SN092121000Y / National Assessment Centre Services [408933] ENTRY DATE & TIME: 02/02/2021 10:50 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (02/02/2021 10:50 (SGT))

# **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.

- 4. The issue and acceptance of this is form by instrained 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 02/02/2021 10:50 (SGT) Date of Accident 31/01/2021 20:35 (SGT) Exact Location of Accident Geylang Road, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SG78012T

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ASIA EXPRESS CAR RENTAL PTE LTD Company Reg No 2XXXXX882D **Email Address** PEIJIE@EXPRESSCAR.COM.SG Mobile Phone No (Phone) +65-91998131 Alternative Phone No +65-91998131

# VEHICLE PARTICULARS

Manufacturer

Toyota Model Corolla Variant Exact purpose for which vehicle was being used at time of Private hire accident 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 China Taiping Insurance Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number DMHCSNA00001902000 Cover Note Number

#### DRIVER

Name of Driver DZULKIFLI BIN JUMARI NRIC No SXXXX991G Date Of Birth 02/01/1975 Occupation Outdoor

Date Of Driving Pass 09/02/2000 Driving experience 20 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-87497225 Alt. Phone Number Email Address dj020175@yahoo.com.sg Address 97 ALJUNIES CRES #03-449 Address complement Postcode 380097 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 Collision - Cross Junction Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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 REFER TO POLICE REPORT T/20210131/7036 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 SMF9183K Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Address		<del>-</del>
Address complement		<u>-</u>
Postcode		<u>-</u>
Insurance Company Name		
Nature Of Damage	 	<u>-</u>
Details of property damaged in accident	 	<u>-</u>
No. Of Passenger (Including Driver)		<b>-</b>

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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:
  - 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: 01 | 02 | 21 priver's Signature

(If driver is not the policyholder)
Date & Time: O1 (02)

1 ,

Reporting Centre Personnel's Signature Name:

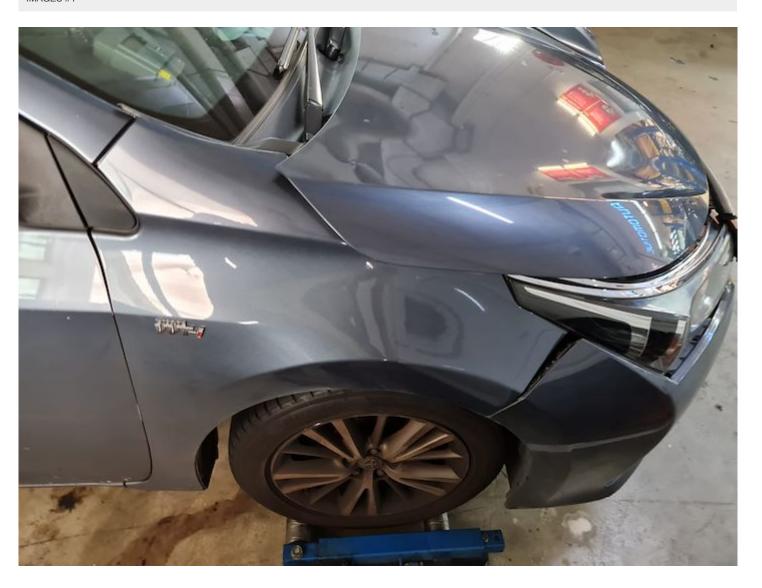
NRIC/FIN No.:

	Joo Chrat			
		4		A /3Gzanb7
				2 - SV1083L
thongi Rd.		N :	15	
	- 107			
		100		
	7			
			Geylang Rd	
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT			
Refer -	a nalice.	Report	7/20210131	1 7036
,	-			
	orticulars are true in every	respect.		
	articulars are true in every	respect.		<i></i>
	irticulars are true in every	y respect.		
DECLARATION I/We declare the foregoing pa	Dryke's Signatu	F are		ersonnel's Signature
I/We declare the foregoing pa	Dryke's Signatu	ure the policyholder)	Reporting Centre Po Name: NRIC/FIN No.:	ersonnel's Signature

