

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	05/11/2020 08:11 (SGT)
Date of Accident	04/11/2020 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVENUE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE740L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SEMBWASTE PTE LTD
Company Reg No	199507280G
Email Address	MOHAMAD.RANI@SEMBCORP.COM
Mobile Phone No	[REDACTED]
Alternative Phone No	[REDACTED]

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	OTHERS
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1780

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5117487274
Cover Note Number	-

DRIVER

Name of Driver	IZART EFFENDY BIN ZAINUL KHODRI
NRIC No	[REDACTED]

Date Of Birth	[REDACTED]
Occupation	Outdoor
Date Of Driving Pass	13/07/2004
Driving experience	16 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	[REDACTED]
Alt. Phone Number	-
Email Address	MOHAMAD.RANI@SEMBCORP.COM
Address	[REDACTED]
Address complement	-
Postcode	[REDACTED]
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	CLOUDY
Road Surface	Wet

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?	Yes
Police Station Name	10 Ubi Avenue 3
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?	Yes
Reasons for not uploading a video of the accident	ADVISE TO SEND TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE3994B
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) -

SKETCH PLAN**IMPORTANT NOTICE**

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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.

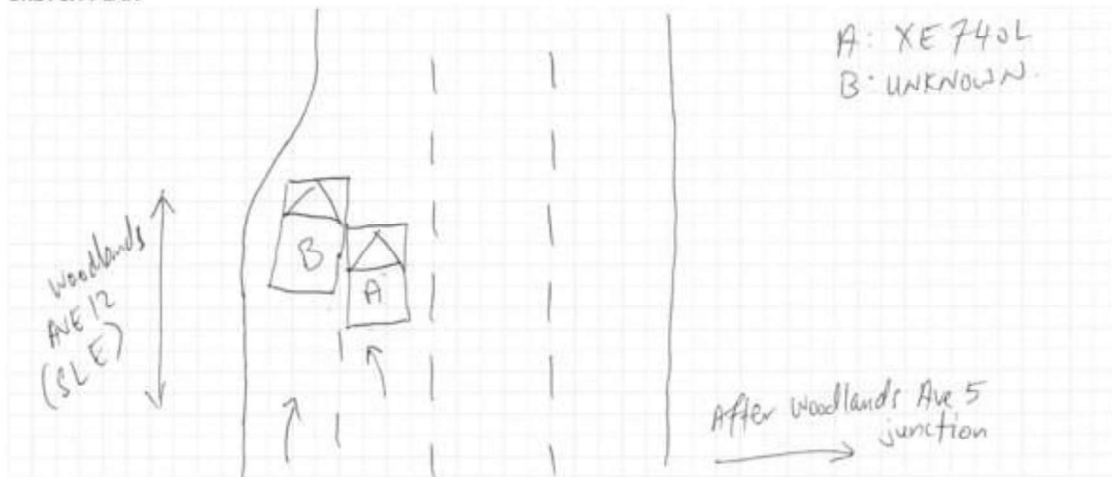


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 01/11/2020
1720hr

Reporting Centre Personnel's Signature
Name: Rickwan
NRIC/FIN No.: 996022

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report from
Traffic Police

DECLARATION

I/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: 04/11/2020
1720hr

Reporting Centre Personnel's Signature
Name: Ridwan
NRIC/FIN No.: 99022















**SINGAPORE
POLICE FORCE**



T/20201104/7022

1 of 3

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

Report No. T/20201104/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2020 17:13	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: IZART EFFENDY BIN ZAINUL KHODRI			Address: XX		
ID Type / ID No.: NRIC NO / XXXXXXXX			Contact No.: Home/Office: Mobile: XXXXXXXX		
Nationality: SINGAPORE CITIZEN			Email: EFFENDYIZART@GMAIL.COM		
Sex: Male	Age: 40	Date of Birth: 13/05/1980	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Trailer-truck driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/11/2020 13:50	Type of Location: Merging lane
Location: WOODLANDS AVENUE 12				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved	
1. Make and Model	
2. Year	
3. Color	
4. License Plate Number	
5. VIN (Vehicle Identification Number)	
6. Description of Damage	
7. Location of Damage	
8. Other Relevant Information	

Vehicle No.	Type	Make	Model	Color	Condition	No of
XE740L	Lorry					0

Details of Person Involved	
1. Name	Mr. [REDACTED]
2. Address	[REDACTED]
3. Date of Birth	[REDACTED]
4. Sex	[REDACTED]
5. Occupation	[REDACTED]
6. Education	[REDACTED]
7. Marital Status	[REDACTED]
8. Family Members	[REDACTED]
9. Other Information	[REDACTED]

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



**SINGAPORE
POLICE FORCE**



T/20201104/7022

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

2 of 3

Report No. T/20201104/7022

CONTINUATION OF REPORT

Driver			
Name	IZART EFFENDY BIN ZAINUL KHODRI		ID No. S8016338Z
Related Vehicle	XE740L (Lorry)		Contact No. 81116589
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

At 1348hrs, I was on Woodlands Avenue 12 towards SLE. Right after junction of Woodlands Avenue 5, I was on a merging lane moving forward. 3rd party truck attempted to overtake me at the merging lane and grazed against my mirror, damaging it.

I immediately sounded my honk and stopped and the side however 3rd party did not stop.



**SINGAPORE
POLICE FORCE**



T/20201104/7022

3 of 3

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

Report No. T/20201104/7022

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
04/11/2020 17:13

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNII20097545 Vehicle Registration No: XE740L
Name (as shown in NRIC) : IZART EFFENDY BIN ZAINUL KHODRI NRIC/FIN/Passport No : XXXXXXXXXXXXXX
(*Vehicle Driver / ~~Vehicle Owner~~ (*) Please delete as appropriate
Address : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Singapore (XXXXXX)
Contact (Tel) : _____ Mobile No. : XXXXXXXXXXXX
Email Address : mohamad.rani@sembcorp.com
Date of Accident : 04/11/2020 Time of Accident : 13:50
Place of Accident : WOODLANDS AVENUE 12
Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Are you claiming under your own insurance policy for repair to your vehicle? No

If No, Please state action to be taken - Third Party Claim

DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number XE3994B

Policyholder / ~~Driver~~'s Signature
Date: 19.03.2021

Reporting Centre Personnel's Signature
Name: NICHOLAS LEE
NRIC/FIN No.:
Date: 19/03/2021

GIARAC addendum form_V3