

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 11/06/2020 13:46
 Date Of Accident 10/06/2020 10:30
 Exact Location Of Accident SENOKO DRIVE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA5510S
Insured/Policyholder
 Name Of Registered Owner CHYE JOO CONSTRUCTION PTE LTD
 Co Reg No 1XXXXX808K
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-96730994

Vehicle Particulars

Manufacturer NISSAN
 Model URVAN-3.0 D (M)

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5111238553
 Cover Note Number

Driver

Name of Driver ABD RASID BIN ABD RAHIM
 NRIC No SXXXX920J
 Date Of Birth 25/04/1959
 Occupation OUTDOOR
 Date Of Driving Pass 21/06/1983
 Driving Experience 36 YEARS AND 11 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96730994
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	BLK 659C JURONG WEST STREET 65 #07-353
Postcode	643659
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	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT REF NO: T/20200610/7020

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	SMG8241C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ABD RASID BIN ABD RAHIM

Approximate Age

Injuries Sustain

Injured person in which vehicle? PA5510S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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 the claims (including the tracing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of my personal data about me to bring about delivery of the same as well as on the external part of recovery, repair, packaging and/or
 - (v) complying with requirements under any regulations, laws or court orders, 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/are 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

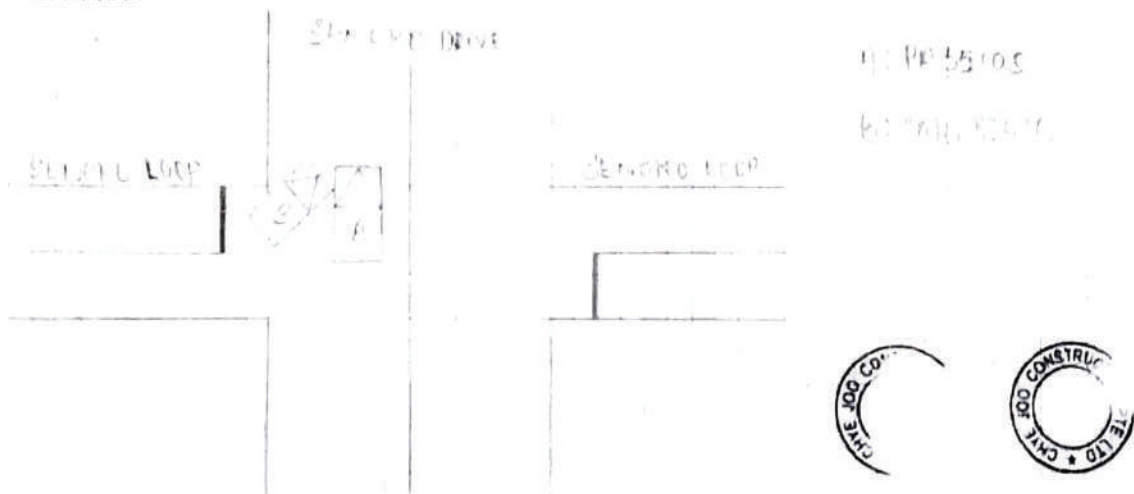
Driver's Signature
(If driver is not the policyholder)
Date & Time

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 4234 Fax: 6453 7944
(Claims Section)

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


Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO. T/20200610/7020

A circular stamp is located on the right side of the page. The text "CHEE OOI CONSTRUCTION PTE. LTD." is arranged in a circle around a central point.

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: CITY AUTO PTE LTD
NRIC/FIN No.: Blk 8 Sin Ming Road
#01-5860/52 Sin Ming Ind Est
Singapore 575543
Tel: 6453 235 Fax: 6453 7943

Police report



**SINGAPORE
POLICE FORCE**



T/20200610/7020

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

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Report No. T/20200610/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2020 21:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABD RASID BIN ABD RAHIM			Address: APT BLK 659C JURONG WEST STREET 65 #07-353 SINGAPORE 643659		
ID Type / ID No.: NRIC NO / S2173920J			Contact No.: Home/Office:		Mobile: 96730994
Nationality: SINGAPORE CITIZEN			Email: rasid659c@hotmail.com		
Sex: Male	Age: 61	Date of Birth: 25/04/1959	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/06/2020 10:30	Type of Location: X-Junction
Location: SENOKO DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		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
PA5510S	Van				Seriously Damaged	0
SMG8241C	Car				Seriously 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/20200610/7020

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

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Report No. T/20200610/7020

CONTINUATION OF REPORT

Driver			
Name	ABD RASID BIN ABD RAHIM	ID No.	S2173920J
Related Vehicle	PA5510S (Van)	Contact No.	96730994
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/06/2020	Date Discharge	10/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 10th June 2020 at about 10:30hrs, I was travelling along Senoko Drive. When approaching Senoko Loop, a vehicle bearing SMG8241C dashed out from my left suddenly. I could not stop in time and collided onto the vehicle. The driver of said vehicle apologised to me, we exchanged particulars and left the scene. I do not have passenger on board.

After the accident, I went to Ar-Raudhah Medical Clinic & Surgery Pte Ltd to seek treatment and was then referred to Ng Teng Fong General Hospital for X-Ray and was given 3 days MC.

I am lodging this report for insurance claim purposes.

Police report



**SINGAPORE
POLICE FORCE**



T/20200610/7020

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

3 of 3

Report No. T/20200610/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
10/06/2020 21:26

Classification Of Case:

Authentication Stamp
NP168