

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 Submission | 21/12/2020 14:34 (SGT) |
| Date of Accident | 20/12/2020 14:20 (SGT) |
| Exact Location of Accident | Pasir Ris Flyover, Singapore |
| Additional Location Information | TOWARDS TPE (SLE) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|--------|
| Vehicle Registration Number | SDV62H |
|-----------------------------------|--------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|--------------------------|
| Is company? | Yes |
| Name Of Registered Owner | STARS RENTAL & LEASING |
| Company Reg No | 53312317L |
| Email Address | starsrentlease@gmail.com |
| Mobile Phone No | (Phone) +65-90877770 |
| Alternative Phone No | (Office) +65-90877770 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mitsubishi |
| Model | Lancer |
| Variant | - |
| 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 - Claiming third party |
| Vehicle Category | Private hire |

INSURANCE COMPANY

| | |
|---------------------------------|---------------------|
| Name of Insurance Company | NTUC |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | Yes |
| Policy Number | 5112824197-02 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|------------------------|
| Name of Driver | YASSER BIN MOHAMED ALI |
| NRIC No | S7729333G |
| Date Of Birth | 05/10/1977 |
| Occupation | Outdoor |

| | |
|--|--------------------------------------|
| Date Of Driving Pass | 09/03/2010 |
| Driving experience | 10 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98807904 |
| Alt. Phone Number | - |
| Email Address | starsrentlease@gmail.com |
| Address | BLOCK 524A TAMPINES CENTRAL 7 #08-45 |
| Address complement | - |
| Postcode | 521524 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| Does Driver Own Other Vehicles? | No |
| 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 | Collision - Head to Rear |
| Weather Conditions | Raining |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|--------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Bishan Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18005529999 |
| Alt. Police Station Phone No | (Fax) +65-65561905 |
| Police Station Address | 20 Bishan Street 23 Singapore 579757 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND ATTACHED ; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND POLICE REPORT

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 | SJK4032E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | HENG WEI LIAN GEROLINE |

| | |
|---|-------------------------------------|
| Contact Number | (Phone) +65-93887276 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | REFER TO POLICE REPORT AND ATTACHED |
| Details of property damaged in accident | REFER TO POLICE REPORT AND ATTACHED |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|--------------------------------------|
| Name of injured person | YASSER BIN MOHAMED ALI |
| Address | BLOCK 524A TAMPINES CENTRAL 7 #08-45 |
| Address Complement | - |
| Post Code | 521524 |
| Approximate Age Years Old | 43 |
| Injuries Sustained | REFER TO POLICE REPORT AND ATTACHED |
| Injured person in which vehicle? | SDV62H |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLANIMPORTANT 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:

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

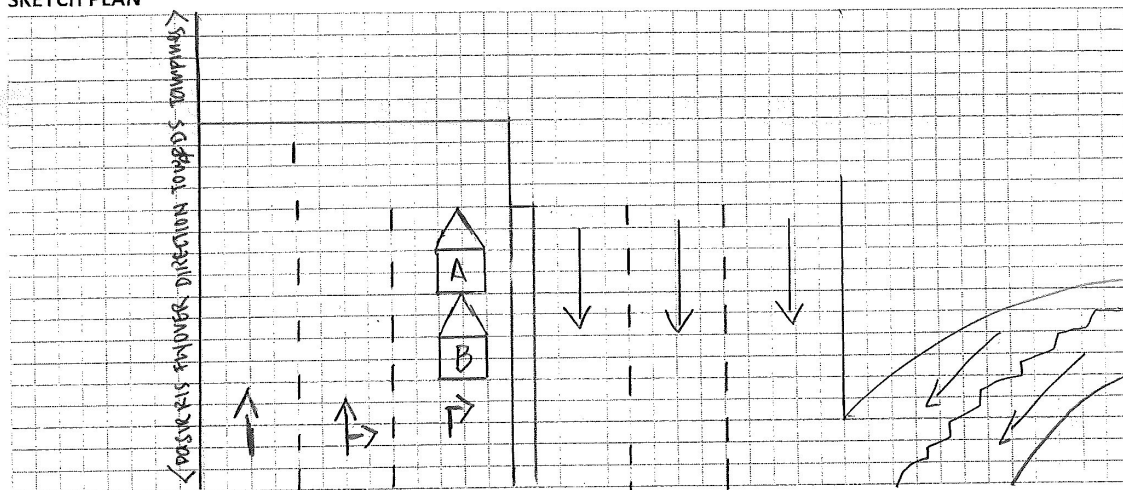
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

