A, 2, 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No.	Date/Time of Accident: 10/03/2020 11:45	Type of Location: Straight Road
Location: Along Moulmein Rd towards Thompson Rd				
Lamp Post Number: 35				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN1834L	Car	TOYOTA	ALTIS	White	Seriously Damaged	1
SLU8776P	Car	HONDA	CIVIC	Grey	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN1834L	NTUC Income Insurance Co-Operative Limited	5108044001-01	14/03/2019	05/02/2021



**SINGAPORE
POLICE FORCE**



T/2020310/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

2 of 4
Report No. T/2020310/7025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLU8778P	AXA INSURANCE SINGAPORE PTE LTD			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	ZAKARIA BIN TARAMAN	ID No.	S1829168A	
Related Vehicle	SJN1834L (Car)	Contact No.	979/4425	
Hospital/Clinic	CREST FAMILY CLINIC PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL	
Date Treatment	10/03/2020	Date Discharge	10/03/2020	
No. of Days granted Medical Leave	02	Degree of Injury	Slight	
Passenger				
Name	Unknown Passenger	ID No.	NIL	
Related Vehicle	SJN1834L (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	
Driver				
Name	TEO WEIFENG, SIMON	ID No.	S8402753G	
Related Vehicle	NIL	Contact No.	98274233	
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	

SLIGHT



SINGAPORE
POLICE FORCE



T/20200310/07025

3 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20200310/07025

CONTINUATION OF REPORT

Brief Details:

I was conveying a passenger (Grab Booking Code: IOS-1949815-8-155) driving along Moulmein Rd towards Thompson Rd on the 2nd lane.

Along the road, a lot of cars were lining up on the 1st lane to turn right towards Sinaran Dr. Upon approaching Shrewsbury Rd, a car (along Moulmein Rd towards Balestier Rd), bearing registration no. SLU8776P suddenly emerge from the right - turning into Shrewsbury Rd.

I applied emergency braking but it was too close as i hit into the vehicle rear left. Airbags were activated, causing a strong impact to my chest. Passenger was injured on her jaw and was conveyed by ambulance activated.

TP was on scene and handed over case card E/20200310/0071.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20200310/7025

4 of 4

Report No. T/20200310/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG CHEE HIEN
Contact No.: 65476437

Authentication Stamp
N/158

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
10/03/2020 16:05

Classification Of Case:





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: S66SS0020G / GST Reg. No.: M400017735

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 : MNA120031028 Vehicle Registration No: SJN1834L
 Name (as shown in NRIC) : ZAKARIA BIN FARAMAN NRIC/FIN/Passport No : SXXXXX/68A
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 755 WOODLANDS AVE 4 #04-309 Singapore ()
 Contact (Tel) : _____ Mobile No. : 97974425
 Email Address : _____
 Date of Accident : 10/03/2020 Time of Accident : 11:45
 Place of Accident : ALONG MOULMEIN RD TOWARDS THOMSON RD
 Insurance Company : NFUL

(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:

ADD IN EMAIL ADDRESS
zakariataraman67@gmail.com

Policyholder / Driver's Signature
 Date:

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

GIARMC addendumform_V3



**SINGAPORE
POLICE FORCE**



T/20200310/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20200310/7025

CONTINUATION OF REPORT

Brief Details:

I was conveying a passenger (Grab Booking Code: IOS-1949816-8-155) driving along Moulmein Rd towards Thompson Rd on the 2nd lane.

Along the road, a lot of cars were lining up on the 1st lane to turn right towards Sinaran Dr. Upon approaching Shrewsbury Rd, a car (along Moulmein Rd towards Balestier Rd), bearing registration no. SLU8776P suddenly emerge from the right - turning into Shrewsbury Rd.

I applied emergency braking but it was too close as i hit into the vehicle rear left. Airbags were activated, causing a strong impact to my chest. Passenger was injured on her jaw and was conveyed by ambulance activated.

TP was on scene and handed over case card E/20200310/0071.