

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	07/07/2020 10:45
Date Of Accident	06/07/2020 17:35
Exact Location Of Accident	ORCHARD LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC350T
Insured/Policyholder	
Name Of Registered Owner	SHARING WELL PTE LTD
Co Reg No	2XXXXX903C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.5X A
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106551263-01
Cover Note Number	

Driver

Name of Driver	MUSA BIN MOHAMED MOSADDEQ
NRIC No	SXXXX761D
Date Of Birth	20/02/1984
Occupation	OUTDOOR
Date Of Driving Pass	01/06/2010
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82642268
Fax Number	
Contact Number	OFFICE-82642268
Email Address	NOEMAIL

Address	BLK 11 HAIG ROAD #12-377
Postcode	430011
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - E/20200706/7029.

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	GBD1114D
Vehicle Make/Model/Colour	HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOH PHILIP

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUSA BIN MOHAMED MOSADDEQ
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKC350T
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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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

Handwritten sketch plan on a grid background. The sketch shows two vehicles, labeled A and B, positioned side-by-side on a road. Vehicle A is on the left, and Vehicle B is on the right. Both vehicles are represented by simple rectangles with arrows indicating their direction of travel. To the right of the sketch, the following text is handwritten:

A) SKL350T
B) GBD1114D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the first line of the description area:

Refer police report

DECLARATION

We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

SHAW ROYALTY LTD.

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

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

E/2020/0706/7029

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Report No. E/20200706/7029

Date/Time Report Made 06/07/2020 17:39	Vide Report No.	Station Diary No.
Name Of Informant MUSA BIN MOHAMED MOSADDEQ	Address APT BLK 11 HAIG ROAD #12-377 SINGAPORE 430011	
ID Type / ID No. NRIC NO / S8405761D	Contact No. Home/Office: Mobile: 82642268	
Nationality SINGAPORE CITIZEN	Email Address mansormusafamily@gmail.com	
Occupation Private hire Driver	Sex Male	Age 36
Institution/School Name	Date of Birth 20/02/1984	Race Bugis
Date/Time Of Incident 06/07/2020 14:55	Location Of Incident ORCHARD LINK	

The impact was so great that body was thrown in front. As I was belted, my chest was restrained by the seat belt. The back of my head also hit against the head rest. Immediately I felt giddiness and nausea. I also felt discomfort on my chest.

Classification Of Case:

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Police Report



**SINGAPORE
POLICE FORCE**



E/20200706/7029

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200706/7029

I alighted to realise that GBD1114D had collided into my vehicle's rear, resulting in said accident.

After I had alighted my passengers at their destination, I started to feel muscle stiffness and soreness on my neck, shoulder, lower back and left thigh area as well.

As such, I went to a nearby clinic at Toa Payoh, namely Unihealth 24-Hour Clinic (Toa Payoh) for treatment. I was given 5 days 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: 06/07/2020 17:39
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo





Accident Photo

