

## 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	11/03/2020 12:54
Date Of Accident	10/03/2020 11:45
Exact Location Of Accident	ALONG MOULMEIN RD TWDS THOMSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN1834L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZAKARIA BIN TARAMAN
NRIC No	SXXXX168A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97974425
Alternative Phone No	OTHERS-97974425

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	5108044001
Cover Note Number	

### Driver

Name of Driver	ZAKARIA BIN TARAMAN
NRIC No	SXXXX168A
Date Of Birth	24/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	03/03/1998
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97974425
Fax Number	
Contact Number	OTHERS-97974425
Email Address	NOEMAIL

Address	BLK 755 WOODLANDS AVE 4 #04-309
Postcode	730755
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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: : PASSENGER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
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 Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO WEIFENG, SIMON
NRIC/Passport Number	SXXXX753G
Contact Number	98274233

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

#### DETAILS OF INJURED PERSON 1

Name ZAKARIA BIN TARAMAN  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SJN1834L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name UNKNOWN(PASSENGER)  
Approximate Age  
Injuries Sustain JAW  
Injured person in which vehicle? SJN1834L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Accident Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE

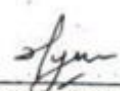
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

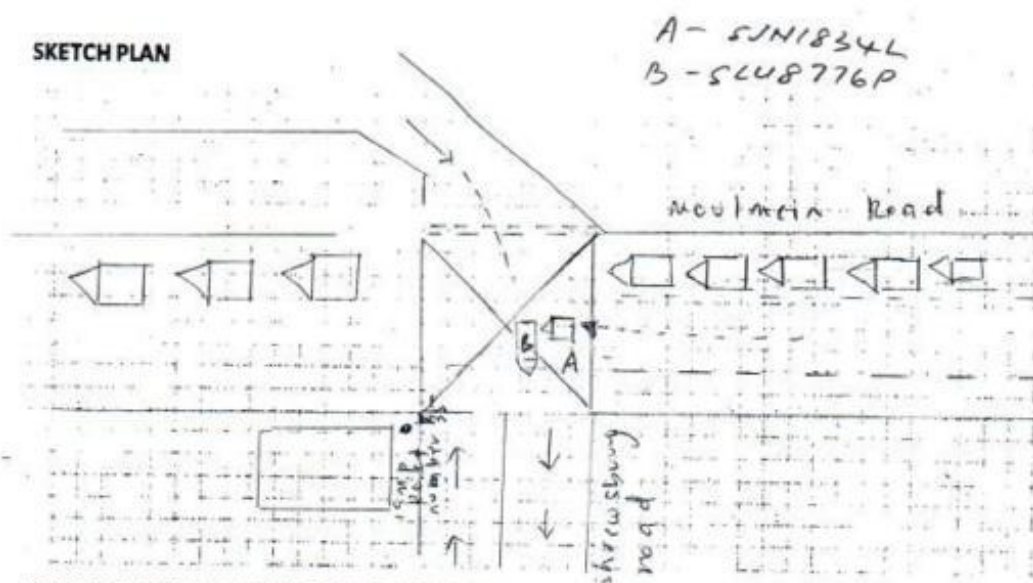
  
Policyholder's Signature  
Date & Time:

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

 11/03/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN



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.:

## Individual Statement



**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.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/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		Vide Report No.: E/20200310/0071		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ZAKARIA BIN TARAMAN			Address: 755 WOODLANDS AVENUE 4 #04-309 SINGAPORE 730755		
ID Type / ID No.: NRIC NO / S1829168A			Contact No.: Home/Office: Mobile: 97974425		
Nationality: SINGAPORE CITIZEN			Email: tzak.jlg@gmail.com		
Sex: Male	Age: 52	Date of Birth: 24/08/1967	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B, 2A, 2, 3 Date of Expiry:		

<b>General Information of the Accident</b>				
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 Moulin 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

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN1834L	Car	TOYOTA	ALTIS	White	Seriously Damaged	1
SLL8776P	Car	HONDA	CIVIC	Grey	Seriously Damaged	0

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200310/7025

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 85470000

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Report No: T/20200310/7025

## 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.	97974425
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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200310/0025

3 of 4

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

Report No: T/20200310/0025

### 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.

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## Police Report



**SINGAPORE  
POLICE FORCE**

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



T20200310/7025

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Report No. T20200310/7025

### 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/A

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: