

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 16/12/2020 17:53 (SGT)
Date of Accident 12/12/2020 13:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE SLE before Ang Mo Kio Ave 1 Exit
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF4513A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AMAX RENTAL PTE LTD
Company Reg No 202029407G
Email Address naimotai9912@gmail.com
Mobile Phone No (Phone) +65-90107743
Alternative Phone No (Home) +65-90107743

VEHICLE PARTICULARS

Manufacturer Toyota
Model COROLLA AXIO
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 - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 5119300396-000024
Cover Note Number -

DRIVER

Name of Driver MOHAMED NASIR MARICAR S/O MOHAMED ISHAK
NRIC No S8013317J
Date Of Birth 07/05/1980
Occupation Indoor

Date Of Driving Pass	21/01/1999
Driving experience	21 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81266508
Alt. Phone Number	-
Email Address	naimotai9912@gmail.com
Address	BLK 719 #04-45 TAMPINES STREET 72
Address complement	-
Postcode	520719
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Tan Ching Er
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to 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	GBK5928J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED NASIR MARICAR S/O MOHAMED ISHAK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMF4513A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	TAN CHING ER
Phone	(Phone) +65-87868682
Email	-

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 16/12/2020 / 17:35

Report No: MT/

D.O.A: 12/12/2020

Vehicle No: SMF4513A

Reporting Type:

Time: 13:25 hrs

SKETCH PLAN**IMPORTANT NOTICE**

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6. 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.
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.



16/12/20 / 17:35

Policyholder's Signature / Date & Time

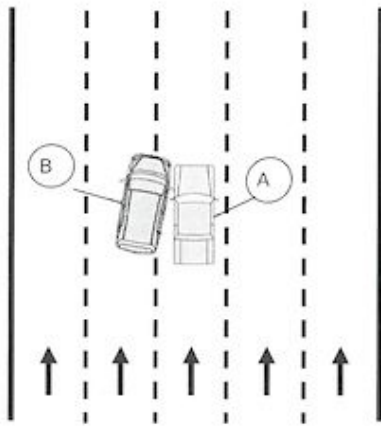
16/12/20 / 17:35

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

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



CTE SLE before Ang Mo Kio Ave 1 Exit

Vehicle A: SMF4513A Vehicle B: GBK5928J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Declaration

