

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	16/06/2020 17:39
Date Of Accident	15/06/2020 15:40
Exact Location Of Accident	PASIR RIS STREET 21 BEFORE PASIR RIS DRIVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP4185G
Insured/Policyholder	
Name Of Registered Owner	KUTEEZ PTE. LTD.
Co Reg No	2XXXXX815N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91856724
Alternative Phone No	OFFICE-91856724

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5112023565
Cover Note Number	

Driver

Name of Driver	MOHD KASSIM BIN ABDUL SALAM
NRIC No	SXXXX942B
Date Of Birth	16/11/1954
Occupation	OUTDOOR
Date Of Driving Pass	07/04/1976
Driving Experience	44 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91856724
Fax Number	
Contact Number	OTHERS-91856724
Email Address	NOEMAIL

Address	BLK 898A TAMPINES STREET 81 #02-784
Postcode	521898
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 - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : KATELYN GOH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT G/20200616/7037

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	GBF5911H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MOHD KASSIM BIN ABDUL SALAM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SGP4185G
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.



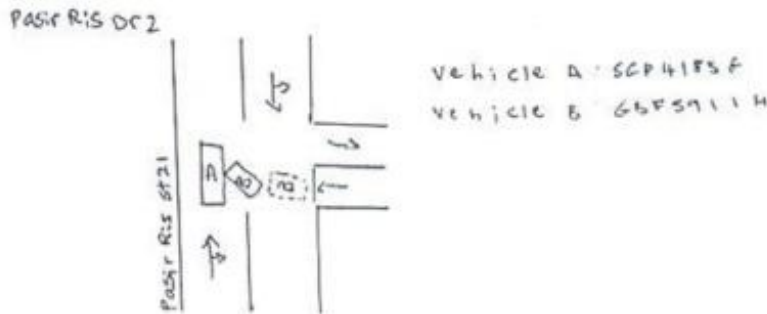
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated Date and time I Vehicle A ~~SCP~~ SEP MS5F

was travelling along Pasir Ris St 21 suddenly Vehicle B GBFS911H

hit on to my right side of my vehicle. I was been driving

to the left side of the road as my front part of my car hit the kerb

along and the van crossed over the centre divider to

the opposite side of the road before the van stalled.

I got down of the car and realise that the lady Driver

say and did not stop at the stop line and turn out of the car park

Police Report G/202006/67089

DECLARATION

I/We declare that 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 Person's Signature
Name:
NRIC/FIN No.:

Scanned with CamScanner

POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20200616/7037

1 of 2

POLICE REPORT (NP299)

Report No. G/20200616/7037

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 16/06/2020 16:05	Vide Report No.	Station Diary No.
Name Of Informant MOHD KASIM BIN ABDUL SALAM	Address APT BLK 898A TAMPINES STREET 81 #02-784 SINGAPORE 521898	
ID Type / ID No. NRIC NO / S0097942B	Contact No. Home/Office: Mobile: 91856724	
Nationality SINGAPORE CITIZEN	Email Address kasim.salam54@gmail.com	
Occupation hirer	Sex Male	Age 65
Institution/School Name	Date of Birth 16/11/1954	Race Malay
Date/Time Of Incident 15/06/2020 15:40	Location Of Incident 259 PASIR RIS STREET 21 Outside LOYANG POINT along pasir ris st 21 SINGAPORE 510259	

Brief details.

on the stated date and time i vehicle A sgp4185g was travelling along pasir ris st 21 suddenly vehicle b gbf5911h hit on to my right side of my vehicle.

on 16/6/20 i felt my shoulder and low back hurt and i went to near by clinic our family physician clinic & surgery at tampines for medical check i was given 5 day of mc.

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: 16/06/2020 16:05
Officer In-Charge Of Case;	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20200616/7037

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200616/7037

Subjects Involved			
Victim			
Person Name	MOHD KASIM BIN ABDUL SALAM		
ID Type	NRIC NO	ID No	S0097942B
Gender	Male	Age	65
Race	Malay	Language	English
Occupation	hirer	Address Type	
Address	APT BLK 898A TAMPINES STREET 81 #02-784 SINGAPORE 521898		Mobile No 91856724
Is Informant A Victim?	Yes		
Person Name	MOHD KASIM BIN ABDUL SALAM (Informant)		

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: 16/06/2020 16:05
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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