

## 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 20:34
Date Of Accident	20/07/2020 18:10
Exact Location Of Accident	TAMPINES AVE 5 TOWARDS SIMEI ST 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE7301R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHD NOOR B AB HAMID
NRIC No	SXXXX831C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91080705
Alternative Phone No	OFFICE-91080705

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5071102947-05
Cover Note Number	

### Driver

Name of Driver	MOHD NOOR B AB HAMID
NRIC No	SXXXX831C
Date Of Birth	07/05/1953
Occupation	INDOOR
Date Of Driving Pass	13/11/1995
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91080705
Fax Number	
Contact Number	OFFICE-91080705
EEmail Address	NOEMAIL

Address	APT BLK PASIR RIS ST 72 #06-159
Postcode	510725
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8372Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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. 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:

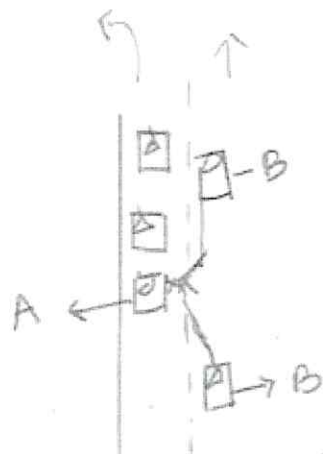
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# Sketch Plan #2

SKETCH PLAN



A - SJET301R  
B - SHA8372Z

Tampines Ave 5 Tnds Smei st 3 before Changi General Hospital.  
attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the Police Report no:  
T20200721/2058.

That's all.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 21/7/2020  
17:10 pm

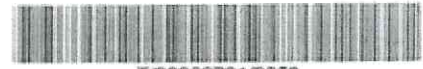
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 21/7/2020  
17:10 pm

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

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200721/2058

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20200721/2058

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:

G /

Staff Sgt IDRIS BIN ROSLI

Signature Of Informant:

*[Signature]* 21/7/2020

Signature Of Interpreter:

Not applicable

Date/Time:

21/07/2020 16:09

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

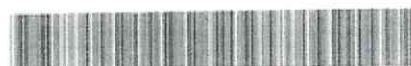
Authentication Stamp

NP166

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200721/2058

2 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20200721/2058

## 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	MOHAMAD NOOR BIN ABDUL HAMID	ID No.	S0059831C
Related Vehicle	SJE7301R (Car)	Contact No.	91080705
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 20/07/2020 at about 1813hrs, I was driving my vehicle registration plate number SJE7301R along Tampines Ave 5 towards to Simei Street 3.

While I was queuing to turn left to Simei St 3, one yellow taxi from my right drove pass and hit onto my right side mirror and left. At that time, I unable to captured the plate number as the vehicle drove very fast.

I then went to my work shop to send for repair. The mechanic guy managed to assist me to view the car camera and it record the incident. The mechanic then gave me the taxi registration plate number.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200721/2058

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20200721/2058

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2020 16:09	Vide Report No.:	Station Diary No.: 73
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## Informant's Particulars

Name of Informant: MOHAMAD NOOR BIN ABDUL HAMID			Address: APT BLK 725 PASIR RIS STREET 72 #06-159 SINGAPORE 510725	
ID Type / ID No.: NRIC NO / S0059831C			Contact No.: Home/Office:	Mobile: 91080705
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 67	Date of Birth: 07/05/1953	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/07/2020 18:10	Type of Location: Y-Junction
Location: Along Road 1 TAMPINES AVENUE 5 SIMEI STREET 3 before Changi General Hospital				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA8372Z	Car					0
SJE7301R	Car	HONDA	CIVIC 1.6L VTI AUTO	Black	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJE7301R	NTUC Income Insurance Co-Operative Limited	5071102947-05	05/05/2020	04/05/2021



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS00206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MYT220061629 Vehicle Registration No: SJE7301R  
Name (as shown in NRIC) : MOHD NOOR B AB HAMID NRIC/FIN/Passport No : S0059831C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : APT BLK PASIR RIS ST 72 #06-159 Singapore ( 510725 )  
Contact (Tel) : Mobile No. : 91080705  
Email Address :  
Date of Accident : 20/07/2020 Time of Accident : 18:10  
Place of Accident : TAMPINES AVE 5 TOWARDS SIMEI ST 3  
Insurance Company : NTUC INCOME INSURANCE CO-OPERATIVE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Upload Accident Photo.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

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

5/1/2020 10:10:10 AM