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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/11/2020 14:11
Date Of Accident	12/11/2020 17:00
Exact Location Of Accident	ALONG RIVER VALLEY RD / ST THOMAS WALK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS1458P
Insured/Policyholder	
Name Of Registered Owner	EASYDRIVE CAR RENTAL
Co Reg No	5XXXX868L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87486077
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5119611385
Cover Note Number	
Driver	
Name of Driver	TENGKU HALID FAIZAL BIN TENGKU MOHD YUSOFF

NRIC No SXXXX884H

Date Of Birth 11/11/1976

Occupation OUTDOOR

Date Of Driving Pass 13/06/2006

Driving Experience 14 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87486077

Fax Number
Contact Number

EMail Address NOEMAIL

BLK 25 JLN BERSEH #03-126 Address

200025 Postcode

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 **COLLISION - MAJOR/MINOR RD**

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name ROCHOR NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: 11 KAMPONG KAPOR ROAD, POSTCODE: 208678, COUNTRY:

Police Station Address **SINGAPORE**

Police Station Contact TEL NO: 1800-2949999 - FAX NO: 63918583

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20201112/2125

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKK2817J

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 21

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

No. Of Passenger (including Driver)					
DETAILS OF INJURED PERSON 1					
Name	TENGKU HALID FAIZAL BIN TENGKU MOHD YUSOFF				
Approximate Age					
Injuries Sustain	BODY				
Injured person in which vehicle?	SLS1458P				
Were seat belts worn?	YES				
Was this injured conveyed to hospital by ambulance?	NO				
Address					
Postcode					

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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:
 - 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 tirms, 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:
 - 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.

EasyDrive Car Rental

200 Jalan Sultan #02-36 Textile Centre Singapore 199018

Tel: 9673 5969 Fax: 6883 2415 Email: easydrives@@gmail.com

Policyholder's Signature

Date & Time:

Oriver's Signature

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

TCH PLAN	r r	
		H
		F
3 1	> St. Thomas Walk	
THE B	TE NO DE	
River tolky Pare	Tau I	
SWS	VEH A SLS1458P	
	Veh B SKIC28AJ	
1 A		
CRIBE CIRCUMSTANCES	OF THE ACCIDENT	_
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Kitir to	police report	_
	Deput 140: T 20201112 / 2125	
	Tradity 100: 1 section 1 decision	
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HARATION		_
LARATION declare the foregoing part	iculars are true in every respect.	
ve Car Rental \1		
Follows 18th Contro	All Market and Market	
yholder's Signature	Driver's Signature Reporting Centre Personnel's Signature	re
& Flore:	(If driver is not the policyholder) Name:	

POLICE REPORT





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE

Report No. T/20201112/2125

1 of 3

208678 Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/11/2020 21:15		Made:	Vide Report No.: E/20201112/0111	Station Diary No.: 107	
Informa	nt's Partice	ulars			
TENGKI	Informant: J HALID FA J MOHD Y	AIZAL BIN	Address: APT BLK 25 JALAN BERSEH	H#03-126 SINGAPORE 200025	
ID Type	/ ID No.: D / S763686	A HOUSE CO	Contact No.: Home/Office: Mobile: 83486077		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age:	Date of Birth: 11/11/1976	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: PRIVETE HIRE DRIVER			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/11/2020 17:00	Type of Location Straight Road	
Location: RIVER VALL Weather: Clear	EY ROAD	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light	
	sion:	-		Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKK2817J	Car				Seriously Damaged	1.71
SLS1458P	Car				Seriously Damaged	

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

POLICE REPORT



T/20201112/2125

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Report No. T/20201112/2125

Tel No: 1800-2949999

CONTINUATION OF REPORT

Driver						
Name	TENGKU HALID FAIZAL BIN TENGKU MOHD YUSOFF			ID No		S7636884H
Related Vehicle	SLS1458P (Car)			Conta	ct No.	83486077
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	12/11/2020	Date Disc		ischarge	12/11	1/2020
No. of Days granted Medical Leave		03	Degree	Degree of Injury SI		t

Brief Details.

On 12/11/2020 at about 1700hrs I was driving along River Valley Rd going towards Zion rd as I was sending my passenger to Holland green. Whilst driving, at the intersection of St Thomas walk and River Valley rd a silver coloured car suddenly exited from St Thomas Walk. I could not brake on time and the other car hit the right side of my car at my right rear wheel. He then straight away reversed and moved his car to the side of the road. My passenger then came out of the car and asked him why did he move the car but he ignored her. He then took pictures of my car and while he was doing so I was settling y passenger as I advised her to cancel as I was unable to complete the trip. I then turned my attention to the other driver and asked him how did he want to settle the matter. He ignored me and after taking picture he just left the scene and I was unable to get his particulars.

I do have an in-car camera but there is no memory card and there are also no CCTV in the vicinity of the incident. Traffic Police also came to scene.

POLICE REPORT





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999 3 of 3 Report No. T/20201112/2125

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: A / Sgt 1 MOHAMAD AZ-ZAHIR BIN MOHAMAD RIZAL	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 12/11/2020 21:15	
Officer In Charge Of Case: TP / GIT / Staff Sgt TAN JUN YAN Contact No.: 65476311	Classification Of Case:	
Authentication Stamp		_

























