

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	30/12/2020 15:15 (SGT)
Date of Accident	28/12/2020 21:35 (SGT)
Exact Location of Accident	Changi N Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1327A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KINOSTYLEZ
Company Reg No	5XXXX205X
Email Address	KINOSTYLEZ@GMAIL.COM
Mobile Phone No	(Phone) +65-97615039
Alternative Phone No	+65-97615039

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5107014974-01
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED SANI BIN JAFFAR
NRIC No	SXXXX714G
Date Of Birth	20/11/1956
Occupation	Outdoor

Date Of Driving Pass	01/01/1997
Driving experience	23 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93378642
Alt. Phone Number	-
Email Address	KINOSTYLEZ@GMAIL.COM
Address	BLK 37 CIRCUIT RD #15-393
Address complement	-
Postcode	370037
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN1493B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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.
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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

	<p>A = GBJ 1327 A</p> <p>B = SMN 1493 B</p>
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Describe Circumstances of the Accident

I was travelling along Changi North way, there was a stationary veh B stop along the road side. ~~the~~ while I pass by veh B from the right, suddenly veh B make a right turn and hit onto my veh left rear portion.

Declaration

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



D/20201229/2060

1 of 2

POLICE REPORT (NP322)

Report No. D/20201229/2060

Police Station Of Origin
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Date/Time Report Made 29/12/2020 21:10	Vide Report No.	Station Diary No. 33	
Name Of Informant MOHAMED SANI BIN JAFFAR	Address APT BLK 37 CIRCUIT ROAD #15-393 SINGAPORE 370037		
ID Type / ID No. NRIC NO / S1199714G	Contact No. Home/Office	Mobile 93378642	
Nationality SINGAPORE CITIZEN	Email Address		
Occupation DRIVER	Sex Male	Age 64	Date of Birth 20/11/1956
Institution/School Name	Race Malay		
Date/Time Of Incident 22/12/2020 18:00 - 22/12/2020 19:00	Language		
	Location Of Incident 1 HOSPITAL CRESCENT SINGAPORE GENERAL HOSPITAL SINGAPORE 169608 vicinity		

Brief details.

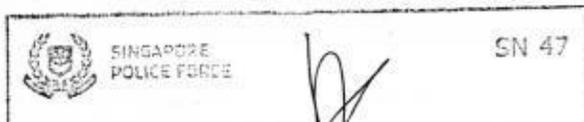
On the above mentioned date, time and location, I discovered the below mentioned item to be missing and tried to find it but to no avail. I am lodging this report for record purpose.

Property Information

Signature Of Officer Recording The Report: D / Sgt 3 MUHAMMAD RAYMIE RAHMAT BIN SUOD	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/12/2020 21:10
Officer In-Charge Of Case: D / Queenstown N.P.C / SI MUHAMMAD AZHIIM BIN KASSIM Contact No.: 64719999	Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645





**SINGAPORE
POLICE FORCE**



D/20201229/2060

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

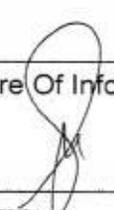
Report No. D/20201229/2060

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Driver's License			1		One driver's licence belonging to MOHAMED SANI BIN JAFFAR (NRIC NO S1199714G)

Signature Of Officer Recording The Report: 
D / Sgt 3 MUHAMMAD RAYMIE RAHMAT BIN SUOD

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Queenstown N.P.C /
SI MUHAMMAD AZHIIM BIN KASSIM
Contact No.: 64719999

Signature Of Informant: 

Date/Time:
29/12/2020 21:10

Classification Of Case:

Authentication Stamp



FUPO hotline number: 68429645

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5107014974-01	Cover : Comprehensive
1. Index mark and Registration Number of Vehicle	: GBJ1327A
Chassis Number	: GDH2012003592
2. Name of Policyholder	: KINOSTYLEZ
3. Effective Date of Insurance	: 14 Jan 2020
4. Expiry Date of Insurance	: 13 Jan 2021
5. Persons or Classes of Persons entitled to drive#	
(a) The Policyholder.	
(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6. Limitations as to Use#	
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.	
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.	

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: SKYLINK CREDIT PTE. LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : SININS AGENCY PTE. LTD. (00000615123)
Date of Issue : 30 Dec 2019 16:53 hrs
Reprint : 30 Dec 2019 16:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

ACCIDENT STATEMENT

ACCIDENT DATE: (28/12/20) (DD/MM/YYYY), TIME: (21:35) (HH:MM)

LOCATION: Changi
Bechtel north way

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G0J 1327A
b) INSURANCE COMPANY: MC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Hiace, Auto
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Kinostylez (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9761 5039
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohamed Sani Bin Jaffar (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9337 8642
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1 / 1 / 1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)

b) ROAD SURFACE: (DRY / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMN1493 B. MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

✓ * chop

✓ * license

✓ * email Kinostylez

Email =

fax =

video = Yes.

atari.com