

## 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	13/07/2020 15:29
Date Of Accident	11/07/2020 12:40
Exact Location Of Accident	TEO HONG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME1712S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMAD ZAIN B JAAFAR
NRIC No	SXXXX152I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96556512
Alternative Phone No	OFFICE-96556512

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT (AMS)
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	REPORTING ONLY
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	5103855264-01
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD ZAIN BIN JAAFAR
NRIC No	SXXXX152I
Date Of Birth	02/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	30/12/1994
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96556512
Fax Number	
Contact Number	OFFICE-96556512
Email Address	NOEMAIL

Address	BLK 936 JURONG WEST STREET 91 #08-351
Postcode	640936
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?	YES
Foreign Vehicle Registration Number	JQQ4690 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2689999 - <b>FAX NO:</b> 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200711/2064.

#### 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	JQQ4690
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	

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

## Accident Sketch Plan

### SKETCH PLAN

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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:

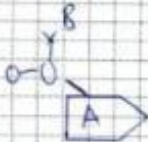
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

SKETCH PLAN:

Along ROAD.1 TEO HONG ROAD

A - SP1E17125  
B - J004690



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

KINDLY REFER TO POLICE REPORT.

## 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:  
NRIC / FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200711/2064

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20200711/2064

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2020 18:28		Vide Report No.: A/20200711/0068		Station Diary No.: 91
<b>Informant's Particulars</b>				
Name of Informant: MOHAMMAD ZAIN BIN JAAFAR		Address: APT BLK 936 JURONG WEST STREET 91 #08-351 SINGAPORE 640936		
ID Type / ID No.: NRIC NO / S1300152I		Contact No.: Home/Office: Mobile: 96556512		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 62	Date of Birth: 02/07/1958	Type of Informant: Driver	
Race: Malay		Language:	Institution / School Name:	
Occupation: Grab Driver		Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/07/2020 12:40	Type of Location:
Location: Along Road 1 TEO HONG ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JQQ4690	Motorcycle					0
SME1712S	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Silver	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# Police Report



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POLICE FORCE**



T/20200711/2064

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 a.

Report No. T/20200711/2064

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME1712S	NTUC Income Insurance Co-Operative Limited	5103855264-01	21/09/2019	20/09/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	JOSHUA RAYAR DAVID		ID No.	G7721915W
Related Vehicle	JQQ4690 (Motorcycle)		Contact No.	96411068
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	MOHAMMAD ZAIN BIN JAAFAR		ID No.	S1300152I
Related Vehicle	SME1712S (Car)		Contact No.	96556512
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

## Brief Details.

On 11/7/2020 at about 12.40pm, I was driving my car bearing plate number SME1712S along Teo Hong Rd and was looking for my passengers intended location. Upon reaching to my passengers destination I informed her and she acknowledged. She opened the left rear passenger side door and the next moment, I felt an impact and discovered that a motorcycle bearing plate number JQQ4690 had collided onto my left rear passenger side door causing some misalignment damage to the door and the door was also dented.

Police Report



SINGAPORE  
POLICE FORCE



T/20200711/2064

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No: T/20200711/2064

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 NURAQILAH BINTE ABDUL HAMID

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/07/2020 18:28

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt LEE GUANG HUI  
Contact No.: 65476138

Classification Of Case:

Authentication Stamp  
NP168

SN 126



Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**





**Accident Photo**



Accident Photo



Accident Photo



**Accident Photo**





Accident Photo



Accident Photo





Accident Photo

