

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	29/09/2020 17:12
Date Of Accident	29/09/2020 12:10
Exact Location Of Accident	LOYANG WAY TWDS PASIR RIS DR 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ3347Z
Insured/Policyholder	
Name Of Registered Owner	AZMI BIN MOKHTAR
NRIC No	SXXXX418J
Email Address	DAVILLEANRE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87844472
Alternative Phone No	OTHERS-87844472

Vehicle Particulars

Manufacturer	HONDA
Model	SPADA
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	5116424862
Cover Note Number	

Driver

Name of Driver	AZMI BIN MOKHTAR
NRIC No	SXXXX418J
Date Of Birth	28/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2003
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87844472
Fax Number	
Contact Number	OTHERS-87844472
Email Address	DAVILLEANRE@GMAIL.COM

Address	BLK 2 SPOONER ROAD #04-64
Postcode	168790
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	SIDE SWIPE
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200929/2066

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SENT VIDEO TO OD SUPPORT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG467B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEO SOON HUAT
NRIC/Passport Number	SXXXX357H
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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:

Ai

29/09/20

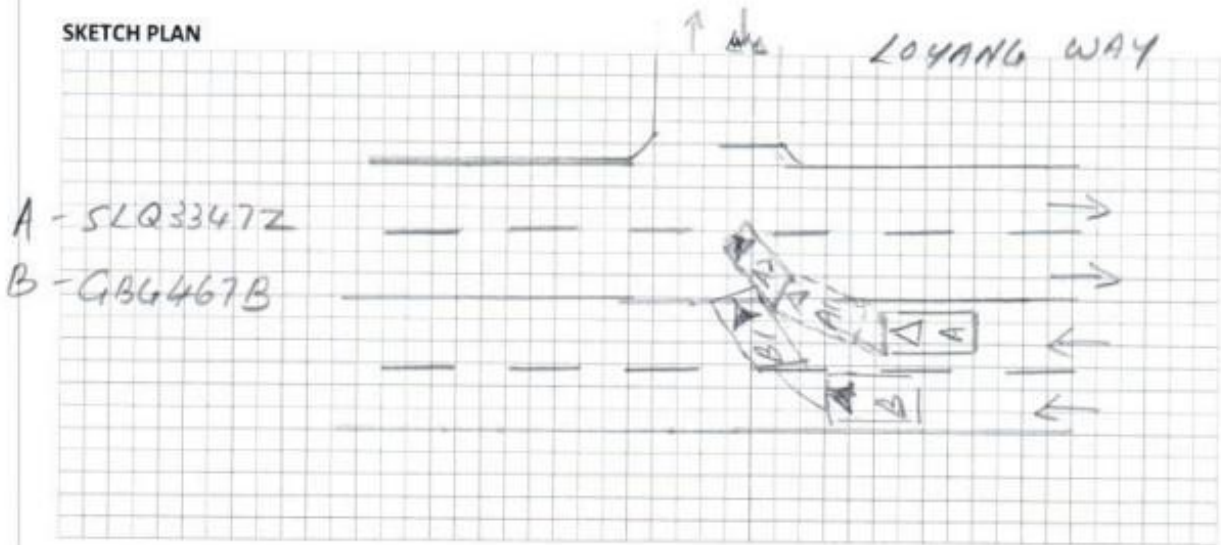
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

29/09/20

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

p/s refer to the police report: T/20200929/2066

DECLARATION

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

Policyholder's Signature
Date & Time: 29/09/20

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

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200929/2066

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

2 of 4

Report No. T/20200929/2066

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ3347Z	NTUC Income Insurance Co-Operative Limited	5116424862	26/02/2020	25/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO SOON HUAT	ID No.	S6917357H
Related Vehicle	GBG467B (Van)	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	AZMI BIN MOKHTAR	ID No.	S7823418J
Related Vehicle	SLQ3347Z (Car)	Contact No.	87844472
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/09/2020 at about 1210hrs, an accident occurred at the junction of Loyang Way and Loyang Way 1.

I was driving along Loyang Way towards Pasir Ris Dr 3 on the right lane of the road.

There was a Van driving on the left lane going straight, however while I was near the Van the Van made a sudden right turn from his lane with the intention to turn into Loyang Way 1 and I was not able to stop in time as the action of the Van was too sudden and resulted in the collision.

I wish to state that I have a in-car camera and captured the accident.

Nobody was injured at the scene. I am lodging this traffic accident report for insurance claim.

Damages to my vehicle - SLQ3347Z:

The front left bumper area, the front left head light and the front left vehicle body area.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200929/2068

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

1 of 4
Report No: T/20200929/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2020 14:40		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: AZMI BIN MOKHTAR		Address: APT BLK 2 SPOONER ROAD #04-64 SINGAPORE 168790			
ID Type / ID No.: NRIC NO / S7823418J		Contact No.: Home/Office: Mobile: 87844472			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 42	Date of Birth: 28/08/1978	Type of Informant: Driver		
Race: Malay		Language:		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,3,4,5		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/09/2020 12:10	Type of Location: Straight Road
Location: LOYANG WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG467B	Van				Slightly Damaged	2
SLQ3347Z	Car	HONDA	STEP WAGON SPADA 1.5 CVT	Purple	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20200929/2068

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No: T/20200929/2068

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLQ3347Z	NTUC Income Insurance Co-Operative Limited	5116424862	26/02/2020	25/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO SOON HUAT		ID No. S6917357H
Related Vehicle	GBG487B (Van)		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	AZMI BIN MOKHTAR		ID No. S7823418J
Related Vehicle	SLQ3347Z (Car)		Contact No. 87844472
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 29/08/2020 at about 1210hrs, an accident occurred at the junction of Loyang Way and Loyang Way 1.

I was driving along Loyang Way towards Pasir Ris Dr 3 on the right lane of the road.

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I wish to state that I have a in-car camera and captured the accident.

Nobody was injured at the scene. I am lodging this traffic accident report for insurance claim.

Damages to my vehicle - SLQ3347Z:

The front left bumper area, the front left head light and the front left vehicle body area.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200929/2066

3 of 4

Police Station Of Origin:

River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

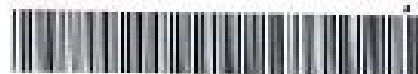
Report No. T/20200929/2066

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20200929/2098

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20200929/2098

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:

E /

Sgt 3 TEO TECK CHUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

29/09/2020 14:40

Classification Of Case: