

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	28/03/2020 13:20
Date Of Accident	27/03/2020 11:40
Exact Location Of Accident	CARPARK AREA OF JUNC AT JURONG WEST ST 25
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG2579T
Insured/Policyholder	
Name Of Registered Owner	PRECISE CAR RENTAL PTE LTD
Co Reg No	2XXXXX221G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82083812
Alternative Phone No	Office-82083812

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 2.0 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRER 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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	VFX/P2324520
Cover Note Number	

Driver

Name of Driver	ZAULKFFLI BIN RAGMAN
NRIC No	SXXXX124H
Date Of Birth	28/01/1965
Occupation	OUTDOOR
Date Of Driving Pass	30/10/1998
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82083812

Fax Number
Contact Number
EMail Address NOEMAIL
Address APT BLK 612 YISHUN ST 61 #03-189
Postcode 760612
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 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? YES
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 YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address **ROAD:** 32 YISHUN ST 81 , **POSTCODE:** 768456 , **COUNTRY:** SINGAPORE
Police Station Contact **TEL NO:** 1800-8522999 - **FAX NO:** 68522239
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED

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 CB6387Z
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	ZAULKFFLI BIN RAGMAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMG2579T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 612 YISHUN ST 61 #03-189
Postcode	760612

Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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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.



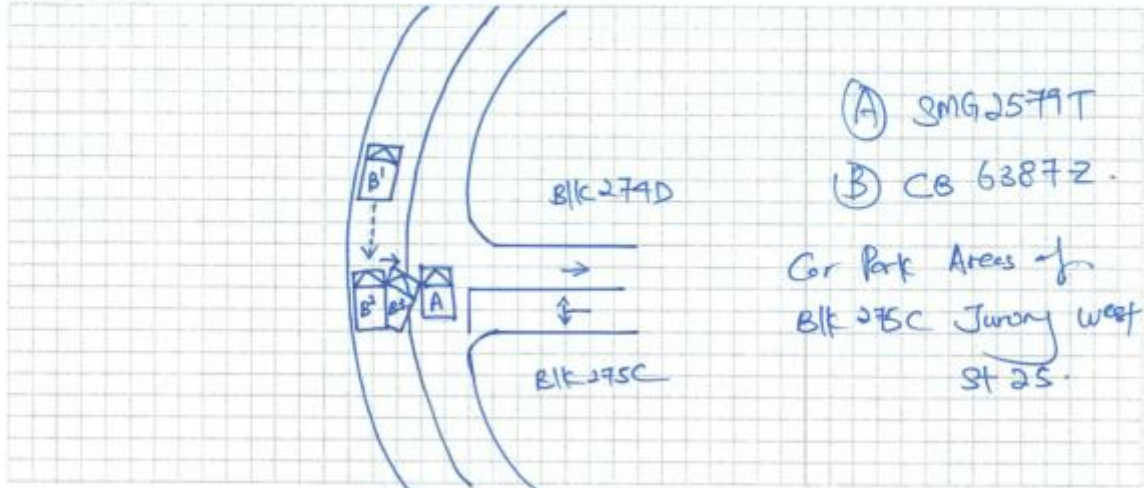
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27-03-2020 @ 11:41 am, I was driving along car park areas of Juncy West St 25 (near BLK 274D & BLK 275C) after drop off passenger. A van was being reversing ahead of my car and stop, so I turned on my right indicator light and overtake the van from right side after confirm no oncoming traffic on right lane. while my car overtaking the van midway, suddenly I felt an impact from the left and then I realized that the van (CB 6387Z) turn right without check & give way his traffic from his right hand side and also no signal light turn on and then collided onto left portion of my car. Hence, I hereto lodge this report to claim against veh B (CB 6387Z) 's insurance for my accident damages. I will go to see doctor if I feel any uncomfortable after this.

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.:

POLICE REPORT


**SINGAPORE
POLICE FORCE**


T/20200328/2013

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20200328/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2020 08:35		Vide Report No.:		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: ZAULKFLI BIN RAGMAN			Address: APT BLK 612 YISHUN STREET 61 #03-189 SINGAPORE 760612		
ID Type / ID No.: NRIC NO / S1733124H			Contact No.: Home/Office: Mobile: 82083812		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 28/01/1965	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: GRAB DRIVER			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: 27/03/2020 11:40	Type of Location: Road near rubbish collection point at blk 275C Jurong West Street
Location: Along Road 1 JURONG WEST STREET 25				
Road near rubbish collection point at blk 275C Jurong West Street 25				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
CB6387Z	Van	TOYOTA	HIACE AUTO 3.0L	Silver	Slightly Damaged	7
SMG2579T	Car	TOYOTA	WISH 2.0 AUTO	Brown	Slightly Damaged	1

POLICE REPORT



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T/20200328/2013

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32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20200328/2013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE KIM TUAN	ID No.	S1596589D
Related Vehicle	CB6387Z (Van)	Contact No.	91080669
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ZAULKFFLI BIN RAGMAN	ID No.	S1733124H
Related Vehicle	SMG2579T (Car)	Contact No.	82083812
Hospital/Clinic	JANE & LEE SEMBAWANG FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	27/03/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the abovementioned date and time and location, the mentioned van (CB6387Z) was making a reverse and I had decided to overtake it on its the right side however the van made a sudden move forward and turned to the right which collided onto the left front side of my car while it was moving. Traffic police had also attended to the scene at the time. No government property or foreign vehicles were involved and no one was conveyed by ambulance however I suffered some back aches and went for a check up at the said clinic and was given 3 days MC. I am lodging this report for insurance claiming purposes as required by my company.

POLICE REPORT

**SINGAPORE
POLICE FORCE**

T/20200328/2013

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20200328/2013

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: L / Sgt 2 AYDIL BIN ABDUL AZIS
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390

Authentication Stamp
NP168

Signature Of Informant:
Date/Time: 28/03/2020 08:35
Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

