

## 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	31/03/2020 12:10
Date Of Accident	30/03/2020 11:15
Exact Location Of Accident	SEMBAWANG RD / GAMBAS AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN7738S
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#### Insured/Policyholder

Name Of Registered Owner	TW PREMIUM AUTOMOBILE PTE LTD
Co Reg No	2XXXXX430G
Email Address	LEASING@TECKWEI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64650030

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 CVT

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	5099003296-02
Cover Note Number	

#### Driver

Name of Driver	MOHAMAD RUZI BIN TUMIN
NRIC No	SXXXX017C
Date Of Birth	03/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	07/08/1996
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91204559
Fax Number	
Contact Number	
EMail Address	RUZIYATIIZZ6@GMAIL.COM

Address	755 WOODLANDS AVENUE 04 #02-309
Postcode	730755
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	COLLISION - HEAD TO REAR
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	WOODLANDS DIVISION HQ
Police Station Address	<b>ROAD:</b> 1 WOODLANDS STREET 12 , <b>POSTCODE:</b> 738622 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.L/20200330/7040;

#### 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 Witness 1

Name	PATRICK
Phone Number	97471688
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX5752L
Vehicle Make/Model/Colour	NISSAN / QASHQAI 1.2 DIG-T CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEONG FOOK KIONG
NRIC/Passport Number	
Contact Number	98770935

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MOHAMAD RUZI BIN TUMIN
Approximate Age	47
Injuries Sustain	
Injured person in which vehicle?	SJN7738S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	755 WOODLANDS AVENUE 04 #02-309
Postcode	730755

## Accident Sketch Plan

### SKETCH PLAN

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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 purposes 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: 31/03/2020

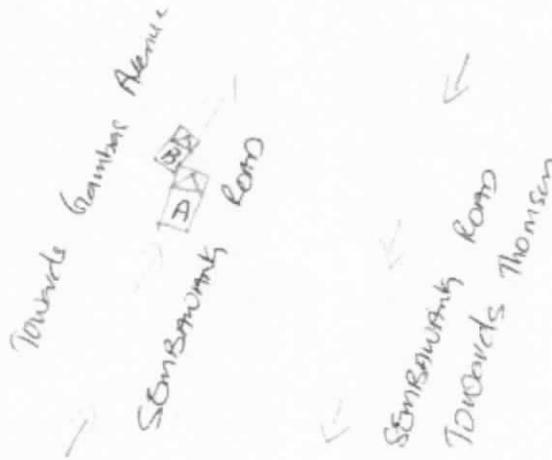
IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416687 Fax: 67492305  
E-mail: [car4k@vri.com.sg](mailto:car4k@vri.com.sg)

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

31 MAR 2020

Accident Sketch Plan

SKETCH PLAN



A - STN 77385  
B - SLX 5752L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report L/20200330 / 7040

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 31/03/2020

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67482305  
Email: kkbk@vicom.com.sg

Reporting Centre Personnel's Signature  
Name:  
NRX/FIN No.: 31 MAR 2020

Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



L/20200330/7040

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**POLICE REPORT (NP299)**

Report No. L/20200330/7040

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 30/03/2020 23:34	Vide Report No.	Station Diary No.
Name Of Informant MOHAMAD RUZI BIN TUMIN	Address APT BLK 755 WOODLANDS AVENUE 4 #02-309 SINGAPORE 730755	
ID Type / ID No. NRIC NO / S7300017C	Contact No. Home/Office:	Mobile: 91204559
Nationality SINGAPORE CITIZEN	Email Address ruziyatiizz6@gmail.com	
Occupation GRAB DRIVER	Sex Male	Age 47
Institution/School Name	Date of Birth 03/01/1973	Race Javanese
Date/Time Of Incident 30/03/2020 11:15	Location Of Incident SEMBAWANG ROAD	

**Brief details.**

On the above mentioned date and time, I was driving my vehicle SJN7738S along Sembawang Road towards Gambas Ave with 1 male Passenger on board, namely Patrick.

I was travelling in the middle of 3 lanes when suddenly, SLX5752L, abruptly swerved into my lane from the left. The rear right portion of SLX5752L hit against the front left portion of my vehicle. It was too fast for me to react and the impact caused my vehicle to swerve to the right. Nonetheless, I managed to fight against the steering wheel and kept my vehicle under control.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2020 23:34
Officer In-Charge Of Case:	Classification Of Case

Authentication Stamp

Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



L/20200330/7040

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200330/7040

Later that afternoon, I started feeling soreness and stiffness on my neck and back areas. As such, I went to Unihealth 24-Hr (Jurong East) to consult a doctor and I was given 3 days MC for injuries suffered due to the accident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2020 23:34
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp