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

	ACCIDENT STATEMENT
Date Of Report	16/11/2020 12:45
Date Of Accident	15/11/2020 22:30
Exact Location Of Accident	PIE L/P 936
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJC5692K
Insured/Policyholder	
Name Of Registered Owner	ISMAIL BIN JURAINEE
NRIC No	SXXXX011C
Email Address	ISMAJU@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-93261748
Alternative Phone No	OTHERS-93261748
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA
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?	YES
If No, Please state action to be taken	
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	5098921722-02
Cover Note Number	
Driver	

Driver

Name of Driver ISMAIL BIN JURAINEE
NRIC No SXXXX011C

Date Of Birth 02/03/1959
Occupation INDOOR
Date Of Driving Pass 02/07/2010

Driving Experience 10 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93261748

Fax Number

Contact Number OTHERS-93261748
EMail Address ISMAJU@HOTMAIL.SG

Address BLK 532 BEDOK NORTH STREET 3

#03-718

3

NO

NO

2

YES

Postcode 460532

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 COLLIDED INTO PROPERTY

Weather Conditions RAINING
Road Surface WET

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : MUHD HEIKAL

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2449999 - **FAX NO**: 62447258

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20201116/2003

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

Vehicle Make/Model/Colour

Details Of Properties DIVIDER

Vehicle Category NA/UNKNOWN

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 SHA8204B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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 SHA1394G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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 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:

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

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN		
	PIE Z/P	936
	-/	HA. J
ESCRIBE CIRCUMSTANCES OF T	THE ACCIDENT	A - SJC 5692 R B - DIWIDE R C - SHA 8204 R D - SHA 13946
	•	= /
Pls refu to 1	the police report	1/202011/6/2003
	Ü.	
DECLARATION We declare the foregoing particulars	s are true in every respect.	1
Sprail 16-11-20		Ayan 16/11/20

Country Street Street Street





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999 2 of 3 Report No. T/20201116/2003

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SJC5692K	NTUC Income Insurance Co-Operative Limited	5098921722-02	15/03/2020	14/03/2021	

Details of Perso	n Involved	HOUSE THE			HEE STATE	TO SELECT THE WORLD IN
Any Pedestrian I	nvolved: No	C=+101;				
No. of Pedestrians Injured: NIL			Use of Pe	Use of Pedestrian Crossing: NA		
Driver	THE PERSON NAMED IN		THE STREET	Charles !	This is a	NAME OF TAXABLE PARTY.
Name	ISMAIL BIN JURAINEE			ID No		S1351011C
Related Vehicle	NIL			Conta	ct No.	93261748
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: 3A Date of Expiry: NIL
Date Treatment	NIL Date Dis		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

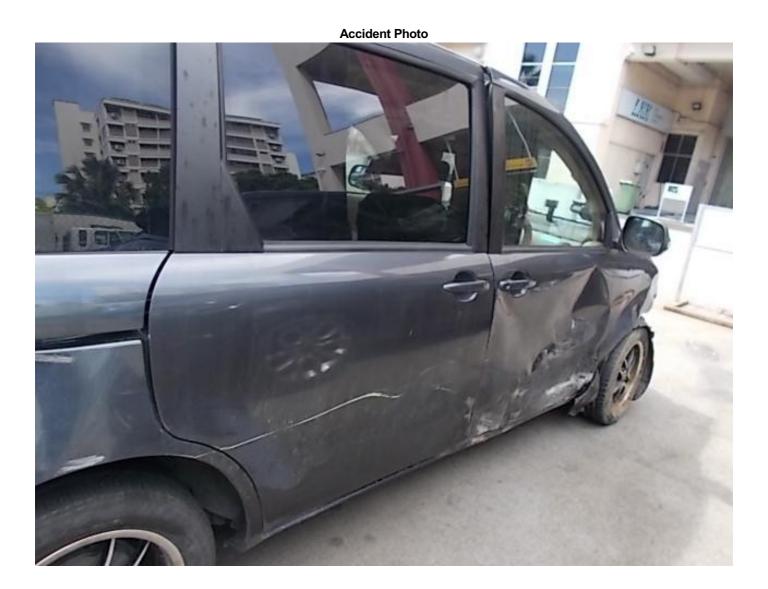
Brief Details

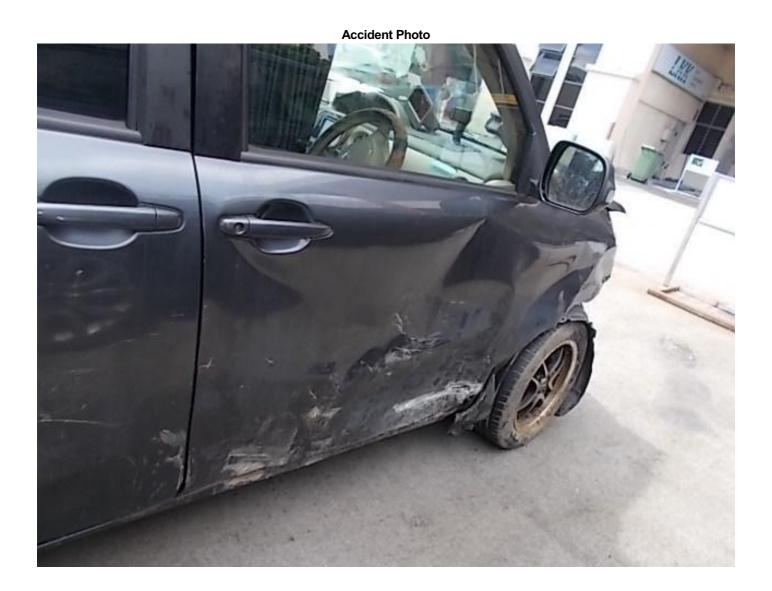
On 15 November 2020 at about 2230hrs, I was driving on lane 2 along Pan-Island Expressway towards Changi Airport near Stevens Road exit when I lose control of the steering wheel at a bent. My car (SJC5692K) then swerved to the left and hit the side bumper near lane 3, resulting in my car rotating one round and bumping back to lane 2. When my car had swerved back to lane 2, a yellow taxi (SHA8204B) on lane 2 hit the right side of my car near the rear, causing my car to swerve to lane 1. At that moment, a blue taxi (SHA1394G) on lane 1 hit the right side of my car.

