

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	24/08/2020 16:46
Date Of Accident	22/08/2020 17:35
Exact Location Of Accident	JURONG EAST AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA5232S
Insured/Policyholder	
Name Of Registered Owner	AHMAD RAUF BIN SALLEH
NRIC No	S8941250A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88689458
Alternative Phone No	OFFICE-88689458

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5116559575
Cover Note Number	

Driver

Name of Driver	AHMAD RAUF BIN SALLEH
NRIC No	S8941250A
Date Of Birth	09/11/1989
Occupation	INDOOR
Date Of Driving Pass	15/11/2018
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88689458
Fax Number	
Contact Number	OFFICE-88689458
EEmail Address	NOEMAIL

Address	BLK 868 TAMPINES ST 83 #02-187
Postcode	520868
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 - HEAD TO REAR
Weather Conditions	CLEAR
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?	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)	3
Passenger 1	NAME: : NOOR FAIZAH BTE MD RAHIM GENDER: : FEMALE
Passenger 2	NAME: : FARHA AALEYAH BINTE AHMAD RAUF 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/20200824/7016.

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	SLQ450C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 AHMAD RAUF BIN SALLEH
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLA5232S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NOOR FAIZAH BTE MD RAHIM
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLA5232S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name FARHA AALEYAH BINTE AHMAD RAUF
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLA5232S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

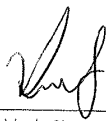
SKETCH PLAN

IMPORTANT NOTICE


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



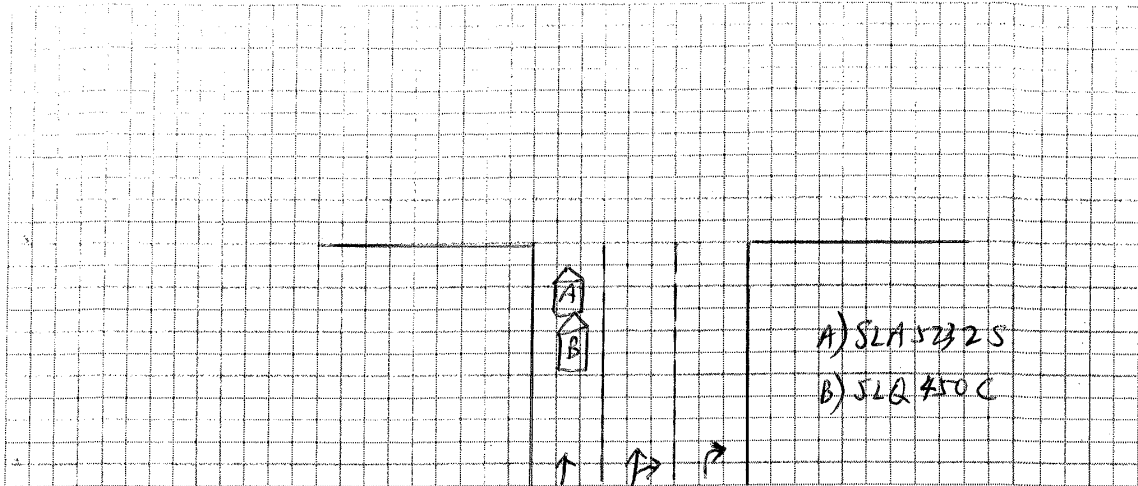
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

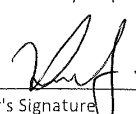
My car slowed down as the traffic light turned amber and I stopped. My car was already stationary, then the car hit my car from the back.

DECLARATION

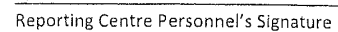
I/We declare the foregoing particulars are true in every respect.


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.:



**SINGAPORE
POLICE FORCE**



T/20200824/7016

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

1 of 4

Report No. T/20200824/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2020 14:02		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: AHMAD RAUF BIN SALLEH			Address: 868 TAMPINES STREET 83 #02-197 SINGAPORE 520868		
ID Type / ID No.: NRIC NO / S8941250A			Contact No.: Home/Office: Mobile: 88689458		
Nationality: SINGAPORE CITIZEN			Email: RAUFCABALLEROS@GMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 09/11/1989	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Building maintenance worker			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/08/2020 17:35	Type of Location: X-Junction
Location: JURONG EAST AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLA5232S	Car	HONDA	VEZEL+1.5X+CVT	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA5232S	NTUC Income Insurance Co-Operative Limited	5116559575	04/03/2020	03/03/2021



