# **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 22/03/2021 14:22 (SGT) Date of Accident 20/03/2021 16:30 (SGT) Exact Location of Accident Northshore Dr, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMR1448I

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HAMAD GADAFFI B FAUZI NRIC No. SXXXX580A Email Address HYFAHYDR@ICLOUD.COM Mobile Phone No (Phone) +65-88086528 Alternative Phone No +65-88086528

#### VEHICLE PARTICULARS

Manufacturer

Toyota Model C-hr 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 No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1797

#### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5114642568-01 Cover Note Number

#### DRIVER

Name of Driver HAMAD GADAFFI B FAUZI NRIC No. SXXXX580A

Date Of Birth 10/02/1985 Occupation Outdoor Date Of Driving Pass 18/04/2005 Driving experience 15 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-88086528 Alt. Phone Number +65-88086528 Email Address HYFAHYDR@ICLOUD.COM Address BLK 408C NORTHSHORE DR #09-218 Address complement Postcode 823408 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name NOR SARAH BANU BINTE GULAM HUS Gender Female PASSENGER 2 Name SAYF HYDR HAMAD GADAFFI Gender Male PASSENGER 3 Name HYFA SHEIQHA HAMAD GADAFFI Gender Male 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? If yes, against whom?

# CIRCUMSTANCES OF ACCIDENT

# REFER TO POLICE REPORT T/20210321/7003

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

WITH DRIVER

Was there any audio recorded?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHD7279B Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi 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 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	
INJURED 2	
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SAYF HYDR HAMAD GADAFFI  BODY SMR1448L Yes No
INJURED 3	
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	HYFA SHEIQHA HAMAD GADAFFI  BODY SMR1448L Yes No
INJURED 4	
Name of injured person Address Address Complement Post Code	HAMAD GADAFFI B FAUZI - - -

Approximate Age Years Old

Injuries Sustained BODY
Injured person in which vehicle? SMR1448L
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

#### SKETCH PLAN

#### 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.
- 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 itability.
- 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, discides 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 awyers/few 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, involves, 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 draling with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers lawyers/law times, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) The Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service provides 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:
  - (ii) 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:

