

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	07/08/2020 09:28
Date Of Accident	04/08/2020 18:00
Exact Location Of Accident	ALONG BOUNDARY RD TWDS LOR CHUAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK2764P
Insured/Policyholder	
Name Of Registered Owner	MUNCHI LEASING PTE. LTD.
Co Reg No	2XXXXX996K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97876633

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5112974558
Cover Note Number	

Driver

Name of Driver	SHAIK SULAIMAN S/O SHAIK YUSOFF
NRIC No	SXXXX144G
Date Of Birth	24/12/1992
Occupation	OUTDOOR
Date Of Driving Pass	20/05/2011
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87500588
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 769 WOODLANDS DR 60 #09-118
Postcode	730769
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	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : MISHANTHI SHEELA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200806/7011

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	SJY5650R
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMR9794J
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 SHAIK SULAIMAN S/O SHAIK YUSOFF
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJK2764P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MISHANTHI SHEELA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJK2764P
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)

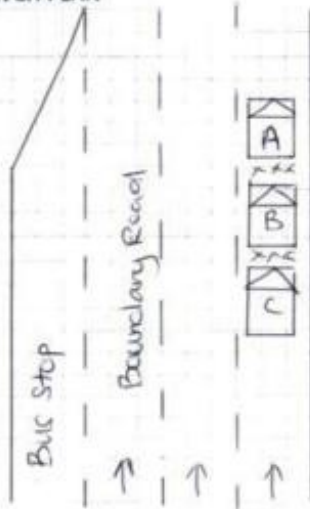
I understand, acknowledge, agree and consent that:

- (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.: _____
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Accident Sketch Plan

SKETCH PLAN



Veh A: SJK2764P
 Veh B: SJY5650R
 Veh C: SMR9794J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/20200806/7011

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/20200806/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No: T/20200806/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2020 15:17	Vide Report No.: F/20200804/0140	Station Diary No.:
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Informant's Particulars			
Name of Informant: SHAIK SULAIMAN S/O SHAIK YUSOFF		Address: 769 WOODLANDS DRIVE 60 #09-118 HDB-WOODLANDS SINGAPORE 730769	
ID Type / ID No.: NRIC NO / S9249144G		Contact No.: Home/Office: Mobile: 87500588	
Nationality: SINGAPORE CITIZEN		Email: Sulaiman666911@gmail.com	
Sex: Male	Age: 27	Date of Birth: 24/12/1992	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Chauffeur		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/08/2020 18:00	Type of Location: Straight Road
Location: BOUNDARY ROAD				
Lamp Post Number: 32				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJK2764P	Car	TOYOTA	Allion	Green	Seriously Damaged	1
SJY5650R	Car	VOLKSWAGO N	JETTA	Blue	Seriously Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20200806/7011

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMR9794J	Car	LEXUS	GS250	Brown	Seriously Damaged	2

Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		
Driver						
Name	SHAIK SULAIMAN S/O SHAIK YUSOFF			ID No.	S9249144G	
Related Vehicle	SJK2764P (Car)			Contact No.	87500588	
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	04/08/2020			Date	05/08/2020	
No. of Days granted Medical Leave		18		Degree of		Serious
Passenger						
Name	MISHANTHI SHEELA			ID No.	S9235556Z	
Related Vehicle	SJK2764P (Car)			Contact No.	87533998	
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	04/08/2020			Date	04/08/2020	
No. of Days granted Medical Leave		07		Degree of		Serious
Passenger						
Name	Unknown Passenger			ID No.	NIL	
Related Vehicle	SMR9794J (Car)			Contact No.	NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL			Date	NIL	
No. of Days granted Medical Leave		NIL		Degree of		NIL

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20200806/7011

CONTINUATION OF REPORT

Brief Details.

On 04/08/2020 at about 1800hrs, i was waiting for traffic light to green towards right along Boundary road. On the same day, i felt a huge impact coming from the back of my vehicle (SJK2764P). i immediately stepped out of my car and discovered that third vehicle (SMR9794J) from the back collided with the second vehicle (SJY5650R) before colliding with my vehicle. Thereafter, Traffic police and ambulance came to the accident location. My Fiance and i was then conveyed to TTSH. Both of us suffered neck and back injuries.

I was given 18 days of medical leave while my Fiance was given 7 days of medical leave.

POLICE REPORT



**SINGAPORE
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Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20200806/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
06/08/2020 15:17

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

