

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	19/10/2020 17:54
Date Of Accident	17/10/2020 16:15
Exact Location Of Accident	MANDAI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM9498Y
Insured/Policyholder	
Name Of Registered Owner	M2M AUTO
Co Reg No	5XXXX573K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

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	5113982330
Cover Note Number	

Driver

Name of Driver	ABDUL AZIZ BIN IBRAHIM
NRIC No	SXXXX515C
Date Of Birth	30/09/1966
Occupation	INDOOR
Date Of Driving Pass	05/11/2002
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87550875
Fax Number	
Contact Number	OFFICE-87550875
Email Address	NOEMAIL

Address	BLK 252 YISHUN RING ROAD #02-1071
Postcode	760252
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	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	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : - GENDER: : MALE

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/20201018/2074.

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	SKV9375M
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 GBH4748J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 3

Vehicle Registration Number YM7253B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 ABDUL AZIZ BIN IBRAHIM
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SDM9498Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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.

M2M AUTO

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.:

STAMP: M2M AUTO

Accident Sketch Plan

SKETCH PLAN

DRIVER WAS SEMI-UNCONSCIOUS AFTER THE ACCIDENT.

AS SUCH HE WAS UNABLE TO RECALL HOW DID THE ACCIDENT
HAPPENED, NOR WHICH LANE DID HE ENDED UP ON.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

T/ 20201018 / 2074

DECLARATION

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

M2M AUTO

Policyholder's Signature
Date & Time:

2020/10/18 10:18 AM

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/20201018/2074

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

1 of 3

Report No. T/20201018/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2020 18:52	Vide Report No.:	Station Diary No.: 77
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Informant's Particulars

Name of Informant: ABDUL AZIZ BIN IBRAHIM			Address: APT BLK 252 YISHUN RING ROAD #02-1071 SINGAPORE 760252	
ID Type / ID No.: NRIC NO / S1764515C			Contact No.: Home/Office: Mobile: 87550875	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 54	Date of Birth: 30/09/1966	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: FREELANCE DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/10/2020 16:15	Type of Location: Straight Road
Location: MANDAI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDM9498Y	Rental car	TOYOTA	WISH 1.8X A	Black	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				

Police Report



**SINGAPORE
POLICE FORCE**



T/20201018/2074

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/20201018/2074

CONTINUATION OF REPORT

Driver			
Name	ABDUL AZIZ BIN IBRAHIM	ID No.	S1764515C
Related Vehicle	SDM9498Y (Rental car)	Contact No.	87550875
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/10/2020	Date Discharge	17/10/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

1. I am employed as freelance driver. On 17/10/2020 between 1615hrs to 1630hrs, I was driving rental vehicle Reg No: SDM9498Y along Mandai Rd towards BKE approaching T-junction of Mandai Road and Mandai Lake which was about 100 meters ahead. I was traveling on the right extreme lane, and this is a three lane road.
2. I had a passenger Mr Yan/ 92276245 seated at left rear passenger seat. Suddenly, I felt a loud bang from the left side of my vehicle and the action was so fast, I lost control of my vehicle and it spin in circle towards across the T-junction and it stopped thus facing the on coming traffic occupying in between the center and right side.
3. I immediately was in total daze and felt pain at my upper/lower back and chest area and my passenger had rendered assistance to me. Ambulance and Police arrived at scene and I was conveyed to Khoo Teck Puat Hospital. I was discharge on the same day with medical leave period 17/10/2020 to 21/2020 reference MC No: KHANE201888577 and sustained the following injuries:
 - (a) left side neck sprained
 - (b) lower center back area strained
 - (c) chest area strained and pain.
 - (d) Left shoulder pain and problem raising
4. X - Ray taken and fractures sustained. I have made a check with my passenger Mr Yan and informed me that he is fine and he has no injury and did not see a doctor. This is all I can recall relating to the accident and unable to recall the vehicle that had cross into my lane from the right and collided onto my vehicle which caused my vehicle to lost control. I also cannot recall if there was no vehicles involved.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201018/2074

