

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	11/08/2020 18:00
Date Of Accident	10/08/2020 16:35
Exact Location Of Accident	CHANGI VILLAGE RD BEHIND TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFP2629T
Insured/Policyholder	
Name Of Registered Owner	PSP LIMO PRIVATE LIMITED
Co Reg No	2XXXXX221D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X A
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	20-MS008151-R01
Cover Note Number	

Driver

Name of Driver	SUHAIMI BIN ABDUL RAHMAN
NRIC No	SXXXX596C
Date Of Birth	22/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	06/01/1999
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91441108
Fax Number	
Contact Number	OFFICE-91441108
Email Address	NOEMAIL

Address	BLK 589C MONTREAL DRIVE #11-144
Postcode	753589
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 15 BEDOK SOUTH ROAD #01-117 , POSTCODE: 460015 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2419999 - FAX NO: 64431687
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200811/2076.

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	SMK8528E
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	SUHAIMI BIN ABDUL RAHMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SFP2629T
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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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:

[Handwritten signature]

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

[Handwritten signature]

Accident Sketch Plan

SKETCH PLAN

Changi Village Road behind Taxi Stand
(Beside Jacob's cafe)

Vehicle A - SFP 2629T
Vehicle B - SM KE52EE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report no. T/20200811/2076.

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/PIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200811/2076

1 of 3

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

Report No. T/20200811/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2020 15:16	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars			
Name of Informant: SUHAIMI BIN ABDUL RAHMAN		Address: APT BLK 589C MONTREAL DRIVE #11-144 SINGAPORE 753589	
ID Type / ID No.: NRIC NO / S7524596C		Contact No.: Home/Office: Mobile: 91441108	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 22/08/1975	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Grab Driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/08/2020 16:35	Type of Location: Car Park
Location: Along Road 1 CHANGI VILLAGE ROAD				
Behind taxi stand.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFP2629T	Car				Slightly Damaged	0
SMK8528E	Car				No Damage	3

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20200811/2078

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

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Report No. T/20200811/2078

CONTINUATION OF REPORT

Driver			
Name	SUHAIMI BIN ABDUL RAHMAN	ID No.	S7524596C
Related Vehicle	SFP2629T (Car)	Contact No.	91441108
Hospital/Clinic	TOA PAYOH CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	11/08/2020	Date Discharge	11/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 10/08/2020 at about 1635hrs, I was driving vehicle SFP2629T Toyota Wish along Changi Village Carpark lot 10, after 89.7 restaurant. My vehicle was park inside a proper lot and not causing obstruction. Furthermore it was a parallel parking lot.

A moments late, I felt my car moving forward. I realize that my vehicle had been hit. I came out of the vehicle and discovered vehicle SMK8528E Honda Yellow had hit my rear side. I made a checked and discovered my rear bumper and the alignment was out of shape.

I also checked the other car and did not discover any damages. I called traffic police to come down to scene as the other party refuse to exchange particulars.

When traffic police came, I and the driver involved exchanged particulars and wa left scene. I wish to include that no one was convey to hospital.

On 11/08/2020 at about 0800hrs, I felt pain on my right shoulder and went to the Toa Payoh Clinic and the doctor gave me a 3 days of Medical Certificate(MC).

I am making this report to inform police about the matter and for insurance claim purposes.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200811/2076

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

3 of 3

Report No. T/20200811/2076

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 /

Sr Staff Sgt MUHAMMAD AL-ADHA BIN ABDUL
GHANI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/08/2020 15:16

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

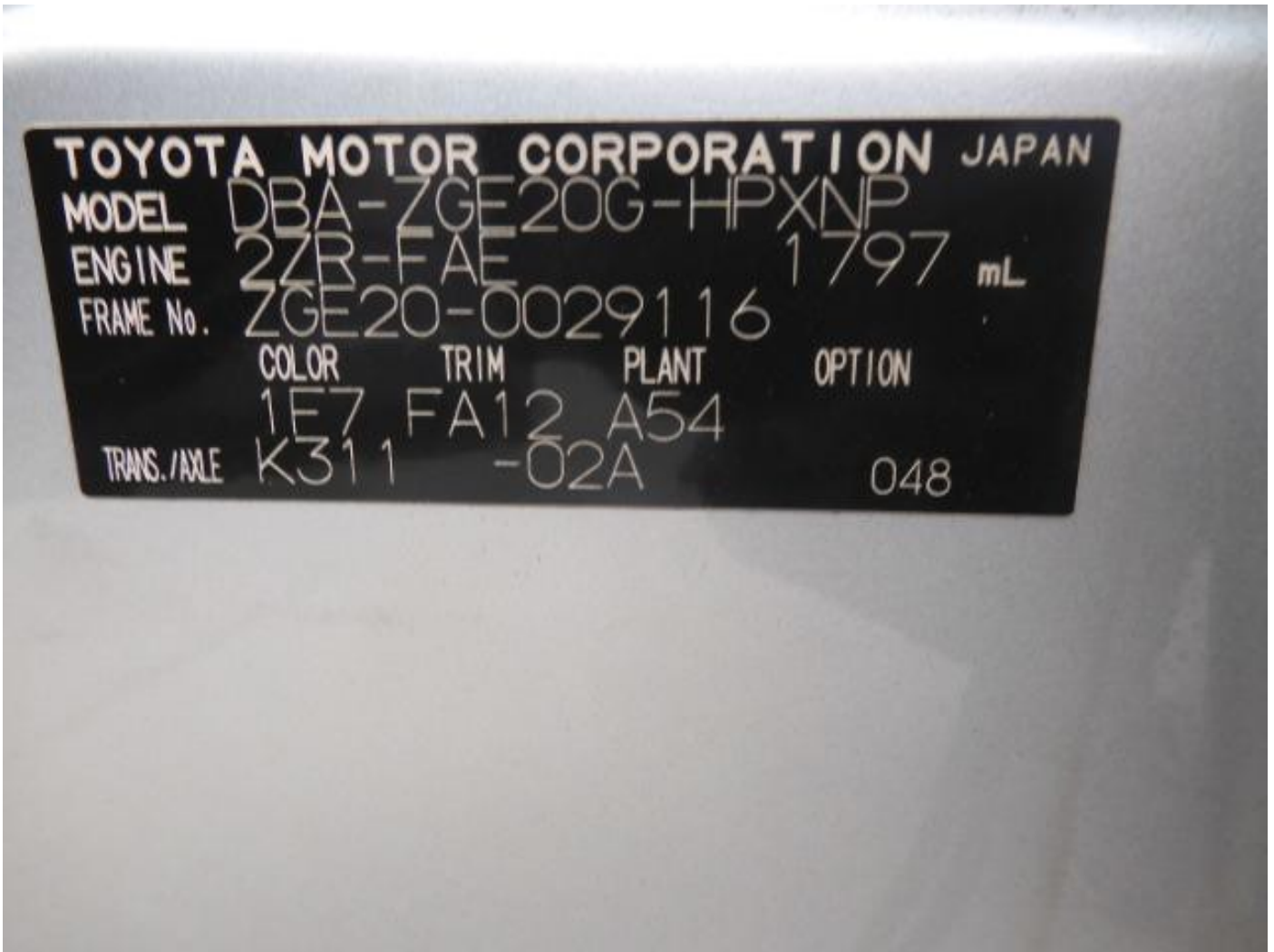


Accident Photo



Accident Photo





Accident Photo

