

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	21/07/2020 13:24
Date Of Accident	19/07/2020 13:55
Exact Location Of Accident	CTE SLIP RD INTO AMK AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK7897H
Insured/Policyholder	
Name Of Registered Owner	SKKY PTE LTD
Co Reg No	2XXXXX962C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98167775

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5105453179-01
Cover Note Number	

Driver

Name of Driver	ABDUL RAHMAN BIN SAMIAN
NRIC No	SXXXX191F
Date Of Birth	24/07/1968
Occupation	INDOOR
Date Of Driving Pass	13/10/2001
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93871419
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 206B COMPASSVALE LANE #02-95
Postcode	542206
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 - 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)	5
Passenger 1	NAME: : SRI SURIYANTI BINTE BAHARI GENDER: : FEMALE
Passenger 2	NAME: : DINAH SAFWANAH BINTE ABDUL RAHMAN GENDER: : FEMALE
Passenger 3	NAME: : MUHAMMAD DARWIIS ROIIF BIN ABD RAHMAN GENDER: : MALE
Passenger 4	NAME: : MUHAMMAD ASRIEF BIN MUHAMMAD ARIS GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200720/2074

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	SLB5148Y
Vehicle Make/Model/Colour	
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	ABDUL RAHMAN BIN SAMIAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLK7897H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SRI SURIYANTI BINTE BAHARI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLK7897H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	DINAH SAFWANAH BINTE ABDUL RAHMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLK7897H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	MUHAMMAD DARWIIS ROIIF BIN ABD RAHMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLK7897H
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

AMK Ave 5

A = SLK 7897H
B = SLB 5148Y

CTE Slip Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200720/12074.

(The rest of the section is crossed out with a large diagonal line.)

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



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

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200720/2074

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20200720/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2020 18:15	Vide Report No.:	Station Diary No.: 106
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Informant's Particulars

Name of Informant: ABDUL RAHMAN BIN SAMIAN			Address: APT BLK 206B COMPASSVALE LANE #02-95 SINGAPORE 542206		
ID Type / ID No.: NRIC NO / S6827191F			Contact No.: Home/Office: Mobile: 93871419		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 24/07/1968	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: ASSISTANT ENGINEER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/07/2020 13:55	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY ANG MO KIO AVENUE 5 Slip road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB5148Y	Car	FORD	FOCUS HB TITANIUM 1.6 TI-VCT A/T 5DR	Grey	Slightly Damaged	0
SLK7897H	Car	HONDA	STREAM 1.8 RSZ A	Red	Seriously Damaged	4

Police Report



**SINGAPORE
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T/20200720/2074

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545025
Tel No: 1800-343 8999

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Report No. T/20200720/2074

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	EVELYNN THAM	ID No.	S7905846G
Related Vehicle	SLB5148Y (Car)	Contact No.	NIL
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	ABDUL RAHMAN BIN SAMIAN	ID No.	S6827191F
Related Vehicle	SLK7897H (Car)	Contact No.	93871419
Hospital/Clinic	MUTUAL HEALTHCARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	20/07/2020	Date Discharge	20/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	SRI SURIYANTI BINTE BAHARI	ID No.	S7307961F
Related Vehicle	SLK7897H (Car)	Contact No.	NIL
Hospital/Clinic	MUTUAL HEALTHCARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/07/2020	Date Discharge	20/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Police Report



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T/20200720/2074

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Report No. T/20200720/2074

CONTINUATION OF REPORT

Passenger			
Name	MUHAMMAD DARWIIS ROIIF BIN ABDUL RAHMAN	ID No.	T0503428G
Related Vehicle	SLK7897H (Car)	Contact No.	NIL
Hospital/Clinic	MUTUAL HEALTHCARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/07/2020	Date Discharge	20/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	MUHAMMAD ASRIEF BIN MUHAMMAD ARIS	ID No.	NIL
Related Vehicle	SLK7897H (Car)	Contact No.	NIL
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
Passenger			
Name	DINAH SAFWANAH BINTE ABDUL RAHMAN	ID No.	S9642156G
Related Vehicle	SLK7897H (Car)	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/07/2020	Date Discharge	19/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On the 19/07/2020 at about 1.55pm, I was driving motorcar no. SLK 7897H with 4 other passengers namely my wife, Mdm Suriyanti Binte Bahari (NRIC No. S7307961/F), my daughter, Dinah Sahwanah Binte Abdul Rahman (NRIC No. S9642156/G), my son, Muhammad Darwiis Roiif Bin Abdul Rahman (NRIC No. T0503428/G) and my daughter's friend, Muhammad Asrief Bin Muhammad Aris, along the slip road of Central Expressway (CTE) towards the direction of Ang Mo Kio Avenue 5.

I stopped at the junction of CTE slip road and Ang Mo Kio Avenue 5 to give way to an oncoming motorcars along Ang Mo Kio Avenue 5 when I suddenly felt a violent impact from behind causing my car to move forward. I came out of my car and found that the motorcar no. SLB 5148 Y driven by Ms Evelynn Tham Poh Yin (NRIC No. S7905846/G) had violently collided onto my rear causing serious damages. the said driver, Ms Evelynn Tham, admitted that it was her mistake and said sorry for causing the accident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200720/2074

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Report No. T/20200720/2074

CONTINUATION OF REPORT

I and my passengers were injured as a result of the accident. I together with my wife, Sri Suriyanti, my son, Muhammad Darwis Roiif, were given 3 days of MC each by M/s Mutual Healthcare Medical Clinic and my daughter, Dinah Safwanah, was given 5 days of MC from Sengkang General Hospital.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200720/2074

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2 Sengkang Square #01-02 SINGAPORE
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Tel No: 1800-343 8999

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Report No. T/20200720/2074

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:

F /

Sgt 1 NUR SYAHIRAH BINTE MD LAZIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/07/2020 18:15

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Classification Of Case:

SN 085



Signature: _____

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