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Report No. T/20201018/2074

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

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 / SSI ANDY LUCAS 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/10/2020 18:52
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476083 	Classification Of Case: SN 085 
Authentication Stamp NP168	Signature: 

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



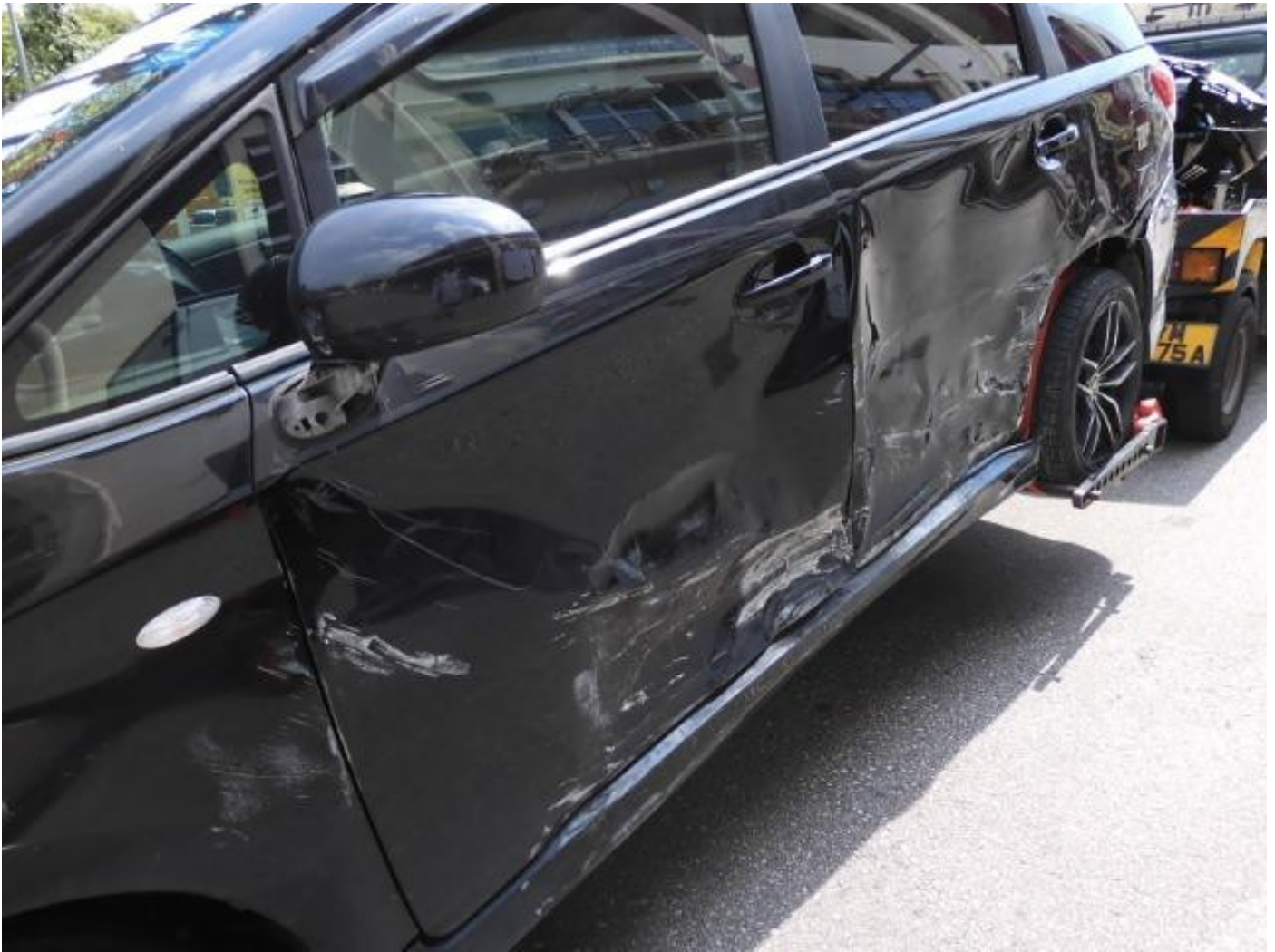
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