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



16/12/20 / 17:35

Policyholder's Signature / Date & Time



16/12/20 / 17:35

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

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

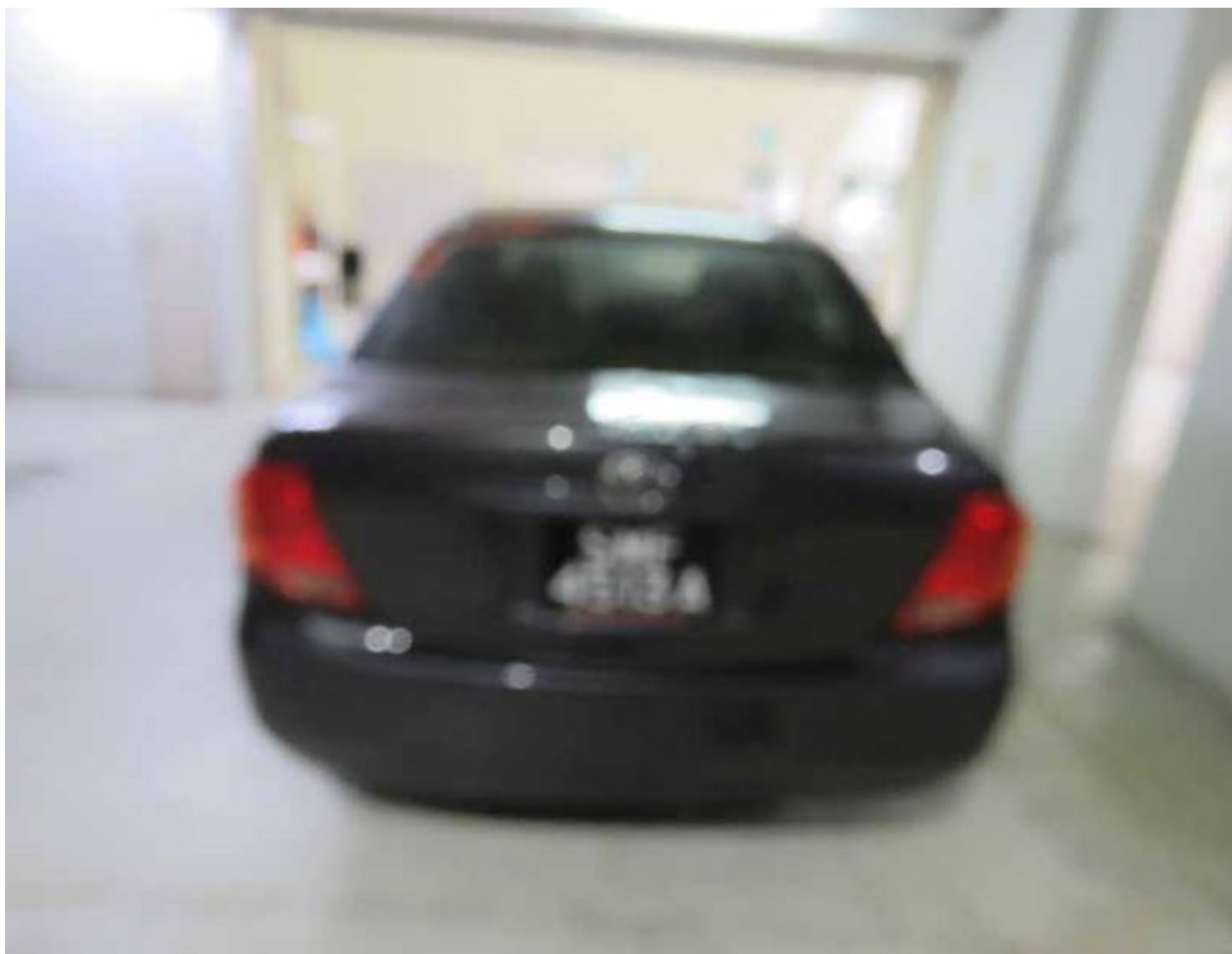


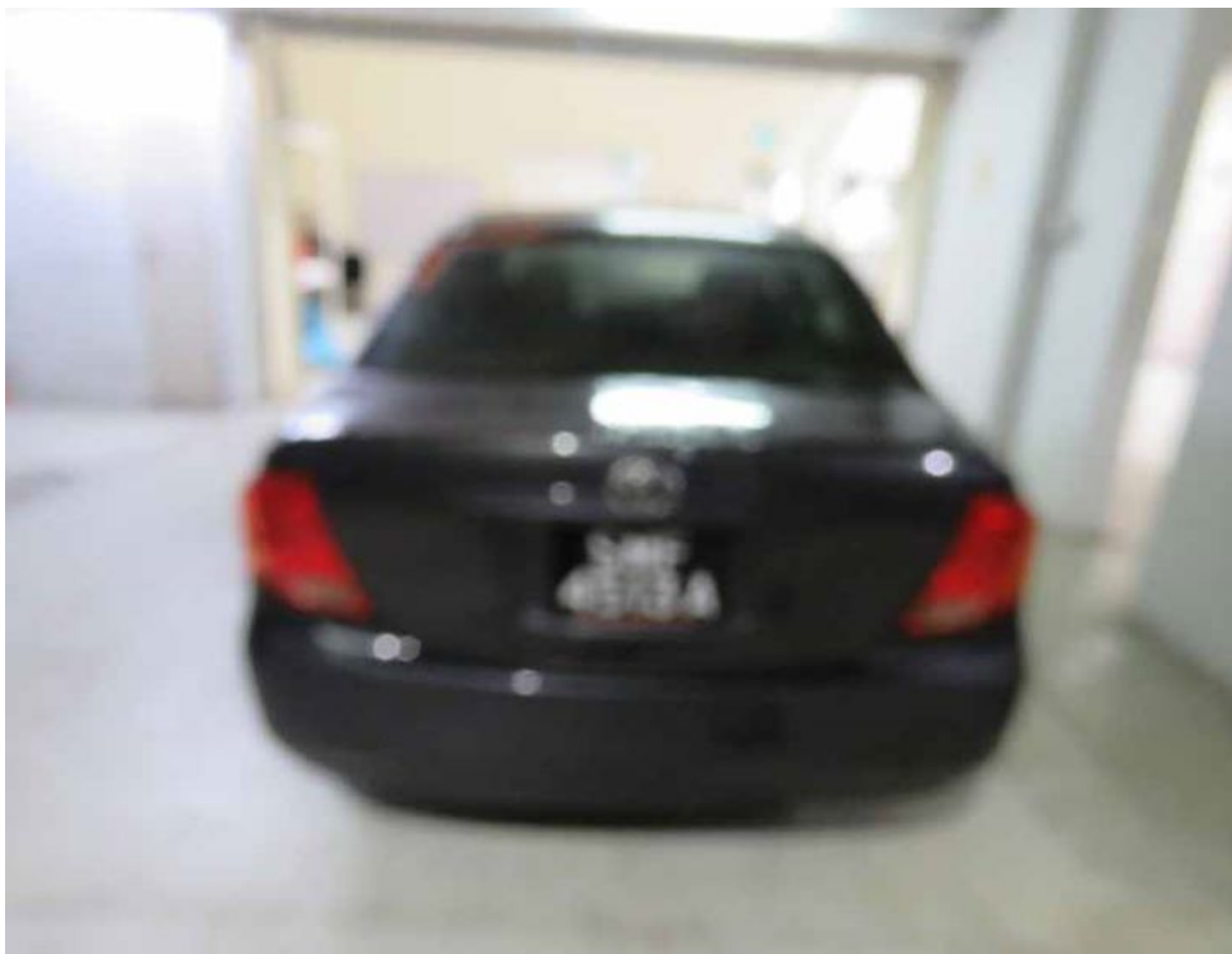
Witnessed by Reporting Centre Personnel

















**SINGAPORE
POLICE FORCE**



T/20201212/2094

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4

Report No. T/20201212/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2020 17:16		Vide Report No.:		Station Diary No.: 86
Informant's Particulars				
Name of Informant: MOHAMED NASIR MARICAR S/O MOHAMED ISHAK		Address: APT BLK 719 TAMPINES STREET 72 #04-45 SINGAPORE 520719		
ID Type / ID No.: NRIC NO / S8013317J		Contact No.: Home/Office: Mobile: 81266508		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 40	Date of Birth: 07/05/1980	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: RAMP DUTY MANAGER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/12/2020 13:25	Type of Location: Flyover
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK5928J	Van	TOYOTA	REGIUS ACE DX 2.8 AUTO	Silver	Slightly Damaged	1
SMF4513A	Car	TOYOTA	COROLLA AXIO 1.5X A	Grey	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20201212/2094

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20201212/2094