I was in the car with my son. We did not sustain any injury.





















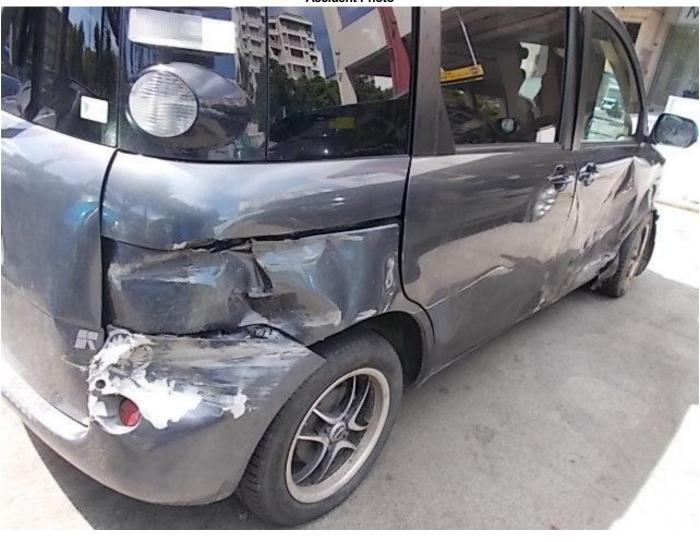
























Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999 1 of 3. Report No. T/20201116/2003

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 01:12	Made:	Vide Report No.: E/20201115/0176	Station Diary No.: 20
Informa	nt's Partic	ulars	Wante Service	SE THE STREET
	(Informant: BIN JURAI)		Address: APT BLK 532 BEDOK NORT SINGAPORE 460532	H STREET 3 #03-718
	/ ID No.; D / 813510	110	Contact No.: Home/Office:	Mobile: 93261748
National SINGAF	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 61	Date of Birth: 02/03/1959	Type of Informant; Driver	7
Race: Javanes	е		Language:	Institution / School Name:
Occupation: SECURITY OFFICER		ir.	Driving Licence Information: Class: 3A	Date of Expiry:

Type of Accident:	Attended by Police Drive: Accident		Date/Time of Accident 15/11/2020 22:30	Type of Location Straight Road
PAN-ISLAND Lamp Post No Weather:	EXPRESSWAY	Road Surface:	1,	Road Speed Limit:
TO STANDARD STANDARD				znan obeen fuur
Heavy rain		CONTRACTOR OF THE PARTY OF THE		
Heavy rein Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHA1394G	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0
SHA8204B	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	4
S. C5892K	Car	TOYOTA	SIENTA 1.5	Grey	Seriously Damaged	1





Police Station Of Origin; Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No. 1800-2449999 2 of 3 Report No. Tr20201116/2003

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Explry Date	
SJC5692K	NTUC Income Insurance Co-Operative Limited	5098921722-02	15/03/2020	14/03/2021	

Details of Perso	n Involved	- Marie 10	PENELS IN		100	THE PARTY OF THE P
Any Pedestrian II	rvolved; No		University of the Control	occurre.	Section 1	distributes -
No. of Pedestnar	is Injured: NIL		Use of Pedestrian Crossing: NA			
Oriver		the second				ALCOHOLD THE RESIDENCE OF THE PARTY OF THE P
Name	ISMAIL BIN JURAINEE		ID No		S1351011C	
Related Vehicle	NIL		Conta	at No.	93261748	
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3A Date of Expiry: NIL
Date Treatment	NIL Date Dis		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details

On 15 November 2020 at about 2230hrs, I was driving on lane 2 along Pan-Island Expressway towards Changi Airport near Stevens Road exit when I lose control of the steering wheel at a bent. My car (SJC5692K) then swerved to the left and hit the side bumper near lane 3, resulting in my car rotating one round and bumping back to lane 2. When my car had swerved back to lane 2, a yellow taxi (SHA8204B) on lane 2 hit the right side of my car near the rear, causing my car to swerve to lane 1. At that moment, a blue taxi (SHA1394G) on lane 1 hit the right side of my car.

I was in the car with my son. We did not sustain any injury.

Police Report





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 489876 Tel No. 1800-2449999 3 of 3 Report No. T/20201116/2003

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 55474885 stating the **report number** as reference.

Signature Of Officer Recording The Report G / Insp WONG MIN, JANNAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2020 01-12
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD NOOR BIN ABOUL RAHMAN Contact No.: 65476201	Classification Of Case: