

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	08/08/2020 13:39
Date Of Accident	07/08/2020 15:40
Exact Location Of Accident	NAPIER RD TWDS HOLLAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ3665S
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD RAHIM BIN SOED
NRIC No	SXXXX332E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97209491
Alternative Phone No	OFFICE-97209491

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5118369373
Cover Note Number	

Driver

Name of Driver	MUHAMAD RAHIM BIN SOED
NRIC No	SXXXX332E
Date Of Birth	08/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2004
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97209491
Fax Number	
Contact Number	OFFICE-97209491
Email Address	NOEMAIL

Address	BLK 139 TAMPINES STREET 11 #04-64
Postcode	521139
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	COLLISION - U-TURN
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200808/2018

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCL5055K
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	MUHAMAD RAHIM BIN SOED
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLJ3665S
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

40

Refer to sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/30200808/2018

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: _____

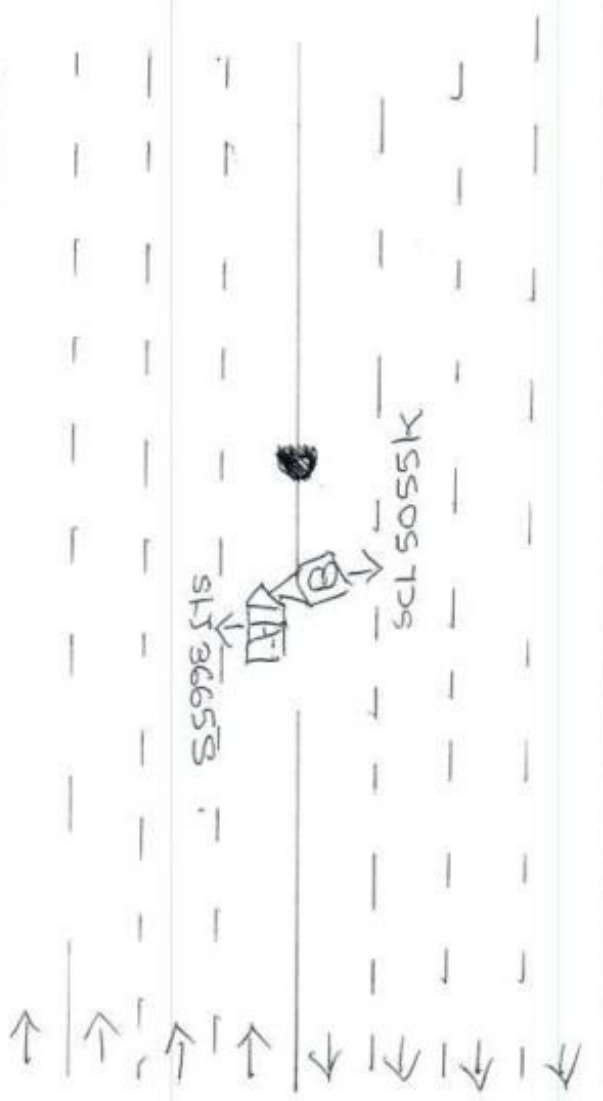
NRIC/FIN No.:

Accident Sketch Plan

118/2020
15.40 PM
0602/811
S599E STS

16420576 d/h 11

Tanglin EXIX Nagier Rd



Police Report



**SINGAPORE
POLICE FORCE**



T/20200808/2018

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20200808/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2020 10:25	Vide Report No.: T/20200807/2086	Station Diary No.: 21
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Informant's Particulars			
Name of Informant: MUHAMAD RAHIM BIN SOED		Address: APT BLK 139 TAMPINES STREET 11 #04-64 SINGAPORE 521139	
ID Type / ID No.: NRIC NO / S6901332E		Contact No.: Home/Office: Mobile: 97209491	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 08/01/1969	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident					
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/08/2020 15:40	Type of Location: Straight Road	
Location: Along Road 1 NAPIER ROAD HOLLAND ROAD NEAR TO GLENEAGLES HOSPITAL					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
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
SCL5055K	Car	MERCEDES BENZ	E 200CGI	Silver		0
SLJ3665S	Car	TOYOTA	VIOS E AUTO	White	Slightly Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLJ3665S	NTUC Income Insurance Co-Operative Limited	5118369373	30/07/2020	29/07/2021	

Police Report



**SINGAPORE
POLICE FORCE**



T/20200808/2018

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No: T/20200808/2018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMAD RAHIM BIN SOED	ID No.	S6901332E
Related Vehicle	SLJ3665S (Car)	Contact No.	97209491
Hospital/Clinic	STREET 11 CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	07/08/2020	Date Discharge	07/08/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 07/08/2020 at about 1531hrs, I picked up a passenger from 5A Ridley Park and the destination was Crossward (King Albert Park).

After entering Napier Road, I then slowly changed to the first lane. After completing the lane change at about 1540hrs, a Silver Mercedes bearing registration no. SCL5055K suddenly turned out from the U-turn junction of Napier Road (from opposite direction). I was unable to stop in time and the vehicle's rear left side then hit onto the front right side of my car. The driver did not stop and left the accident location.

My vehicle suffered dents and scratches on the front right side. There is a crack on my right headlight as well. At that point of time, I have pain on my neck however I have not visited a clinic. My passenger does not have any visible injury either.

After sending the passenger, I came over to lodge a police report with regards to this.

On the 7/8/2020, I lodged a traffic accident report reference no. T/20200807/2086.

However, I had then went to Street 11 Clinic to seek medical attention and was given 4 days MC from 7/8/2020 till 10/8/2020. As such, I am lodging this report to add the MC details.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200808/2018

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20200808/2018

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 /

Sgt 3 MUHAMMAD DANIYAL BIN
BAHARUDDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/08/2020 10:25

Officer In Charge Of Case:

TP / HRT /

SI NOR AFFENDY BIN JAFFAR

Contact No.: 65476368

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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