

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 11:47 |
| Date Of Accident | 17/10/2020 12:30 |
| Exact Location Of Accident | CTE TWDS CITY (WHAMPOA FLYOVER) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SLK5521E |
| Insured/Policyholder | |
| Name Of Registered Owner | MOHAMED MAHADIR BIN ISMAIL |
| NRIC No | SXXXX220C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93295254 |
| Alternative Phone No | OFFICE-93295254 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | ALTIS |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | 5118351942 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------|
| Name of Driver | MOHAMED MAHADIR BIN ISMAIL |
| NRIC No | SXXXX220C |
| Date Of Birth | 25/09/1961 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/09/2003 |
| Driving Experience | 17 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93295254 |
| Fax Number | |
| Contact Number | OFFICE-93295254 |
| EEmail Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | BLK 603 YISHUN ST 61 #06-339 |
| Postcode | 760603 |
| 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) | 2 |
| Passenger 1 | NAME: : TAY TIAN WEN GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT: T/20201019/7004.

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 | SJK1192X |
| Vehicle Make/Model/Colour | |
| Details Of Properties | VEHICLE B |
| 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 SBR9138J
Vehicle Make/Model/Colour
Details Of Properties VEHICLE C
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 MOHAMED MAHADIR BIN ISMAIL
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLK5521E
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
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.
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:

19/10/20

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

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

GDPA/MS SketchPlan Form 1/3

NEW HOCK BEE

Sketch Plan #2 Pg. 1

SKETCH PLAN

A hand-drawn diagram on the left shows a crane with a triangular lattice boom lifting three rectangular blocks labeled A, B, and C. Block A is at the top, followed by B, and then C. A small 'x' is drawn between blocks A and B. Below the crane, there are six upward-pointing arrows of varying heights. To the right of the diagram, there is a list of items:

- A: SLK5521E
- B: SJK119DX
- C: SBR9138J

Below the list, the text reads:

CTE Towards
City
Whampoa
flyover

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police report : T/202001019/7004

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.:



**SINGAPORE
POLICE FORCE**



T/20201019/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20201019/7004

REPORT OF A TRAFFIC ACCIDENT

| | | | | | | |
|--|------------|------------------------------|---|--|----------------------------|--|
| Date/Time Report Made: 19/10/2020 10:13 | | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | | |
| Name of Informant: MOHAMED MAHADIR BIN ISMAIL | | | Address: 603 YISHUN STREET 61 #06-339 SINGAPORE 760603 | | | |
| ID Type / ID No.: NRIC NO / S2708220C | | | Contact No.: Home/Office: Mobile: 93295254 | | | |
| Nationality: MALAYSIAN | | | Email: grabcar6122@gmail.com | | | |
| Sex: Male | Age: 59 | Date of Birth: 25/09/1961 | Type of Informant: Driver | | | |
| Race: Malay | | | Language: English | | Institution / School Name: | |
| Occupation: GRAB | | | Driving Licence Information: Class: Date of Expiry: | | | |

| | | | | |
|--|------------------|-----------------------|---|--|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 17/10/2020 12:30 | Type of Location: Flyover |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | 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 | Conditio | No of |
| SBR9138J | Car | | | | | 0 |
| SJK1192X | Car | | | | | 0 |
| SLK5521E | Car | TOYOTA | COROLLA+ ALTIS+CLA SSIC+1.6+C VT | Grey | | 1 |



**SINGAPORE
POLICE FORCE**



T/20201019/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20201019/7004

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLK5521E | NTUC Income Insurance Co-Operative Limited | 5118351942 | 24/07/2020 | 23/07/2021 |

| Details of Person Involved | | | |
|-----------------------------------|----------------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | MOHAMED MAHADIR BIN ISMAIL | ID No. | S2708220C |
| Related Vehicle | SLK5521E (Car) | Contact No. | 93295254 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 17/10/2020 | Date | NIL |
| No. of Days granted Medical Leave | 02 | Degree of | Slight |

Brief Details.

I (SLK5521E) was traveling straight along CTE towards City (WHAMPOA FLYOVER) at the 4 lane of 6 lanes.

Suddenly, I felt an impact.

Vehicle "b" (SJK1192X) collided into the rear portion of my vehicle and caused damages.

When i alight from my vehicle, i realized it was 3 cars chain collision. Vehicle "C" (SBR9138J).

After the incident, I felt discomfort and went to the OneDoctors Family Clinic (Yishun) to seek medical treatment and was given 2 days by a doctor.

There was no injury for my passenger at that point in the accident.



**SINGAPORE
POLICE FORCE**



T/20201019/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201019/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 19/10/2020 10:13 |
| Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204 | Classification Of Case: |
| Authentication Stamp NP168 | |