SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE:

1. Please report promptly 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 acknowledgement 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 then copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report by the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available thereafter.

ACCIDENT STATEMENT	
Date Of Report	29/08/2020 10:40
Date Of Accident	28/08/2020 17:30
Exact Location Of Accident	ALONG PIE NEAR POLICE ACADEMY TOWARDS CHANGI
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMH2585U
Insured/Policyholder	
Name Of Registered Owner	ISMAIL BIN AGIL
NRIC No	SXXXX063H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96311144
Alternative Phone No	OTHERS-96311144
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	5115145219 (CLASSIC)
Cover Note Number	
Driver	
Name of Driver	ISMAIL BIN AGIL
NRIC No	SXXXX063H
Date Of Birth	03/05/1962
Occupation	OUTDOOR
Date Of Driving Pass	31/07/1985
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96311144
Fax Number	
Contact Number	OTHERS-96311144
EMail Address	NOEMAIL

Address	BLK 297D #03-104 CHOA CHU KANG AVENUE 2
Postcode	684297
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	CHAIN COLLISION
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	3
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: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : GRANDAUGHTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	**ROAD:** 20 CHOA CHU KANG ST 52 #01-02 , **POSTCODE:** 689286 , **COUNTRY:** SINGAPORE
Police Station Contact	**TEL NO:** - **FAX NO:**
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER STATEMENT (ATTENDED BY: JAMES NG)

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	SH6744E
Vehicle Make/Model/Colour	COMFORT TAXI / BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM THIAM BOH

NRIC/Passport Number	SXXXX674D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFY27X
Vehicle Make/Model/Colour	MERCEDES BENZ / BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BIN EE
NRIC/Passport Number	SXXXX829E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ZA'IYAH BTE RUAH (WIFE)
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMH2585U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ISMAIL BIN AGIL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMH2585U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	DIAN ADELEA BTE ABDULLAH (GRAND-DAUGHTER)
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMH2585U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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**.
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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 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 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.
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;

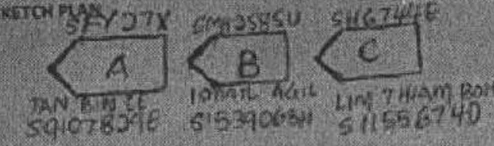
(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(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.:

29 AUG 2020

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 29/8/20 Time: 17:30

Travel along PIE near Police Academy toward Changi. near exit Thomson Rd, involved in accident (3 cars) @ Lane 1, at time of accident road quit busy, suddenly, front car slow down and stop, I need to jammed break and it stop immediately but car behind me can't stop in time and hit my rear left side and make my car move forward and hit infront of my car (car A) photos taken and exchanged particular.

DECLARATION

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

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6510 3312 Fax: 6569 0722
Email: vacbub@singnet.com.sg

Policyholder's Signature
Date & Time: 29 AUG 2020

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

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

SINGAPORE POLICE FORCE

T/20200830/2017

Report No. T/20200830/2017

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689298
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
30/08/2020 10:47		27

Informant's Particulars

Name of Informant:			Address:
ISMAIL BIN AGIL			297D CHOA CHU KANG AVENUE 2 #03-104 SINGAPORE 684297
ID Type / ID No.:			Contact No.:
NRIC NO / S1539063H			Home/Office: Mobile: 96311144
Nationality:			Email:
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	58	06/05/1962	Driver
Race:			Language: / Institution / School Name:
Malay			
Occupation:			Driving Licence Information:
SP TECHNICIAN			Class: 2B 3 4 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Others	No	28/08/2020 17:30	Straight Road

Location:
PAN-ISLAND EXPRESSWAY

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Not Controlled	Heavy
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Head To Rear		No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Colour	Condition	No of Passenger
SFY27X	Car				Slightly Damaged	0
SH6744E	Car				Slightly Damaged	2
SMH2585U	Car	TOYOTA	VIOS 1.5 G (AUTO)	Blue	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20200830/2017

Police Station Of Origin:
Choa Chu Kang N P C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Report No: T/20200830/2017

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SMH2585U	NTUC Income Insurance Co-Operative Limited	5115145219	17/01/2020	16/01/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN BIN EE CHRISTOPHER	ID No.	S9107829E
Related Vehicle	SFY27X (Car)	Contact No.	NIL
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	LIM THIAM BOH	ID No.	S1155674D
Related Vehicle	SH6744E (Car)	Contact No.	NIL
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
Passenger			
Name	ZA'IYAH BTE RUAH	ID No.	S1616921H
Related Vehicle	SMH2585U (Car)	Contact No.	93878353
Hospital/Clinic	EVERCARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/08/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

SINGAPORE POLICE FORCE

T/20200830/2017

Report No: T/20200830/2017

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689266
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver				
Name	ISMAIL BIN AGIL		ID No.	S1539063H
Related Vehicle	SMH2585U (Car)		Contact No.	96311144
Hospital/Clinic	EVERCARE MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	29/08/2020	Date Discharge	NIL	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Passenger				
Name	DIAN ADELEA BTE ABDULLAH		ID No.	T1330959G
Related Vehicle	SMH2585U (Car)		Contact No.	NIL
Hospital/Clinic	EVERCARE MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/08/2020	Date Discharge	NIL	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Brief Details.

On 28/08/2020 at about 1730hrs, I was at PIE towards Changi driving my vehicle (SMH2585U) on lane 1 with my wife and grand-daughter in the vehicle. The traffic was heavy on that day and while I was driving, the car in front of me (SFY27X) came to a complete stop. Hence, my vehicle stopped just in time and there was no collision. Suddenly, I felt a hit at the rear of my car, causing my car to move forward and hit the car in front of me. That was when I realized that the taxi behind me (SH8744E) has hit onto my rear bumper, causing a 3 vehicle chain collision. I wish to inform that the damages on our cars are slight. I also wish to state that no traffic police was at scene and no one was conveyed by ambulance.

I then stepped out of the vehicle to assess the damages while my wife and grand daughter stayed in the car. The other drivers stepped out of their vehicles too and the three of us exchanged our particulars. On the same day at night, I went to the doctor together with my wife and my grand-daughter as my grand-daughter complained of pain on her ankle, and my wife and I suffered from back aches after the collision. We were given 3 days MC.

I am lodging this report for our insurance claim.

T/20200830/2017

SINGAPORE POLICE FORCE

Report No. T/20200830/2017

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689280
Tel No. 1800-7659999

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: J / Sgt 2 NURUL ADNEEN BINTE AFANDI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/08/2020 10:47
Officer In-Charge Of Case TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No. 65476172	Classification Of Case:

Authentication Stamp
NP168

SIGNATURE