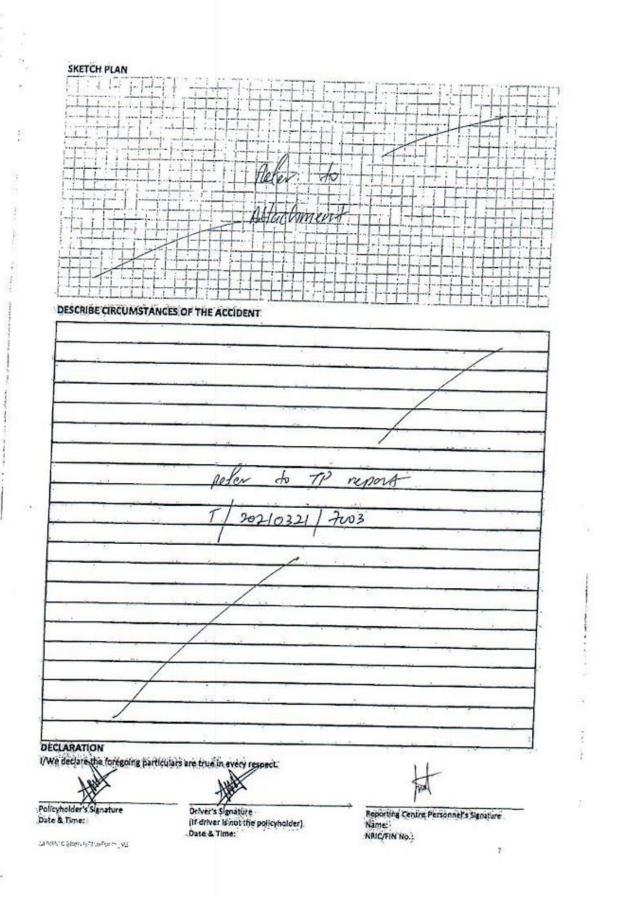
HAME

Policyholder's Signature Oate & Time And

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

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

sutus Systematory et

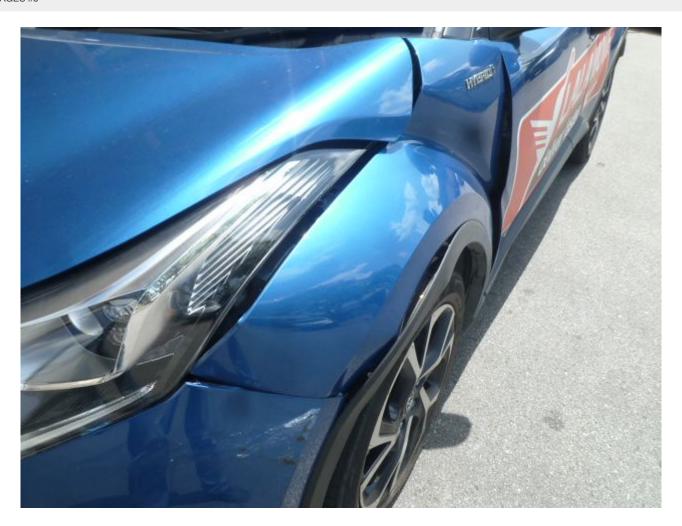


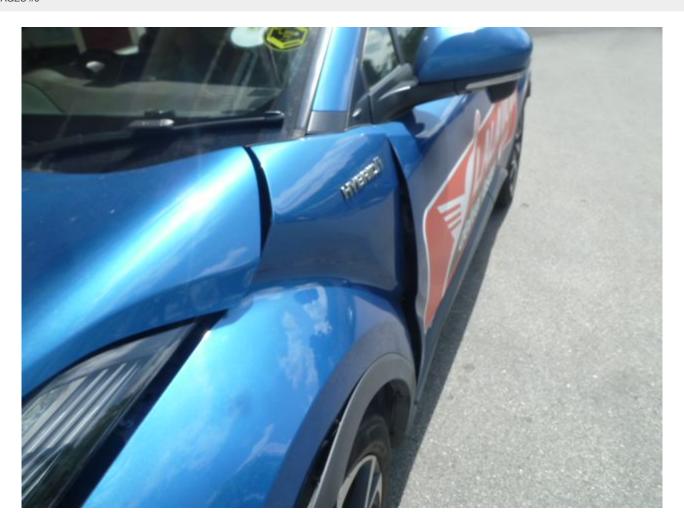




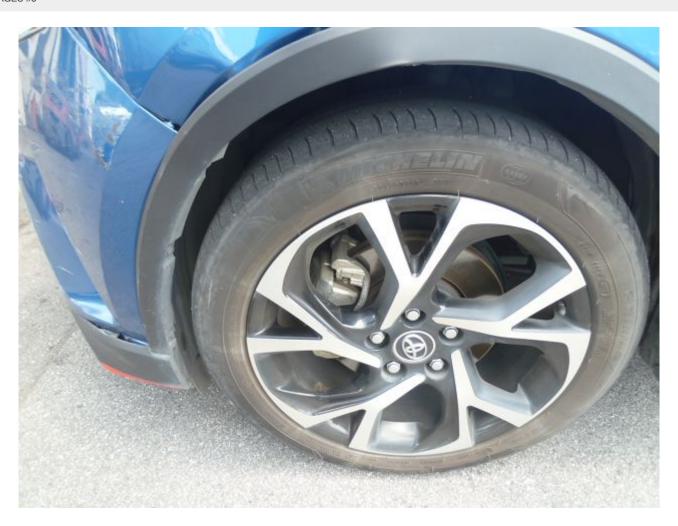


















Police Station Of Origin:

Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210321/7003

Date/Time Report Made: 21/03/2021 13:27			Vide Report No.:	Station Diary No.	
	nt's Particu	ilars		A TOTAL TOTAL TOTAL TOTAL TO	
Name of	Informant: GADAFFI E	The second secon	Address: 408C NORTHSHORE DRI	VE #09-218 SINGAPORE 823408	
ID Type / ID No.: NRIC NO / S8505580A			Contact No.: Home/Office:	Mobile: 88086528	
National SINGAP	ty: ORE CITIZ	EN	Email: HYFAHYDR@ICLOUD.CO	DM MC	
Sex: Male	Age: 36	Date of Birth: 10/02/1985	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Private hire Driver			Driving Licence Informatio Class: 3	n: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/03/2021 16:30	Type of Location T-Junction
Location: NORTHSHO	RE DRIVE			Road Speed Limit:
	-31	Road Surface:		Hoad Speed Clinic
Cloudy		Dry Traffic Control:		Traffic Volume:
Weather: Cloudy Traffic Flow: Dual Carriage	e Wav	Dry	king	

