

## 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	30/10/2020 11:33
Date Of Accident	29/10/2020 18:20
Exact Location Of Accident	PIE TWDS TUAS BEFORE STEVEN RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT3269M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AMANUDDIN BIN JUMA'AT
NRIC No	SXXXX322H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81013044
Alternative Phone No	OFFICE-81013044

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	5118356670
Cover Note Number	

### Driver

Name of Driver	AMANUDDIN BIN JUMA'AT
NRIC No	SXXXX322H
Date Of Birth	14/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2020
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81013044
Fax Number	
Contact Number	OFFICE-81013044
E Mail Address	NOEMAIL

Address	BLK 564 ANG MO KIO AVENUE 3 #02-3457
Postcode	560564
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2440000 - <b>FAX NO:</b> 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - G/20201029/7089.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC8380E
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 SKT3560U  
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 AMANUDDIN BIN JUMA'AT  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMT3269M  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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- 5) **Any false reporting may be referred to the Police as investigation.**
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- 7) By the lodgment of this report to 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
  - ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature  
Date & Time:

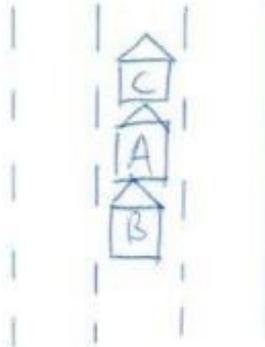
Driver's Signature  
(if driver is not policyholder)  
Date & Time:

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

Accident Sketch Plan

PIE TOWAS After Thomson Flyover

SKETCH PLAN



Vehicle:

- A: SMT 3269 M
- B: SMC 8380 E
- C: SKT 3560 U

Location:

PIE TOWAS AFTER Thomson Flyover.

On 29 October 2020 at 6:20 pm I was driving vehicle SMT3269M along PIE towards Tuas after Thomson Flyover. I stopped the car following traffic. Suddenly I felt a large impact from my rear. Causing my vehicle to propel forward and hit vehicle SKT 3560U. This accident caused the front and rear portion of my vehicle to be damaged.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

**Police Report**



**SINGAPORE  
POLICE FORCE**



G/20201029/7089

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20201029/7089

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 29/10/2020 20:52	Vide Report No.	Station Diary No.
Name Of Informant AMANUDDIN BIN JUMA'AT	Address 564 ANG MO KIO AVENUE 3 #02-3457 SINGAPORE 560564	
ID Type / ID No. NRIC NO / S8622322H	Contact No. Home/Office:	Mobile: 81013044
Nationality SINGAPORE CITIZEN	Email Address JOHNAMAN1408@GMAIL.COM	
Occupation Food Panda rider	Sex Male	Age 34
Institution/School Name	Date of Birth 14/08/1986	Race Malay
Date/Time Of Incident 29/10/2020 18:25	Location Of Incident PAN ISLAND EXPRESSWAY	

**Brief details.**

On the above mentioned date and time, I was driving my vehicle SMT3269M along PIE(TUAS) when I gradually came to a stop due to traffic conditions.

Suddenly, there was a massive impact from the rear resulting in my vehicle being propelled forward to collide into the vehicle in front.

I alighted to realise that I was involved in a 3 car chain collision involving:

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: 29/10/2020 20:52
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



SINGAPORE  
POLICE FORCE



G/20201029/7089

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201029/7089

SKT 3560U  
SMT 3269M (Me)  
SMC 8380E

Initially I only knocked my right knee against the front dashboard. However, later I started feeling soreness over my neck, shoulders and lower back.

I went to Unihealth Clinic Bedok for treatment and was given 3 days MC.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

29/10/2020 20:52

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





TOYOTA MOTOR CORPORATION

MODEL NO P93R-BEPRKT 1497 mL

ENGINE 1NZ-FE

FRAME No. MRO53HY9305166540

COLOR TRIM PLANT GVM(kg)

DZ E11 Z35

MADE IN THAILAND  
BY TOYOTA MOTOR THAILAND CO., LTD. MADE IN THAILAND

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

