

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	01/04/2020 17:15
Date Of Accident	31/03/2020 22:15
Exact Location Of Accident	ALONG PIE TWRDS CHANGI BEFORE SIMS AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM2192P
Insured/Policyholder	
Name Of Registered Owner	MODEST CAR LEASING PTE. LTD.
Co Reg No	2XXXXX431D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81833239
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 A
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5108295740-01
Cover Note Number	
Driver	
Name of Driver	TAUFEQ BIN HASSAN
NRIC No	SXXXX732F
Date Of Birth	28/11/1983
Occupation	INDOOR
Date Of Driving Pass	08/03/2011
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87558146
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 509 HOUGANG AVENUE 10 #03-111
Postcode	530509
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
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)	5
Passenger 1	NAME: : KHAIRUNNISA BINTE ABDUL WAHAB GENDER: : FEMALE
Passenger 2	NAME: : MUHAMAD IQHWAN RAFIQIN GENDER: : MALE
Passenger 3	NAME: : MUHAMAD IFHYAN RAFAEL GENDER: : MALE
Passenger 4	NAME: : ILA ELYCHA BINTE TAUFIQ GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20200401/2028;

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	SJV2666G
Vehicle Make/Model/Colour	VOLKSWAGEN / POLO 1.4 AT 6R13E7
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

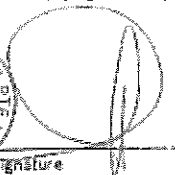
SKETCH PLAN


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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.

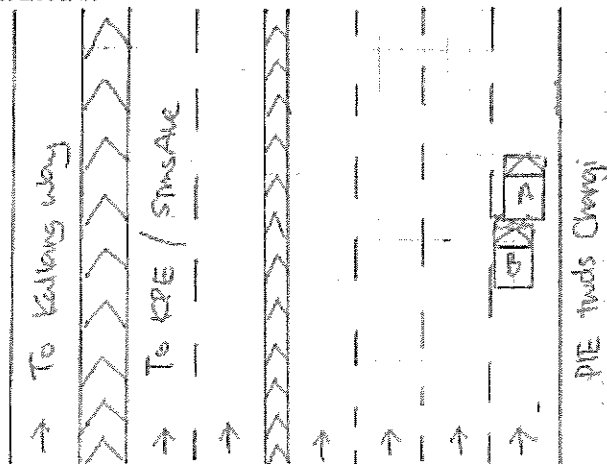

Policyholder's Signature
Date & Time:


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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67482305
Email: vacbk@viam.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: - 1 APR 2020

Accident Sketch Plan

SKETCH PLAN



Veh A: SGMS192P
Veh B: SJV 2666G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report NO. T/20200401 / 2028

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.:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67410697 Fax: 67492305
Email: kackb@vicoin.com.sg

- 1 APR 2020



SINGAPORE
POLICE FORCE

Accident Sketch Plan



T/20200401/2020

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20200401/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2020 11:07	Vide Report No.: G/20200331/0246	Station Diary No.: 31
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Informant's Particulars			
Name of Informant: TAUFEQ BIN HASSAN		Address: APT BLK 509 HOUGANG AVENUE 10 #03-111 SINGAPORE 530509	
ID Type / ID No.: NRIC NO / S8336732F		Contact No.: Home/Office: Mobile: 87558146	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 28/11/1983	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Self-employed		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/03/2020 22:15	Type of Location: Expressway
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGM2192P	Car				Seriously Damaged	7
SJV2666G	Car				Seriously Damaged	0

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20200401/2028

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20200401/2028

CONTINUATION OF REPORT

Brief Details.

On 31/03/2020 at about 2215hrs, while I was driving my vehicle (Registration Number: SGM2192P) along Pan Island Expressway, I had met with an accident. While I was driving along Pan Island Expressway, I had witnessed a traffic accident involving a motorcycle and a car. I then stopped my vehicle as I wanted to render assistance to the motorist. I had asked my cousin to render assistance to the motorist and I will be standing behind my vehicle to direct the traffic. While I was standing behind my vehicle and directing traffic, there is a vehicle (Registration Number: SJV2666G) which had swerve his vehicle upon seeing me however he had went on to hit the rear left side of my vehicle. I then took photos of the accident. Shortly, the traffic police and ambulance came over to the accident scene to render assistance.

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20200401/2023

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 536775
Tel No: 1800-4890999

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Report No: T/20200401/2023

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:

F /

Sgt 2 MUHAMMAD SYAFIQ BIN ROSMANJA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/04/2020 11:07

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

Authentication Stamp

NP163