PASIR RIS FLYOVER TURNING TOWARDS TPE (SLE)

A: Sbv62H

B : SJK 4032E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS ALONG PASIR RIS FLYOVER TURNING TOWARDS TPE (SLE)
MY VEHICLE WAS STATIONARY WHILE WAITING FOR TRAFFIC LIGHT.
SUDDENLY THE CAR FROM MY REAR BANG MY CAR REAR AND CAUSES
THE DAMAGE TO MY CAR.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

2018-01-15 14:15:15



























**SINGAPORE
POLICE FORCE**



T/20201221/2047

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20201221/2047

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 21/12/2020 13:15 | Vide Report No.: | Station Diary No.: 37 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|---|--|----------------------------|
| Name of Informant: YASSER BIN MOHAMED ALI | | | Address: APT BLK 524A TAMPINES CENTRAL 7 #08-45 SINGAPORE 521524 | | |
| ID Type / ID No.: NRIC NO / S7729333G | | | Contact No.: Home/Office: Mobile: 98807904 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 43 | Date of Birth: 05/10/1977 | Type of Informant: Driver | | |
| Race: Boyanese | | | Language: | | Institution / School Name: |
| Occupation: Fumigators/Pest and weed controllers | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 20/12/2020 14:15 | Type of Location: T-Junction |
| Location: TAMPINES AVENUE 12 | | | | |
| Weather: Heavy rain | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Moving vehicle to rear of stationary vehicle | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SDV62H | Car | | | | Slightly Damaged | 0 |
| SJK4032E | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|---|
| Any Pedestrian Involved: No | <p>SINGAPORE POLICE FORCE</p> <p>Pedestrian Crossing: SA 061</p> <p>SIGNATURE</p> |
| No. of Pedestrians Injured: NIL | |



**SINGAPORE
POLICE FORCE**



T/20201221/2047

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20201221/2047


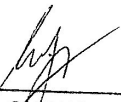
CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|--|--|---------------------------------|
| Name | YASSER BIN MOHAMED ALI | ID No. | S7729333G |
| Related Vehicle | SDV62H (Car) | Contact No. | 98807904 |
| Hospital/Clinic | DRS. GOH & TAN FAMILY CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 21/12/2020 | Date Discharge | 21/12/2020 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |

Brief Details.

On 20/12/2020 at around 1415hrs I was along Pasir Ris flyover towards Tampines Ave 12, on the filter lane turning towards TPE(SLE). My vehicle (SDV62H) was stationary while waiting for the green light when a vehicle (SJK 4032E) hit onto my rear. The collision caused a dent to my rear bumper and damaged my brake lights as well as rear plate number.

I did not suffer any injuries after the collision and no ambulance was called to scene. However I felt some discomfort on my neck area on 21/12/2020 and visited Drs Goh & Tan Family Clinic & Surgery where I was given 4 days MC (NO. MQ28831/R1) from 21/12/2020 - 24/12/2020. I am lodging this report to put up the necessary claims.

| | |
|---|--------|
|  <p>SINGAPORE POLICE FORCE</p> | SN 061 |
|  <p>SIGNATURE</p> | |



**SINGAPORE
POLICE FORCE**



T/20201221/2047

3 of 3

Report No. T/20201221/2047

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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:

E /

Sgt 1 MUHAMMAD HARITH ISKANDAR SYAH
BIN HALIM SAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Signature Of Informant:

Date/Time:

21/12/2020 13:15

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 061

SIGNATURE

