

## 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	24/06/2020 14:11
Date Of Accident	23/06/2020 18:50
Exact Location Of Accident	NEAR BLK 19 & 21 TOH YI DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR3622L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALI BIN LASIM
NRIC No	S0152388J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92389056
Alternative Phone No	OTHERS-92389056

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3GF CVT
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115074466
Cover Note Number	

### Driver

Name of Driver	ALI BIN LASIM
NRIC No	S0152388J
Date Of Birth	07/03/1951
Occupation	OUTDOOR
Date Of Driving Pass	06/02/1985
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92389056
Fax Number	
Contact Number	OTHERS-92389056
EEmail Address	NOEMAIL

Address	BLK 161 #06-27 YUNG PING ROAD
Postcode	610161
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?	NO
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	NANYANG N.P.C
Police Station Address	<b>ROAD:</b> 2 JURONG WEST AVE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20200624/2018;

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER/DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ9646J
Vehicle Make/Model/Colour	HONDA / VEZEL 1.5X CVT
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)

DETAILS OF INJURED PERSON 1	
Name	ALI BIN LASIM
Approximate Age	69
Injuries Sustain	
Injured person in which vehicle?	SMR3622L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 161 #06-27 YUNG PING ROAD
Postcode	610161

## Accident Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE

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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.

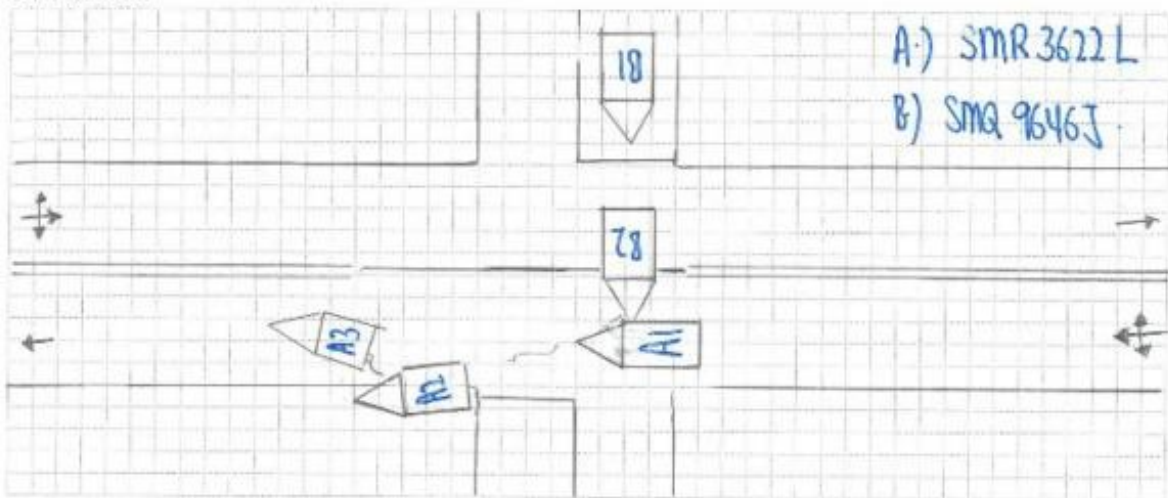
  
Policyholder's Signature  
Date & Time:

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@vicom.com.sg](mailto:vackb@vicom.com.sg)  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 24 JUN 2020

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref: to the attached Police Report No : T/20200624/2018.

## 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:

**DAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@vicom.com.sg](mailto:vackb@vicom.com.sg)

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_ 21 JAN 2020

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20200624/2018

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3

Report No. T/20200624/2018

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2020 11:21		Vide Report No.:		Station Diary No.: 23
<b>Informant's Particulars</b>				
Name of Informant: ALI BIN LASIM		Address: APT BLK 161 YUNG PING ROAD #06-27 SINGAPORE 610161		
ID Type / ID No.: NRIC NO / S0152388J		Contact No.: Home/Office: Mobile: 92389056		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 69	Date of Birth: 07/03/1951	Type of Informant: Driver	
Race: Malay		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/06/2020 18:55	Type of Location: X-Junction
Location: Along Road 1 TOH YI DRIVE  Near Blk 19 and 21 Toh Yi Drive				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		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
SMQ9646J	Car					0
SMR3622L	Car	HONDA	FIT 1.3GF CVT	Purple	Seriously Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR3622L	NTUC Income Insurance Co-Operative Limited	5115074466	31/12/2019	30/12/2020

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20200624/2018

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Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20200624/2018

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ALI BIN LASIM	ID No.	S0152388J
Related Vehicle	SMR3622L (Car)	Contact No.	92389056
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	23/06/2020	Date Discharge	23/06/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details.

On 23/06/2020, at about 1855hrs, I was driving my car bearing registration number SMR3622L along Toh Yi Drive on the main road approaching a T-Junction near Blk 19 and 21. Subsequently, a car bearing registration number SMQ9646J came out from the side road without stopping. As his car turned out from the side road, his car hit into the front right side of my car. The airbags in my car was engaged as a result of the impact. My frontal right side of my car was damaged and the right front headlight had shattered. The traffic police and ambulance were at scene but no one was conveyed. I did not manage to exchange particulars with the driver of SMQ9646J but I do have his contact number (HP: 97608565).

On the same day, at about 2100hrs, I went to the hospital and was given 5 days of medical leave due to swelling and abrasion on the left forearm. I also had pains on my back and right leg. My car have in-car camera operating.

I am lodging this report for insurance purpose.



# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20200624/2018

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20200624/2018

## 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:

J /

Sgt 2 CHONG JIA WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/06/2020 11:21

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD ZICKIE BIN AHMAD

SUYUTI

Contact No.: 65476356

Authentication Stamp

NP168

Classification Of Case:



Accident Photo



Accident Photo





Accident Photo



Accident Photo





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