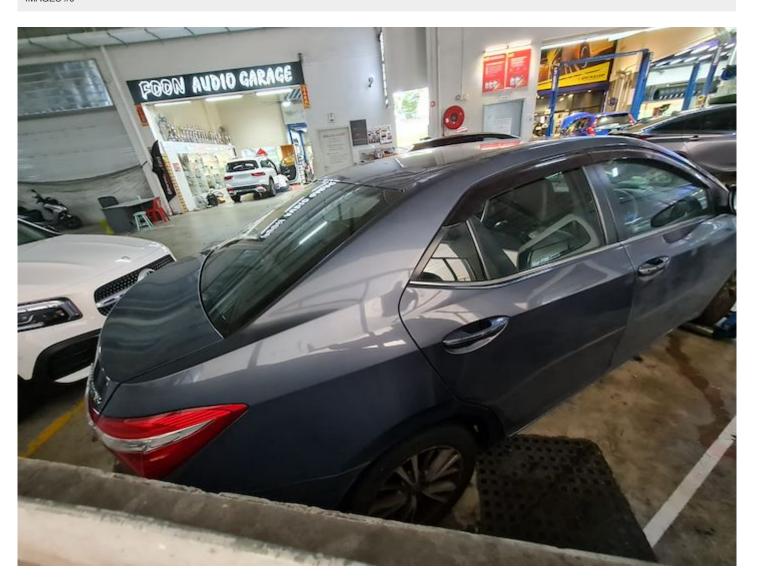




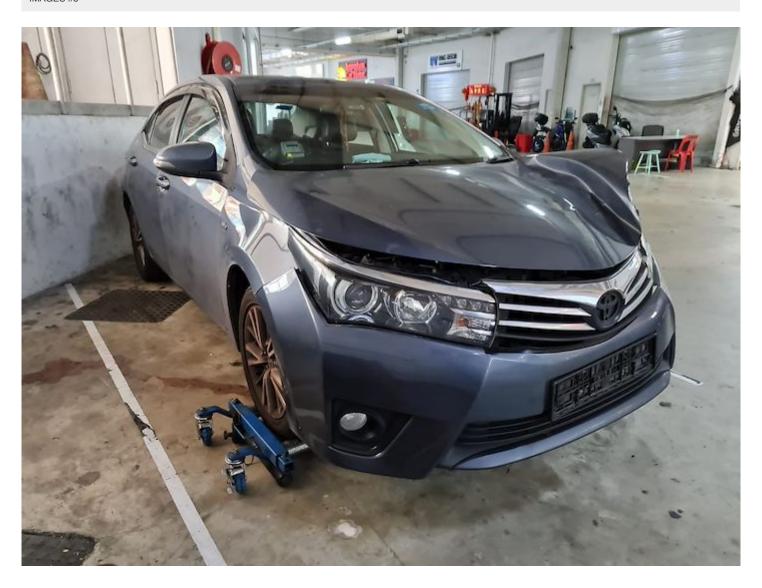






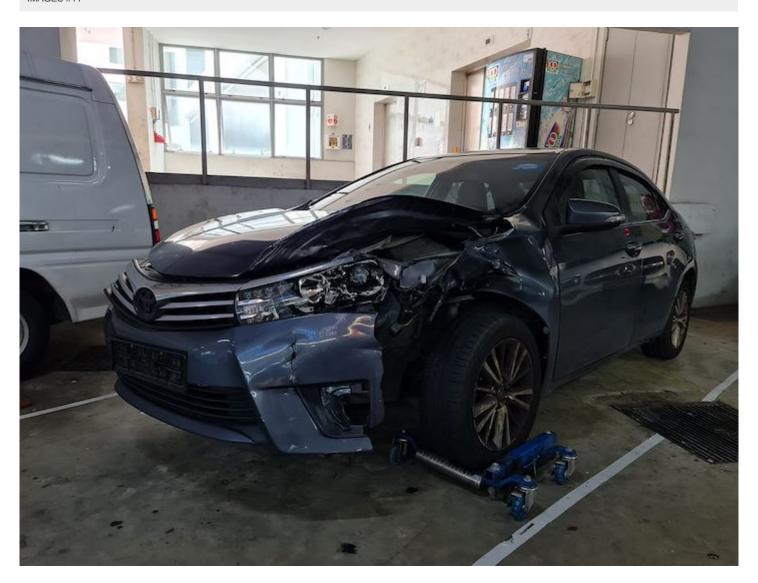
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210131/7036

# REPORT OF A TRAFFIC ACCIDENT

	ne Report M 021 23:44	Made:	Vide Report No.: G/20210131/0261	Station Diary No.:		
Informa	nt's Partice	ulars	NOT AN OLD THE REAL PROPERTY.			
Name of Informant: DZULKIFLI BIN JUMARI			Address: 97 ALJUNIED CRESCENT #03-449 SINGAPORE 380097			
ID Type / ID No.: NRIC NO / S7500991G		Contact No.: Home/Office:	Mobile: 87497225			
Nationality: SINGAPORE CITIZEN		Email: dj020175@yahoo.com.sg				
Sex: Male	Sex: Age: Date of Birth:		Type of Informant: Driver			
Race: Javanes	Race: Javanese		Language: English	Institution / School Name:		
Occupation: Fire and safety inspector		Driving Licence Informa Class: 2B,2A,2,3	Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/01/2021 20:35	Type of Location Straight Road
Location: GEYLANG R	DAD			
TOTAL CONTRACTOR		Road Surface:		D 10 11:-
		Dry		Road Speed Limit: 50 Km/h
Weather: Clear Traffic Flow: One Way		2000	rking	CANADA CONTRACTOR CONT

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGZ8012T	Car					0
SMF9183K	Car			White	Seriously Damaged	





T/20210131/7036

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

2 of 3 Report No. T/20210131/7036

#### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved	The state of			A THE WAY AND A STREET
Any Pedestrian II	nvolved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver				E THE LAND	
Name	DZULKIFLI BIN JUMARI			ID No.	S7500991G
Related Vehicle	SGZ8012T (Car)		Contact No	87497225	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	Degree of	Slig	ht	

## Brief Details.

On 31/1/2021 between 8.30 pm to 8.45 pm, I was on the way to Joo Chiat Road when the traffic along Geylang Road was red. I then stopped at the traffic light and I was the first car. After about a minute or so, i felt i heard like someone was horning me and thinking that its my turn to move off, I let go of my brake and the car moved forward. Immediately, the white far from the left hit onto my front left rear. At that moment, I realised that the light was not in my favour and had caused the accident. I do not sustain any injury but the other parties were conveyed to the hospital. I was in a state of shock that I did not even obtain the details of the other party.





3 of 3 Report No. T/20210131/7036

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

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 31/01/2021 23:44
Classification Of Case:

NP168

