

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 22/02/2021 16:09 (SGT)
Date of Accident 21/02/2021 19:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information Bukit Batok Road to Choa Chu Kang Way (Filter Lane)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGN311X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SG1 CAR PTE. LTD.
Company Reg No 2XXXXX744E
Email Address SG1CAR@YAHOO.COM
Mobile Phone No (Phone) +65-97603562
Alternative Phone No +65-97603562

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 Comprehensive
Fleet Policy Yes
Policy Number 5109724562-01 (CLASSIC)
Cover Note Number -

DRIVER

Name of Driver ZAIFI BIN MOHAMED YASIN
NRIC No SXXXX521Z
Date Of Birth 25/08/1967
Occupation Outdoor

Date Of Driving Pass	14/03/1988
Driving experience	32 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92347743
Alt. Phone Number	-
Email Address	xinhuaaworkshop@gmail.com
Address	Blk 230 Pasir Ris Street 21 #07-52
Address complement	-
Postcode	510230
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER 1
Gender	Male

PASSENGER 2

Name	PASSENGER 2
Gender	Male

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 Sketch Plan

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	SHC5700U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Lim Poh Lai
NRIC No	-1
Contact Number	(Phone) +65-90151136
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	ZAIFI BIN MOHAMED YASIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	53
Injuries Sustained	3 days Medical Leave, pain on neck and right shoulder
Injured person in which vehicle?	SGN311X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 6741 0697 Fax: 6749 2300
Email: vac@vicom.com.sg

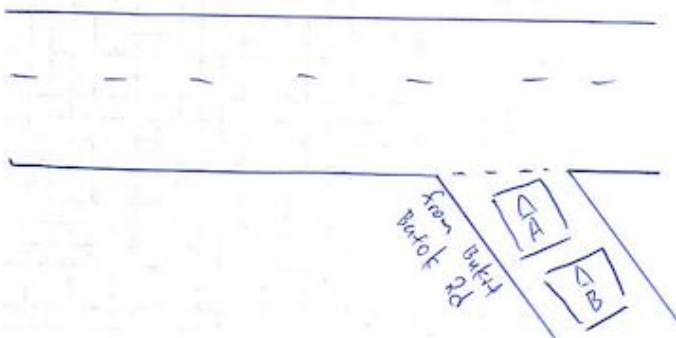
Witnessed by Reporting Centre Personnel 22 FEB 2021