**SINGAPORE
POLICE FORCE**



T/20200824/7016

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

Report No. T/20200824/7016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AHMAD RAUF BIN SALLEH	ID No.	S8941250A
Related Vehicle	SLA5232S (Car)	Contact No.	88689458
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
Passenger			
Name	FARHA AALEYAH BINTE AHMAD RAUF	ID No.	T1914867F
Related Vehicle	SLA5232S (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	05	Degree of	Slight
Passenger			
Name	NOOR FAIZAH BINTE MOHAMED RAHIM	ID No.	S9228606A
Related Vehicle	SLA5232S (Car)	Contact No.	86112856
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	06	Degree of	Slight

Brief Details.

When the traffic light turns amber i stopped the car. I was the first car and at the extreme left lane going straight and another car from the second lane hit my car from the rear. Accident location at Jurong East Avenue 1. I have videos and pictures.



**SINGAPORE
POLICE FORCE**



T/20200824/7016

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

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Report No. T/20200824/7016

CONTINUATION OF REPORT

Sketch Plan #6 Pg. 1



SINGAPORE
POLICE FORCE



T/20200824/7016

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

4 of 4

Report No. T/20200824/7016

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

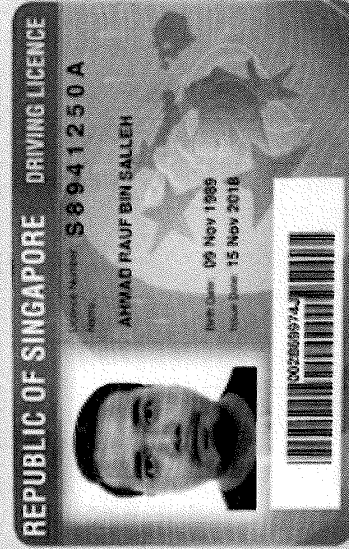
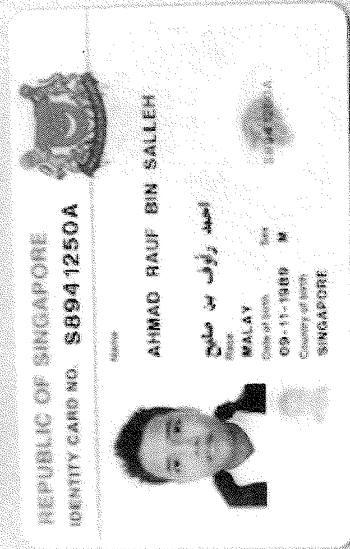
Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
24/08/2020 14:02

Classification Of Case:



Usage for Insurance Motor Accident Reporting
and Claims Purposes Only

Vehicle no: 9LA 52223

Date of Accident: 28/08/20



Usage for Insurance Motor Accident Reporting
and Claims Purposes Only

Vehicle no: SLA 52322

Date of Accident: 22/08/20



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5116559575	
The Policyholder	: AHMAD RAUF BIN SALLEH	
	BLK 868 #02-197	
	TAMPINES STREET 83	
	TAMPINES VISTA	
	SINGAPORE 520868	
Period of Insurance	: 04 Mar 2020 To 03 Mar 2021	
Sum Insured	: Market Value of Insured Vehicle at Time of Loss	
Premium (inclusive GST)	: S\$1,348.81	
Interest Insured		
Cover Type	: drivo CLASSIC	
Primary Driver	: AHMAD RAUF BIN SALLEH	
Named Driver (1)	: N/A	
Named Driver (2)	: N/A	
Make/Model	: HONDA/VEZEL	Capacity : 1500cc
Registration Number	: SLA5232S	Registration Year : 2016
Chassis Number	: RU11107202	Off-peak Car : No
Repair at Owner's Preferred Workshop	: No	Insure with COE : Yes
Excess (Section 1)	: S\$600	NCD Entitlement : 10%
Excess (Section 2)	: N/A	NCD Protection : No
Windscreen Excess	: S\$100	
Additional Excess	: N/A	
Unnamed Driver Excess	: Please refer to Terms and Conditions	
Hire Purchase Company	: DICKSON CAPITAL PTE LTD	
Optional Cover		
Transport Allowance	: No	
Excess Waiver	: No	

Memo A : N/A

Endorsement Operative : N/A

Agency	: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue	: 04 Mar 2020 15:34 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

