

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	01/06/2020 12:48
Date Of Accident	30/05/2020 16:25
Exact Location Of Accident	X-JUNCTION OF SOUTH BRIDGE ROAD AND CROSS STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8872S
Insured/Policyholder	
Name Of Registered Owner	CIRCLE//A TRANSIT
Co Reg No	5XXXX040D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87429047
Alternative Phone No	OFFICE-87429047

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE SUPER GL DARK PRIME II 2.8A
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114430068
Cover Note Number	

Driver

Name of Driver	MOHAMED HIZAN BIN MOHAMED YUSOFF
NRIC No	SXXXX872E
Date Of Birth	27/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	11/08/2000
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87429047
Fax Number	
Contact Number	OTHERS-87429047
Email Address	NOEMAIL

Address	BLK 469 ANG MO KIO AVENUE 10 #12-938
Postcode	560469
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200530/2040

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	SMM6298X
Vehicle Make/Model/Colour	HONDA HRV 1.5 DX CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHOU PENG
NRIC/Passport Number	SXXXX434Z
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHAMED HIZAN BIN MOHAMED YUSOFF
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	PC8872S
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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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:

01/06/2020
Reporting Centre Person's Sign
Name: Resh
NRIC/IN No.:

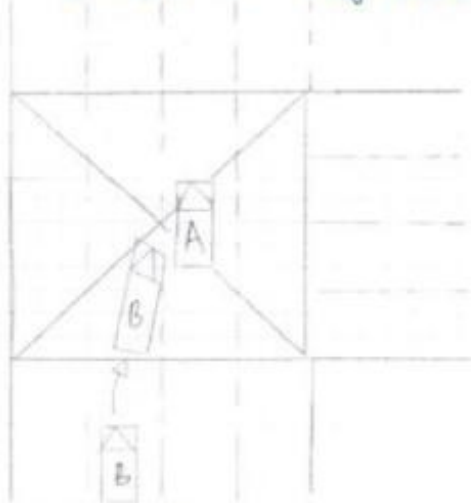
Accident Sketch Plan

SKETCH PLAN

X - JUNCTION OF SOUTH BRIDGE ROAD & CROSS STREET

(A) PC 8872S

(B) SHM 6298X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/2000530/2040



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: *Lee Wei*
NRIC/FIN No.: *101010101*

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200530/2043

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No: T/20200530/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2020 22:27	Vide Report No.:	Station Diary No. 29
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Informant's Particulars

Name of Informant: MOHAMED HIZAN BIN MOHAMED YUSOFF	Address: APT BLK 459 ANG MO KIO AVENUE 10 #12-938 SINGAPORE 560469		
ID Type / ID No. NRIC NO / S7800872E	Contact No. Home/Office: Mobile: 87429047		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 42	Date of Birth: 27/01/1978	Type of Informant: Driver
Race: Malay	Language:		Institution / School Name:
Occupation: Bus driver	Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident	Fatal Others	Drink Drive No	Date/Time of Accident 30/05/2020 15:25	Type of Location X-Junction
Location: Junction of Road 1 and Road 2 SOUTH BRIDGE ROAD CROSS STREET Junction of South Bridge Road and Cross Street				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow:		Traffic Control		Traffic Volume: Light
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
PC8872S	Van	TOYOTA	HIACE SUPER GL DARK PRIME II 2.8 AUTO	White	Slightly Damaged	0
SMM6298X	Car	HONDA	HRV 1.5 DX CVT	Silver		0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



1/20200530/2040

2 of 3

Police Station Of Origin
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No: 1/20200530/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED HIZAN BIN MOHAMED YUSOFF	ID No.	S7800872E
Related Vehicle	PC8872S (Van)	Contact No.	87429047
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3, 4 Date of Expiry: NIL
Date Treatment	30/05/2020	Date Discharge	30/05/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Zhou Peng	ID No.	S7986434Z
Related Vehicle	SMM6298X (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

On the 30th of May 2020 at about 1625hrs, I was heading along South Bridge Rd towards Neil Rd on the 2nd lane, driving my van (PC8872S). When I was crossing the junction between South Bridge Rd and Cross St, a car (SMM6298X) labelled with a probation plate driving along the same road in the same direction in the 3rd lane tried to make a right turn into Cross St while I was driving between the car and Cross St. I tried to avoid by swerving to the right but I was unable to avoid the car. The car hit my van on the rear left side tire area which caused damage to my rear left side tire's rim, rear left side tire, rear left side bumper and the body of the van around the rear left side tire. There are scratches and dents on my van's rims and body on the rear left side of the vehicle. After the accident occurred, I stopped at the 2nd lane just after the junction while the car stopped at the left curb just after the junction at South Bridge Road. I then got out of my van, checked to see the damaged on my van and lastly approached the driver to exchange particulars. Afterwards, I went to Tan Tock Seng Hospital to seek medical assistance. I suffered pain at my right elbow and lower back. I was granted 3 days of outpatient sick leave and medication from said hospital.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200530/2040

3 of 3

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No: T/20200530/2040

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

E /

SCSGT(1) MOHAMED ZAFIR

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time:

30-05-2020 22:27

Officer In Charge Of Case:

TP / FAIT /

Insp YAZID BIN SAWAL

Contact No: 96692992

Classification Of Case:

Authentication Stamp

SP1108



Accident Photo



CHASSIS NO. : GDH211003414
U.W. : 2000 KG
M.L.W. : 3055 KG
TYRE SIZE : F.195/80R-15
R.195/80R-15(S)
PASS. CAP. : F.1 DRIVER + OTHER
R.12 PASSENGERS

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

