

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	12/10/2020 14:49
Date Of Accident	08/10/2020 11:55
Exact Location Of Accident	PIE TWDS TUAS AFTER TOA PAYOH FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG9280T
Insured/Policyholder	
Name Of Registered Owner	UGK RENTAL & TRANSPORT SERVICE PTE LTD
Co Reg No	2XXXXX020D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91448897
Alternative Phone No	OFFICE-91448897

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8XE 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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00004042000
Cover Note Number	

Driver

Name of Driver	NORFAIZAL BIN KAMIS
NRIC No	SXXXX245C
Date Of Birth	08/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2006
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91448897
Fax Number	
Contact Number	OFFICE-91448897
Email Address	NOEMAIL

Address	BLK 429B YISHUN AVENUE 11 #09-366
Postcode	762429
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	DRIZZLING
Road Surface	WET

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201008/2137.

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	SJM6315R
Vehicle Make/Model/Colour	
Details Of Properties	
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKP6291Y

Vehicle Make/Model/Colour

Details Of Properties

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 NORFAIZAL BIN KAMIS

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJG9280T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:


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


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

Accident Sketch Plan

SKETCH PLAN

T/MAS

P/E

A: SJG 9280T
B: SJM 6315R
C: SKP 6291Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF. TO POLICE REPORT T/2022008/2137

(A) SJG 9280T

(B) SJM 6315R

(C) SKP 6291Y

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/20201008/2137

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20201008/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2020 22:11		Vide Report No.:		Station Diary No.: 138	
Informant's Particulars					
Name of Informant: NORFAIZAL BIN KAMIS			Address: APT BLK 429B YISHUN AVENUE 11 #09-366 SINGAPORE 762429		
ID Type / ID No.: NRIC NO / S8514245C			Contact No.: Home/Office: Mobile: 91448897		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 08/05/1985	Type of Informant: Driver		
Race: Boyanesse			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/10/2020 11:50	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
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
SJG9280T	Car	TOYOTA	Wish	Silver	Seriously Damaged	0
SJM6315R	Car			Black		1
SKP6291Y	Car	MERCEDES BENZ		Yellow		0

Police Report



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20201008/2137

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NORFAIZAL BIN KAMIS	ID No.	S8514245C
Related Vehicle	SJG9280T (Car)	Contact No.	91448897
Hospital/Clinic	COUNTRYSIDE CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/10/2020	Date Discharge	08/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Male Malay in his 30s	ID No.	NIL
Related Vehicle	SJM6315R (Car)	Contact No.	88734935
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	Male Chinese in his 40s	ID No.	NIL
Related Vehicle	SKP6291Y (Car)	Contact No.	97462563
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 08/10/2020 at 1150hrs, I was driving my rental car, a silver Toyota Wish bearing plate number SJG9280T, along PIE Tuas after Toa Payoh Flyover. My car was rented from a car rental company - Auto Imperial Pte Ltd. Whilst I was driving on the 1st lane at the said location, the traffic was very heavy. I slowed down my speed and the car (SJM6315R - black unknown brand car) hit the rear of my car causing me to inch forward and hit the front of the car (yellow Mercedes- SKP6291Y).

Due to the accident, I sustained some discomfort on my neck area. There was no one injured during the accident. No police and ambulance were called in. We exchanged plate numbers and left the scene.

I went to seek medical treatment at Countryside Clinic & Surgery located at Blk 106 Yishun #01-189.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201008/2137

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Tel No: 1800-8529999

Report No. T/20201008/2137

CONTINUATION OF REPORT

I was given 3 days of MC for neck strain. I have in-vehicle camera installed in my car but unsure if it had recorded the accident. My car is now in the workshop.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201008/2137

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Police Station Of Origin:
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Tel No: 1800-8529999

Report No: T/20201008/2137

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

L /

Staff Sgt FRANCIS PEH JIAN HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/10/2020 22:11

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SN 085

Authentication Stamp

NP168



Signature

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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