Sketch Plan

Choa Chu Kang Way

Vehicle A = SGN311X

Vehicle B = SHC5700U



Refer to Police Report T/20210222/2027

Driver Zalfi Bin Mohamad Yasin neck & shoulder Pain

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 22 FEB 2021



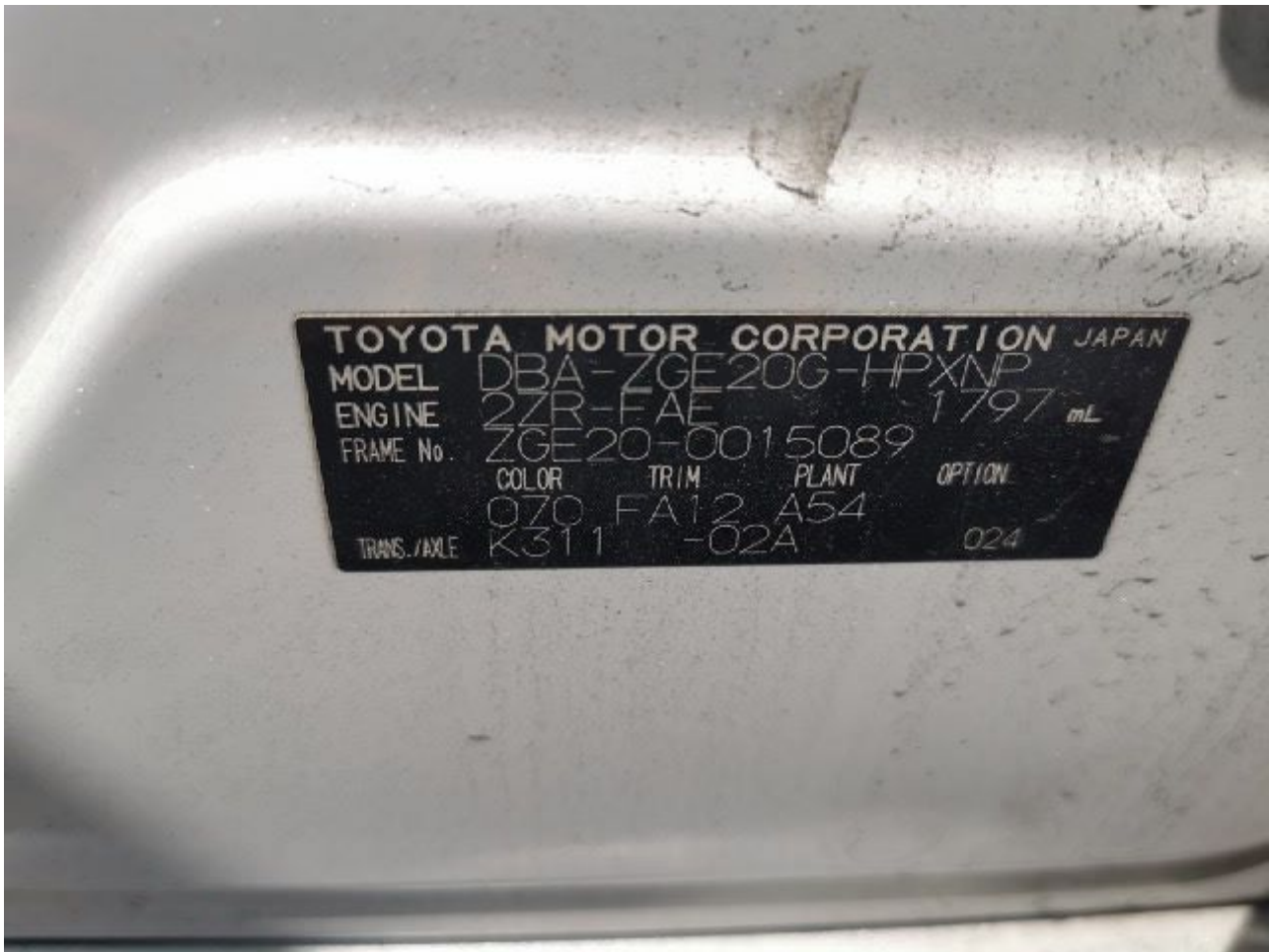


















SINGAPORE POLICE FORCE



T/20210222/2027

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/20210222/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2021 10:39		Vide Report No.:		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: ZAIFI BIN MOHAMED YASIN			Address: APT BLK 230 PASIR RIS STREET 21 #07-52 SINGAPORE 510230		
ID Type / ID No.: NRIC NO / S1790521Z			Contact No.: Home/Office: Mobile: 92347743		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 25/08/1967	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Driving instructor/tester			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/02/2021 19:20	Type of Location: Bend
Location: BUKIT BATOK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SGN311X	Car	TOYOTA	WISH 1.8X A	White	Slightly Damaged	2
SHC5700U	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	No Damage	0



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Report No. T/20210222/2027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZAIFI BIN MOHAMED YASIN	ID No.	S1790521Z
Related Vehicle	SGN311X (Car)	Contact No.	92347743
Hospital/Clinic	SINGHEALTH POLYCLINICS - PASIR RIS	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	22/02/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIM POH LAI	ID No.	S1340818I
Related Vehicle	SHC5700U (Car)	Contact No.	90151136
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/02/2021 at about 1920hrs, I was driving my vehicle, bearing plate no. SGN311X, along Bukit Batok Rd towards Choa Chu Kang Rd. I was sending 2 of my passengers to their destination located at Choa Chu Kang. I stopped my vehicle after the zebra crossing towards Choa Chu Kang Way, to look out for incoming traffic. Suddenly, I felt an impact from the rear of my vehicle and noticed that there was a taxi, bearing plate no. SHC5100U, behind my vehicle. I got down from the vehicle and noticed that the front of the taxi had hit onto the rear of my vehicle when I was looking out for incoming traffic. The taxi driver got out from his vehicle and we exchanged our particulars. I made a check on both our vehicles and I noticed that there are cracks and dents on the rear bumper of my vehicle however, there was no damages on the taxi. I also made a check on my passengers and was informed that they were fine and do not need to medical attention. The taxi driver also did not suffer any injuries and I did not felt any painfulness at that point of time. We then left the scene shortly after.

On 22/02/2021, I woke up in the morning and felt painfulness on my neck and right shoulder thus, I went to Singhealth Polyclinic located at 1 Pasir Ris Dr 4 and was given a total of 3 days MC dated from 22/02/2021 to 24/02/2021.



**SINGAPORE
POLICE FORCE**



T/20210222/2027

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20210222/2027

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 TOH SHIMIN, KIMBERLY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

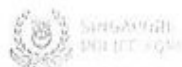
22/02/2021 10:39

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN

Contact No.: 65476172



Classification Of Case:

Authentication Stamp

NP168



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CONTINUATION OF REPORT

