

## 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	17/03/2020 15:48
Date Of Accident	13/03/2020 19:20
Exact Location Of Accident	MANDAI RD TWDS WOODLANDS RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF369M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	E SHAH'S DELIGHTS
Co Reg No	5XXXX967X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5111735691
Cover Note Number	

### Driver

Name of Driver	MOHAMED SHA'ARI BIN AMIRAN
NRIC No	SXXXX392H
Date Of Birth	13/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	24/06/1981
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96481554
Fax Number	
Contact Number	OFFICE-96481554
Email Address	NOEMAIL

Address	BLK 129B CANBERRA STREET #11-612
Postcode	752129
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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: : - GENDER: : MALE

#### 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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20200316/2076.

#### 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	SKJ3294R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE JIA HAO RUSSELL
NRIC/Passport Number	SXXXX077B
Contact Number	82184041

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### DETAILS OF INJURED PERSON 1

Name MOHAMED SHA'ARI BIN AMIRAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLF369M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

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 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.:

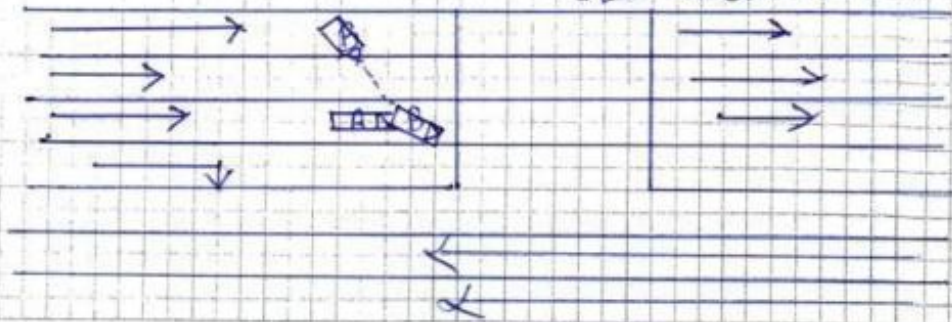
# Accident Sketch Plan

## SKETCH PLAN

B ~~SKJ~~ SKJ 3294R

A ~~SLF~~ SLF 369M

Seletar expressway Mandai  
Lamp Post 271  
SLE Junction



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the description area: "As per Police Report". The text is written diagonally across the lined area.

## DECLARATION

I/We declare that the above 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.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200316/2076

1 of 4

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

Report No. T/20200316/2076

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2020 15:11	Vide Report No.: L/20200313/0127	Station Diary No.:
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### Informant's Particulars

Name of Informant: MOHAMED SHA'ARI BIN AMIRAN		Address: APT BLK 129B CANBERRA STREET #11-012 EASTCROWN @ CANBERRA SINGAPORE 752129	
ID Type / ID No.: NRIC NO / S1176392H		Contact No.: Home/Office: Mobile: 96481554	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 13/12/1956	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3,4	Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/03/2020 19:20	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 MANDAI ROAD SELETAR EXPRESSWAY MANDAI RD TWDS W'LANDS RD JUNCTION BY SLE Lamp Post Number: 271				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SKJ3294R	Car	BMW	316I 1.8 AT D/AB 4DR ABS HID	Brown		0
SLF369M	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Silver		1



# Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20200316/2078

Report No. T/20200316/2078

## CONTINUATION OF REPORT


<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LEE JIA HAO, RUSSELL	ID No.	S9103077B
Related Vehicle	SKJ3294R (Car)	Contact No.	82184041
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	MOHAMED SHA'ARI BIN AMIRAN	ID No.	S1176392H
Related Vehicle	SLF369M (Car)	Contact No.	96481554
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	13/03/2020	Date Discharge	16/03/2020
No. of Days granted Medical Leave	11	Degree of Injury	NIL
<b>Passenger</b>			
Name	WONG MINGJIE	ID No.	S8117074F
Related Vehicle	SLF369M (Car)	Contact No.	96251185
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/03/2020	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL


### Brief Details.


ON 13/03/2020 AT AROUND 1920HRS, I WAS DRIVING MY CAR (SLF369M) ALONG MANDAI RD TWDS WLANDS RD. I WAS TRAVELLING ON LANE 2 OF 4. AS I WAS APPROACHING THE JUNCTION BY THE SLIP RD INTO SLE, ANOTHER CAR (SKJ3294R) ON THE EXTREME LEFT LANE SUDDENLY ENCROACHED INTO MY PATH AND MADE A RIGHT TURN. I COULD NOT STOP IN TIME, AND HENCE THE FRONT OF MY CAR COLLIDED WITH THE RIGHT SIDE OF THE OTHER CAR. I SUFFERED INJURIES ON MY CHEST, NECK AND SHOULDER, AND WAS CONVEYED TO KTPH VIA AMBULANCE. I WAS GIVEN 11 DAYS OF MC. I AM MAKING THE REPORT NOW SINCE I AM ONLY DISCHARGED TODAY. THAT IS ALL.



Police Report

 T/20200316/2076

 **SINGAPORE  
POLICE FORCE**

 T/20200316/2076

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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3 of 4  
Report No. T/20200316/2076

CONTINUATION OF REPORT



Police Report



SINGAPORE  
POLICE FORCE



T/20200316/2078

4 of 4

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

Report No. T/20200316/2878

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:  
TP /  
YAN XIAOZHI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Authentication Stamp  
NP108

Signature Of Informant:

Date/Time:  
16/03/2020 15:11

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