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF4513A	NTUC Income Insurance Co-Operative Limited	5119226957	26/09/2020	25/09/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED NASIR MARICAR S/O MOHAMED ISHAK		ID No. S8013317J
Related Vehicle	SMF4513A (Car)		Contact No. 81266508
Hospital/Clinic	CENTRAL 24HR CLINIC (PASIR RIS)		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	12/12/2020		Date Discharge 12/12/2020
No. of Days granted Medical Leave	02		Degree of Injury Slight

Brief Details.

On 12/12/2020 at 1325hrs, I was driving my grey Toyota Axio bearing registration plate number SMF4513A, along CTE before Ang Mo Kio Ave 1. I had female 1 passenger with me as I was doing part-time Gojek. I was driving on the third lane on the 5-lane road. As I was driving along the CTE before Ang Mo Kio Ave 1, a silver Toyota Regius Ace Auto van bearing registration plate number GBK5928J, came into my lane from the fourth lane and collided into my car. The van came from the left side of me.

I did not notice that the female van driver had signalled before merging into my lane. As a result of the collision, the headlights and bumper of my car was damaged. I was only able to open the passenger car door slightly.

A few minutes later, a Cisco staff came to assist us. He told me and the van driver to proceed to side. While I was walking back to get my pen to exchange my particulars with the van driver, the driver drove off. As such, I was unable to get the driver's particulars. There was also an NTUC insurance staff who came down to take down my particulars.

