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 witholding 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 19:08
Date Of Accident	21/08/2020 07:50
Exact Location Of Accident	SELETAR WEST LINK TWDS CTE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJS5592G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAFIIZ BIN ISHAK
NRIC No	SXXXX151E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87680677
Alternative Phone No	OFFICE-87680677
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8 RSZ A
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115473718
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HAFIIZ BIN ISHAK
NRIC No	SXXXX151E
Date Of Birth	14/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87680677
Fax Number	
Contact Number	OFFICE-87680677
EMail Address	NOEMAIL

Address	BLK 283 YISHUN AVENUE 6 #02-146
Postcode	760283
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 - CHANGE/CROSS LANE
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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/20200824/7020.

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	SJX3864J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANTHONY KOO
NRIC/Passport Number	SXXXX093C
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD HAFIIZ BIN ISHAK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJS5592G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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 as investigation.**
6) The 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 lodgment of this report to 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:

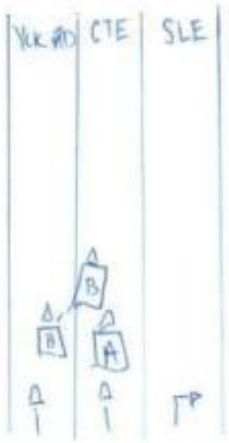
   a) My insurer, my workshop and the General Insurance Association of Singapore ("**GIA**") may/ are permitted to collect, use, disclose and/ or process my personal data/ personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
      ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not policyholder)	Name:
	Date & Time:	NRIC/ FIN No:

Accident Sketch Plan

SKETCH PLAN



VEH A : SJS5592G

VEH B : SJX3864J

REFER TO POLICE REPORT

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

SINGAPORE POLICE FORCE

T/20200824/7020

Report No. T/20200824/7020

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
24/08/2020 15:10		

Informant's Particulars

Name of Informant: MUHAMMAD HAFIZ BIN ISHAK			Address: 283 YISHUN AVENUE 6 #02-146 SINGAPORE 760283	
ID Type / ID No.: NRIC NO / S8923151E			Contact No.: Home/Office: Mobile: 87680677	
Nationality: SINGAPORE CITIZEN			Email: fizishak1989@gmail.com	
Sex: Male	Age: 31	Date of Birth: 14/07/1989	Type of Informant: Vehicle Owner	
Race: Malay			Language: English	Institution / School Name:
Occupation: Mechanical engineering technician (general)			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 20/08/2020 07:50	Type of Location: Straight Road
Location: SELETAR WEST LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 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
SJS5592G	Car	HONDA	honda stream	White	Slightly Damaged	1
SJX3864J	Car	TOYOTA	ALTIS	Silver	Slightly Damaged	1

SINGAPORE POLICE FORCE

T/20200824/7020

Report No. T/20200824/7020

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS5592G	NTUC Income Insurance Co-Operative Limited	5115473718	22/01/2020	21/01/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	MUHAMMAD HAFIZ BIN ISHAK	ID No.	S8923151E
Related Vehicle	SJX3864J (Car)	Contact No.	87680677
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	22/08/2020	Date	22/08/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

on 20/8/20 at about 7.50am i was driving my vehicle, SJS 5592G at Seletar West on toward CTE/Yio Chu Kang on the first lane of a two lane road. Suddenly SJX3864J beside me on second lane cut into my lane, i couldn't applied my brake on time and collided on his rear right side bumper. There were no traffic police or ambulance that came to the incident location. However as i feeling discomfort on my neck. I went to seek my own medical treatment. Doctor given me 3days mc.

SINGAPORE POLICE FORCE

T/20200824/7020

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2020 15:10
Officer In Charge Of Case: TP / TPIB / LEE MING CAI Contact No.: 65476960	Classification Of Case:

Authentication Stamp

NP168

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo