

## 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	04/05/2020 15:36
Date Of Accident	30/04/2020 14:00
Exact Location Of Accident	HOLLAND RD TWDS CLEMENTI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW4258T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DAWN LIGHT TRDG & FIRE ENGRG
Co Reg No	3XXXX200X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE M.
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5050713619-08
Cover Note Number	

### Driver

Name of Driver	MOHAMED ROSLI BIN ABIDIN
NRIC No	SXXXX102H
Date Of Birth	08/04/1973
Occupation	OUTDOOR
Date Of Driving Pass	23/02/2005
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91147531
Fax Number	
Contact Number	OFFICE-91147531
EEmail Address	NOEMAIL

Address	BLK 473B UPPER SERANGOON CRESCENT #03-327
Postcode	532473
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?	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	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/20200430/7019.

#### 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	SMB1397J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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	MOHAMED ROSLI BIN ABIDIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GW4258T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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:

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

# Accident Sketch Plan

A: GW 4258 T  
B: SMB 1397 J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police report -

## DECLARATION

(We declare the foregoing particulars are true in every respect,



Policyholder's Signature

Date & Time:

Witness: Qualified person only

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/20200430/7019

1 of 3

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

Report No. T/20200430/7019

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2020 18:54	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: MOHAMED ROSLI BIN ABIDIN			Address: APT BLK 473B UPPER SERANGOON CRESCENT #03-327 SINGAPORE 532473	
ID Type / ID No.: NRIC NO / S7314102H			Contact No.: Home/Office:	Mobile: 91147531
Nationality: SINGAPORE CITIZEN			Email: puterabaghdad@gmail.com	
Sex: Male	Age: 47	Date of Birth: 08/04/1973	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Fire and safety inspector			Driving Licence Information: Class:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/04/2020 14:40	Type of Location: Straight Road
Location:  HOLLAND ROAD				
Weather:		Road Surface:	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GW4258T	Van	TOYOTA	HIACE	White	Slightly Damaged	0
SMB1397J	Bus/Coach/Mi nibus				Slightly Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200430/7019

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

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Report No. T/20200430/7019

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MOHAMED ROSLI BIN ABIDIN	ID No.	S7314102H
Related Vehicle	GW4258T (Van)	Contact No.	91147531
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/04/2020	Date Discharge	30/04/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details.

ON THE STATED TIME AND DATE,  
I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER GW4258T ON HOLLAND ROAD TWDS CLEMENTI. I WAS STATIONARY AT THE TRAFFIC JUNCTION WAITING FOR THE LIGHT TO TURN GREEN, OUT OF A SUDDEN I FELT A GREAT IMPACT FROM THE REAR. I ALIGHTED FROM MY VEHICLE TO REALISE THAT I WAS REAR ENDED BY VEHICLE B BEARING CARPLATE NUMBER SMB1397J. I FELT UNWELL AND CONSULTED THE DOCTOR SHORTLY AFTER WHICH I WAS THEN GIVEN A 5-DAYS MC.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200430/7019

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

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Report No. T/20200430/7019

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

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: 30/04/2020 18:54
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168	



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

