

## 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 22/06/2019 14:14  
Date Of Accident 21/06/2019 18:30  
Exact Location Of Accident BEDOK SOUTH AVENUE 1  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY6546C  
**Insured/Policyholder**  
Name Of Registered Owner ROSEDA BINTE HASSAN  
NRIC No S6904480H  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-96414002  
Alternative Phone No OFFICE-96414002  
**Vehicle Particulars**  
Manufacturer VOLKSWAGEN  
Model SCIROCCO 1.4L AT-TSI 1372Q5  
Exact Purpose for which vehicle was being used at time of accident

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 5100881280 CLASSIC  
Cover Note Number

### Driver

Name of Driver ALIF BIN SAMSODIN  
NRIC No S9402795J  
Date Of Birth 20/01/1994  
Occupation INDOOR  
Date Of Driving Pass 06/09/2012  
Driving Experience 6 YEARS AND 9 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-81801660  
Fax Number  
Contact Number  
EMail Address NOEMAIL

Address BLK 10 #03-09 CHAI CHEE ROAD  
 Postcode 467010  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured CHILDREN  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident SIDE SWIPE  
 Weather Conditions RAINING  
 Road Surface WET

#### 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) 2  
 Passenger 1  
 NAME: : NADRAH  
 GENDER: : FEMALE

#### 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 SKETCH PLAN ATTACHED

#### 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 SHC5859X  
 Vehicle Make/Model/Colour RENAULT LATITUDE 2.0L DCI AUTO D/AB 4DR  
 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)

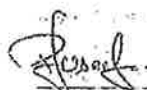
**SKETCH PLAN**

**IMPORTANT NOTICE**

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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/email 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:

27 JUN 2019

**IDAC KAKI BUKIT (VAC)**

23 Kaki Bukit Ave 4

Singapore 415933

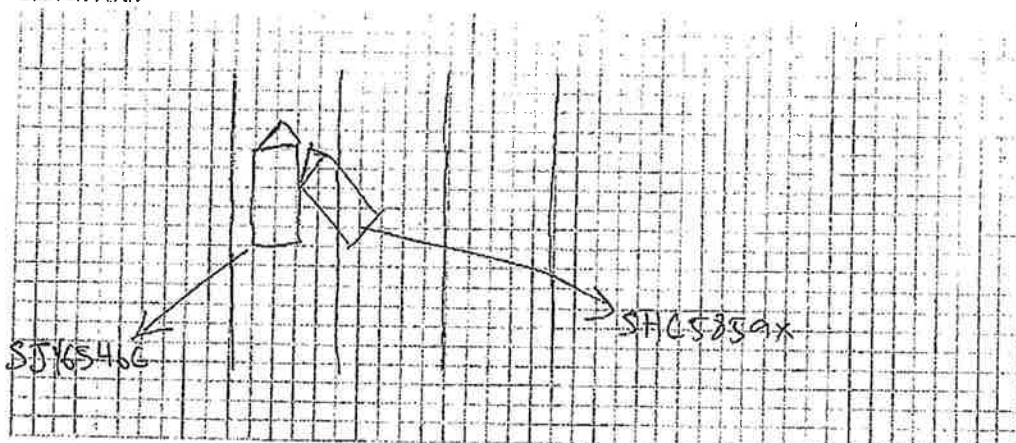
Tel: 67416697 Fax: 67492305

Email: [vac@idac.com.sg](mailto:vac@idac.com.sg)

Name:

NRIC/PIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21 June 2004 at 6.30pm, I was driving along Bedok South Ave 1 towards New Upper Changi Road at 40km/h on lane 3 when the taxi cut across my lane and hit the front right side of my car from the right mirror onwards.

DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 22/06/12

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

TOAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67436697 Fax: 67492305

Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20190624/2071

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/20190624/2071

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/06/2019 13:24		Vide Report No.:		Station Diary No.: 14	
Name of Informant: ALIF BIN SAMSODIN		Address: APT BLK 10 CHAI CHEE ROAD #03-09 SINGAPORE 467010			
ID Type / ID No.: NRIC NO / S9402795J		Contact No.: Home/Office: Mobile: 81801660			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 25	Date of Birth: 20/01/1994	Type of Informant: Driver		
Race: Javanese		Language:		Institution / School Name:	
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/06/2019 18:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BEDOK SOUTH AVENUE 1 NEW UPPER CHANGI ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

SHC5859X	Car	RENAULT	LATITUDE	Red		0
SJY6546C	Car	VOLKSWAGO N	SCIROCCO	White	Slightly Damaged	1

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



**SINGAPORE  
POLICE FORCE**



T/20190624/2071

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15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

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Report No, T/20190624/2071

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Unknown Driver		ID No. S1538579J
Related Vehicle	SHC5859X (Car)		Contact No. 92413721
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
<b>Driver</b>			
Name	ALIF BIN SAMSODIN		ID No. S9402795J
Related Vehicle	SJY6546C (Car)		Contact No. 81801660
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	22/06/2019	Date Discharge	22/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Passenger</b>			
Name	NADRAH M HELMY		ID No. S9243649G
Related Vehicle	SJY6546C (Car)		Contact No. 87224697
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	22/06/2019	Date Discharge	22/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the 21/06/2019 at about 1830hrs, I was travelling on the extreme left lane in my vehicle, a white Volkswagon Scirocco (SJY6546C) together with 1 passenger seated at the front passenger seat along Bedok South Avenue 1, towards new Upper Changi Road. It was drizzling and the road was wet. I then felt an impact from the right side and immediately stopped the car. I alighted the vehicle and noticed that another vehicle, a red TransCab taxi (SHC5859X) had side swiped my vehicle.

I felt pain on my neck, shoulders and back. The impact also caused my vehicle's right side mirror to be almost fully detached and caused scratches on the front portion and wheel rims. I did not noticed the taxi's damages. The driver of the taxi, who was driving alone also stopped at the side and we spoke to each other. After discussing the matter, we took photos of the damages and left the incident location.



**SINGAPORE  
POLICE FORCE**



T/20190624/2071

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Bedok NPP

15 Bedok South Road #01-117 SINGAPORE

460015

Tel No: 1800-2419999

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Report No. T/20190624/2071

**CONTINUATION OF REPORT**

Later on in the evening, my passenger felt pains on her neck, shoulders and chest and we went to Parkway East Hospital for a checkup. Both of us were given medical certificates of 5 days each (effective from 22/06/2019 to 25/06/2019). I have a vehicle camera however it was not switched on at the time of incident.

I am lodging this report for insurance purposes.