

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 | 01/09/2020 15:19 |
| Date Of Accident | 01/09/2020 08:00 |
| Exact Location Of Accident | CTE TWDS AYE BEFORE AMK AVE 5 EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJV8016T |
| Insured/Policyholder | |
| Name Of Registered Owner | AZLI BIN ABDUL AZIZ |
| NRIC No | SXXXX933I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90629527 |
| Alternative Phone No | OFFICE-90629527 |

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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5115993028 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | AZLI BIN ABDUL AZIZ |
| NRIC No | SXXXX933I |
| Date Of Birth | 01/09/1971 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/06/1989 |
| Driving Experience | 31 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90629527 |
| Fax Number | |
| Contact Number | OFFICE-90629527 |
| EEmail Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 579 WOODLANDS DRIVE 16 #05-606 |
| Postcode | 730579 |
| 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 | 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: : KELLY GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | GEYLANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8486999 - FAX NO: 68486799 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20200901/2034.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------------|
| Vehicle Registration Number | SJJ5718J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | HOR YONG HONG |
| NRIC/Passport Number | |

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name AZLI BIN ABDUL AZIZ
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJV8016T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name KELLY
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJV8016T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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. 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 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.

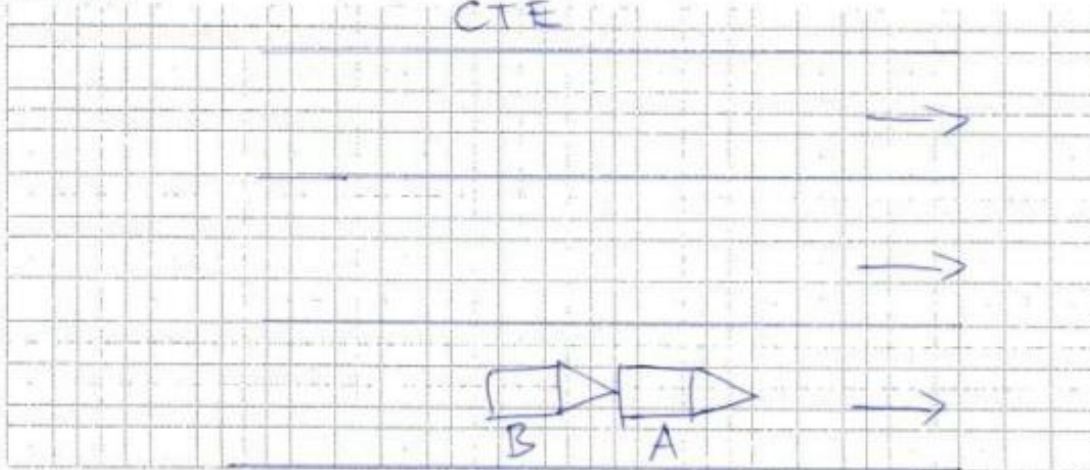

Policyholder's Signature
Date & Time:


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- 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 the policyholder)
Date & Time:

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200901/2034

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 4

Report No. T/20200901/2034

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 01/09/2020 13:29 | Vide Report No.: | Station Diary No.: 57 |
|--|------------------|--------------------------|

Informant's Particulars

| | |
|---|---|
| Name of Informant: AZLI BIN ABDUL AZIZ | Address: APT BLK 579 WOODLANDS DRIVE 16 #05-606 SINGAPORE 730579 |
| ID Type / ID No.: NRIC NO / S7130933I | Contact No.: Home/Office: Mobile: 90629527 |
| Nationality: SINGAPORE CITIZEN | Email: azlibaaziz@gmail.com |
| Sex: Male Age: 49 Date of Birth: 01/09/1971 | Type of Informant: Driver |
| Race: Malay | Language: Institution / School Name: |
| Occupation: GRAB DRIVER | Driving Licence Information: Class: Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 01/09/2020 08:00 | Type of Location: Straight Road |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage 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 | Condition | No of Passenger |
|-------------|------|--------|-------------|-------|------------------|-----------------|
| SJJ5718J | Car | | | | Slightly Damaged | 0 |
| SJV8016T | Car | TOYOTA | WISH 1.8X A | Black | Slightly Damaged | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|--------------|------------|-------------|
| SJV8016T | NTUC Income Insurance Co-Operative Limited | 5115993028 | 07/02/2020 | 08/02/2021 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20200901/2034

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 4

Report No. T/20200901/2034

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | HOR YONG HONG | ID No. | S9609126E |
| Related Vehicle | SJJ5718J (Car) | Contact No. | 91693252 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | AZLI BIN ABDUL AZIZ | ID No. | S7130933I |
| Related Vehicle | SJV8016T (Car) | Contact No. | 90629527 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 01/09/2020 | Date Discharge | 01/09/2020 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |
| Passenger | | | |
| Name | KELLY | ID No. | NIL |
| Related Vehicle | SJV8016T (Car) | Contact No. | 93849088 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 01/09/2020 at around 8am, I was driving Grab in vehicle SJV8016T along CTE towards AYE before Ang Mo Kio Ave 5 exit. I was driving on the extreme right lane. When the vehicle in front of me slow down, I stepped my brake to reduce my speed. While my car was slowing down, suddenly, I felt an impact coming from the back of my car.

I quickly stopped my car to make a check and discovered that another vehicle SJJ5718J had collided on to the rear of my car. I exchange contact details with the driver and took photograph of the vehicle. My vehicle rear bumper was dislodged, dented and there are multiple scratches. My car rear boot cover was

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20200901/2034

3 of 4

Report No. T/20200901/2034

CONTINUATION OF REPORT

dented, it can be open but unable to close properly.

I also felt pain on the back of my neck and on my back. I went to Changi General Hospital for consultation and was given 4 days of MC by Dr Huang Guo Liang Eugene 13988B. The MC number is EMD2020138173. My passenger also went to the same hospital for consultation.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20200901/2034

4 of 4

Report No. T/20200901/2034

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 NG KA WAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/09/2020 13:29

Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

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



Accident Photo



Accident Photo

