

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	22/10/2020 11:15
Date Of Accident	21/10/2020 14:15
Exact Location Of Accident	BACK LANE OF BUSSORAH STREET(285 BEACH ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT4691U
Insured/Policyholder	
Name Of Registered Owner	MD SHAMSUR RAHMAN
NRIC No	SXXXX261D
Email Address	MRS PHILIP@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90681272
Alternative Phone No	OTHERS-90681272

Vehicle Particulars

Manufacturer	TOYOTA
Model	LAND CRUISER PRADO-2.8 (A)
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	5117876333
Cover Note Number	

Driver

Name of Driver	MD SHAMSUR RAHMAN
NRIC No	SXXXX261D
Date Of Birth	13/07/1969
Occupation	INDOOR
Date Of Driving Pass	22/01/1999
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90681272
Fax Number	
Contact Number	OTHERS-90681272
Email Address	MRS PHILIP@YAHOO.COM

Address	13 ST. ANNE'S WOOD
Postcode	545259
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : SHAYAAN ZARIF RAHMAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201021/2131

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD7255X
Vehicle Make/Model/Colour	PICANTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	82388148

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

Accident Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE

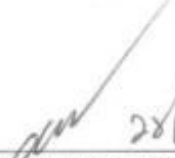

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

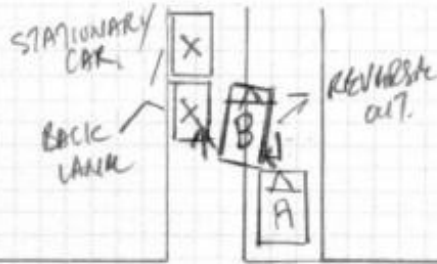

Policyholder's Signature
Date & Time: 22/10/20 11:20 am


Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/10/20 - at 11:20 am.


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

Accident Sketch Plan

SKETCH PLAN



A) SMT 46914
B) SJD 7255X

BUSSORAH STREET

SHOP HOUSES

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 1/2020/1021/2131

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

22/10/20 at 11:20 am

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

22/10/20 at 11:20 am

[Signature] 22/10/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201021/2131

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20201021/2131

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2020 21:49		Vide Report No.:		Station Diary No.: 105	
Informant's Particulars					
Name of Informant: MD SHAMSUR RAHMAN			Address: 13 ST. ANNE'S WOOD SINGAPORE 545259		
ID Type / ID No.: NRIC NO / S6960261D			Contact No.: Home/Office: Mobile: 90681272		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 13/07/1969	Type of Informant: Driver		
Race: Bengali			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/10/2020 14:15	Type of Location: Straight Road
Location: BUSSORAH STREET				
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 - Rear to Head				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD7255X	Car	KIA	PICANTO 1.1(A)		Slightly Damaged	0
SMT4691U	Car	TOYOTA	LAND CRUISER PRADO 2.8TX-L	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
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T/20201021/2131

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20201021/2131

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT4691U	NTUC Income Insurance Co-Operative Limited	5117876333	17/06/2020	16/06/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MD SHAMSUR RAHMAN	ID No.	S6960261D
Related Vehicle	SMT4691U (Car)	Contact No.	90681272
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/10/2020 at about 1416hrs, I was driving one pearl white coloured Toyota Land Cruiser Prado car with bearing registration number SMT4691U consisting of one passenger seated on the front passenger seat, travelling along Bussorah Street.

After I turned right to the service road (1 lane, 2 way) towards Sultan Gate, there was a grey coloured Kia Picanto with bearing registration number SJD7255X stop stationary in the middle of the lane divider. There were also about 2 cars seen parking along at the side of said lane ahead of the Kia Picanto.

Suddenly, the said car started to reverse. I could not able to avoid, as such, I horned. However, the said car continued and collide to my vehicle's front left portion.

Both me and the Chinese lady driver (Goh) alighted to make a check and I discovered dent marks on my vehicle's front left bumper due to the collision.

I then told the said lady driver to park at the side to settle the matter amicably without causing any obstruction to other road users.

As I boarded my vehicle, the said lady driver did not follow my instruction, thus, drove off quickly. I then started to give chase and horn her to stop.

Subsequently, I manage to stop her along Aliwal Street.

While was settling the matter, the said lady driver refused to exchange particulars.

I then called for the Police who advised to lodge a report.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201021/2131

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
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Tel No: 1800-343 8999

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Report No. T/20201021/2131

CONTINUATION OF REPORT

I wish to state that no one was injured.

There was an in-car camera installed in my vehicle, however, I am unsure to operate the SD card at the moment. However, I had a video of the whole conversation with the lady driver.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201021/2131

Police Station Of Origin:
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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20201021/2131

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:

F /

Sgt 3 MOHAMAD ADAM BIN ROSLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/10/2020 21:49

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



Accident Photo



Accident Photo



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Accident Photo

