# **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 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.

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   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 Submission 15/12/2020 15:08 (SGT) Date of Accident 13/12/2020 15:00 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information TOWARDS SLE AFTER TPE EXIT Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SI F8175H

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner WJ CAR RENTAL PTE. LTD. Company Reg No 2XXXXX284H **Email Address** shazsham2008@gmail.com Mobile Phone No (Phone) +65-98483580 Alternative Phone No +65-98483580

#### VEHICLE PARTICULARS

Manufacturer Honda Model Vezel Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only

Vehicle Category Private hire

#### INSURANCE COMPANY

Name of Insurance Company **NTUC** Type of Coverage Comprehensive Fleet Policy Policy Number 5114559335 Cover Note Number

#### DRIVER

Name of Driver MUHAMMAD NURHISHAM BIN MOHAMED SIDEK NRIC No SXXXX862G Date Of Birth 02/08/1980 Occupation Outdoor

Date Of Driving Pass 13/09/2007 Driving experience 13 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-98483580 Alt. Phone Number Email Address shazsham2008@gmail.com Address **BLK 139 SIMEI STREET 1** Address complement #03-20 Postcode 520139 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο FOREIGN VEHICLE 1 Vehicle Registration Number JPR6109 Vehicle Category Motorcycle **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20201213/7013 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

JPR6109

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	_
Vehicle Category	Motorcycle
Name of Driver	SIVA
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	SIVA
Address	-
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	JPR6109
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

#### SKETCH PLAN

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Authorised Driver.</u>
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 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)
- Lunderstand, acknowledge, agree and consent that:
- Londerstand, acknowledge, ager and convent that:

  job Myr murce. Two workshop and the General Insurance Association of Singapore ("GIA") may/are permetted to collect, use, stocked and/or process my personal distulptessoral information set out in this (form) and any other personal information provided by my insurer (collective) the "Personal Information") and disciple and framise two Personal Information in your long that the properties of the properties of the Singapore and insurer(s) who have insured exhibitely involved in this accident able to collectively enferred to as the Financer(s), who have insured exhibitely involved in this accident stall insurer(s) who have insured exhibitely involved in this accident stall be collectively enferred to as the Financer(s), who have insured whickless (involved in this accident stall be collectively enferred to as the Financer(s), which was not also the properties of the stall properties
  - (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;
  - (a) parrying Ox, environ training with the properties of correspondence, statements, invoices, reports or notices to me, which good involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envirope/amplipackages; and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all issure(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
- to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and (or my Personal Information mary/can be disclosed by any of the Insurers and/or GMA to beth intigranty services providen or agents/including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
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  (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 order

Driver's Suprature
Officer's Suprature
Officer's Suprature
Officer's Suprature
Supratu

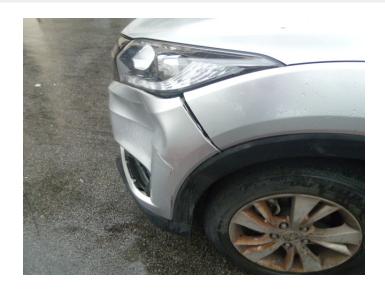
SKETCH PLAN	1A) 8/F 8/75
	(A), SLE 8175 (B 040) IPR 6
	TO TPE
	7
	> (10 to )
	→ → → → →
-	\$ CTE towards SLE
DESCRIBE CIRCUMSTANG	CES OF THE ACCIDENT
Pla	refer to Police Report
	No: T/20201213/7013
	No: 7/20201213/7013
DECLARATION	
	particulars are true in every respect.
	1111 15/12/0020
(3(2013432044)m)	Driver's Signature Reporting Centre Personney's Signature



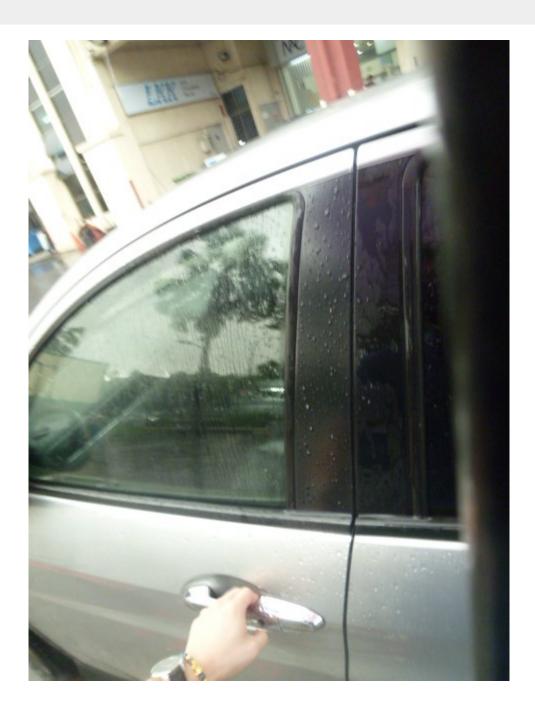




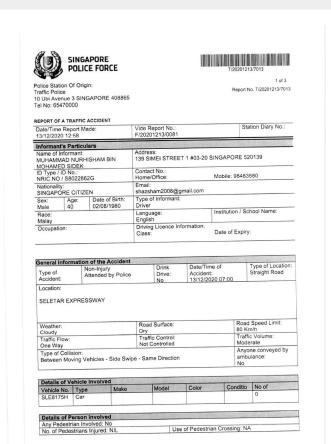
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20201213/7013

CONTINUATION OF REPORT

Driver					SUF SE	
Name	MUHAMMAD NURHISHAM BIN MOHAMED SIDEK			ID No.		S8022862G
Related Vehicle	SLE8175H (Car)		Contact No.		98483580	
Hospital/Clinic	NIL		Class of Driving Licence Expiry	3	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL	
No. of Days granted Medical Leave NIL		Degree of		NIL		

Brief Details.

This morning at place (0.5km CTE - SLE), at approximately 7am, I (Muhammad Nurhisham bin Mchamed Stidek), while driving a silver Honda Vezel (SLEB175H), had side swiped a motorbike (JPR610s). This happened while I was trying to change from Lane 2 to Lane 3. The motorbike had been in Lane 3 at the while and I was in Lane 2 at the start. I had to change lane because there was a vehicle of the start of the lane of the start of the

I, then proceeded to to check on rider (Siva). Upon seeing that he (Siva) had multiple laceration wounds on his hands and hips, I insisted on calling an ambulance for him. Traffic Police and the ambulance were called to the scene. Siva also requested that I heliped him call his boss at work to inform them that he is involved in an accident, which I did. Siva was brought to the hospital in the ambulance. Heft the scene after investigations from Traffic Police and LTA were completed.

Rider (Siva) and me are in contact which each other and looking to settle this incident amicably. Rider (Siva) have been discharged from the hospital with no further injuries reported.