Before leaving the location, I had an EMS staff who came to fix my bumper so that I was able to drive back my car.

The passenger in my car witnessed the accident happened. The passenger namely, Tan Ching Er. Her mobile number is 87868682.

About an hour after the accident happened, I felt pain on my body. I went to see a doctor and was given 2 days of medical leave.

I do not have an in-car camera installed in my car.



**SINGAPORE
POLICE FORCE**



T/20201212/2094

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
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Report No. T/20201212/2094

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201212/2094

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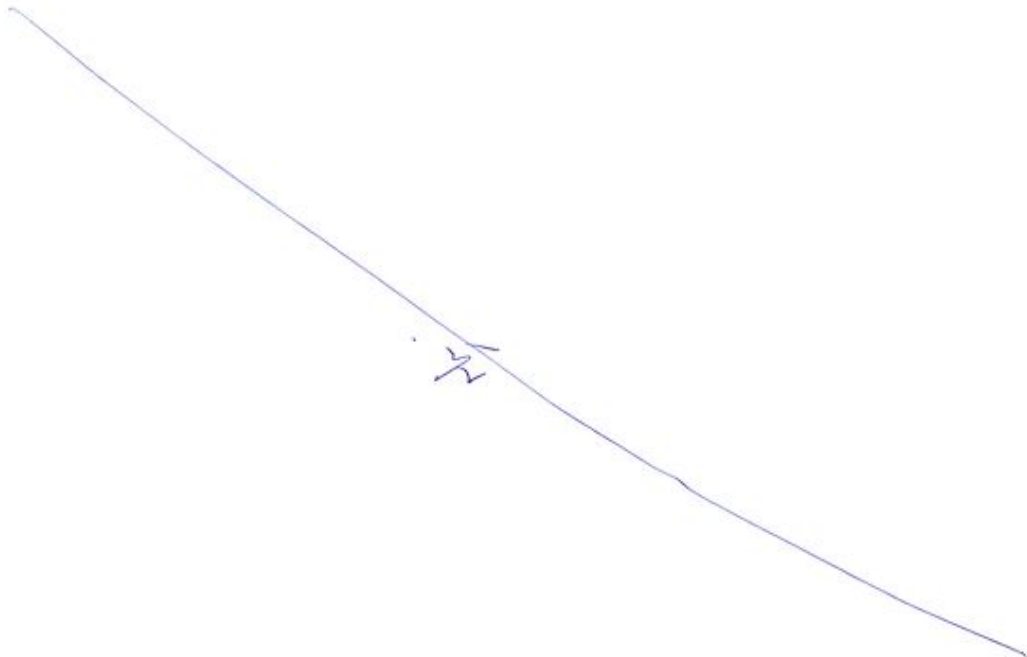
4 of 4

Report No. T/20201212/2094

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:
G /
Sgt 2 NUR IRDINA BINTE MOHAMED TAHIR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/12/2020 17:16

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



DRAFT COPY

Report No.

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No

Report Number

Vide Report Number T/20201212/2094

Date/Time of Report Made 12/12/2020 17:42

Place Report Lodged Pasir Ris N.P.C

Type of Informant Driver

Name of Informant Mohamed Nasir Maricar S/O Mohamed Ishak

ID Type / ID No. NRIC NO / S8013317J

Home/Office

Mobile 81266508

Email

Type of Accident Non-Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 12/12/2020 13:25

Accident Location CENTRAL EXPRESSWAY

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK5928J	Van				Slightly Damaged	1
SMF4513A	Car				Seriously Damaged	1

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

DRAFT COPY

Report No.

Continuation of CSF For NP168

Driver			
Name	Mohamed Nasir Maricar S/O Mohamed Ishak	ID No.	S8013317J
Related Vehicle	NIL	Contact No.	81266508
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Facts.

Correction for vide report: Type of collision should be between moving vehicles - side swipe - same direction.

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DRAFT COPY

Report No.

Continuation of CSF For NP168

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.

Case Sensitivity No

Officer-In-Charge of Case

Classification of Case



Pasir Ris MPC
No. 1 Pasir Ris Road
#01-01 Singapore 515451
Tel: 1800-5852999