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD7279B	Car	HYUNDAI		Blue	Service Institute Control	2
SMR1448L	Car	TOYOTA	C-HR HYBRID	Blue		0

D. L. U. of Vahiolo Incurance			Napa die reserv
Details of Vehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No. Insurance Company	Illisurance ivo	Liloude	



1/20210021/7003

Police Station Of Ongin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408965 Tel No. 65470000

Report No. 1/2/27/0321/7003

CONTINUATION OF REPORT

		Insurance	Insurary	ne No	Effective	Expiry Date	
	insu	rance Company	511464		21/12/2020	20/09/2021	
SMR1448L		TUC Income Insurance Co-Operative 511 mited		2300-01			
Details of Pe			(orpers	CANAL TO	(Classical Control	10 St. 10	
Any Pedestri	an In	volved: No		destrian Cros	111		
No of Pedes	Man	s Injured: NIL	Jse of Pe	cesaran Cros	SERGE PER	The second second	
Driver	(hli)		HOS ARTIS	ID No.	\$8505580		
Name		HAMAD GADAFFI BIN FAUZI					
Related Vehi	cie	SWR1448L (Car)		Contact No.	88086528	88086528	
Hospital/Clin	c	VIVA MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expry: NIL		
6-1-		20/03/2021	Date	NIL			
Date Dave	nean	led Medical Leave 03	Degree o	l Sig	ht		
	Qrain	Control of the Contro	10/20/5 80			Charles and the same of the sa	
Passenger	157000	SAYF HYDR HAMAD GADAFFI		ID No.	171613897	A	
Name		SATE HTUR HAMAD GADATT					
Related Veh	icie	SMR1448L (Car)		Contact No	NIL		
Hospital/Clin	Ne	VIVA MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL		
m.1.		20/03/2021	Date	NIL			
Date No. of Court	-	ited Medical Leave 03	Degree 6	of Stig	tht		
Passenger	12.40		a Department		The state of the s	BOHOW STOPLE	
Name	rebri	HYFA SHEIGHA HAMAD GADAF	FI	ID No.	T1423518	Z	
Related Vet	vicle	SMR1448L (Car)		Contact N	o. NIL		
Hospital/Cli	ns	VIVA MEDICAL CLINIC		Class of Driving Licence & Expiry		apry. NIL	
B-1-	4	20/03/2021	Cate	NII			
Date		nted Medical Leave 03	Degree	- Con	trip		

3 of 4



Police Staten Of Origin: Trailig Police 10 Ubi Avenue 3 SINGAPORE 40865 Tel No: 55470000

Report No. 1/2021/00/21/7003

CONTINUATION OF REPORT

Passenger		ID No.	S8510783F
Name	NOR SARAH BANU		
	SMR1448L (Car)	Contact No.	81860064
Related Vehicle	SAMINATOR (CON)		
Hospital/Clinic	VIVA MEDICAL CLINIC	Glass of	Class: NIL
ridspa.avca.co		Driving Licence &	Date of Expiry: NIL
		Expiry	L
Date	20/03/2021 rled Medical Leave 03	Date NIL Degree of Sigh	

Brief Details.

I was driving along Northshore Dr toward Punggol Settlement at the junction of Punggol road to buy I was driving along Northshore Dr toward Punggol Settlement at the junction by Mr Foo Jong Jim of Driver. Accident involve between my car SMR15468, and Tax SHD7279B driven by Mr Foo Jong Jim of NRIC 5\*\*\*8384E. I was driving on lane 1/2 white he was driving on lane 2/2 infront of me, traffic was preen upon reaching the junction but suddently almost reaching at the end of the junction SHD7279B decided to make a U-turn from lane 2/2 and cutting lane 1/2 where I was approaching. I do have a witness Mr Ramis 97157769 via WhatsApp only. He did provide me a lootage from his end, and I will witness Mr Ramis 97157769 via WhatsApp only. He did provide me a lootage from his end, and I will stack there is 2 male passanger one of them its Mr Tee 84944948. In my car my stack the video, and in his tax there is 2 male passanger one of them its Mr Tee 84944948. In my car my seated behind my 2 children and wife and I was the one driving the car, my children wife and myself later went to the clinic, if you require any further update do give me a call at 88086528.

I do have video tootage from the witness carcam and also the accident image.



