

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 31/03/2021 09:13 (SGT)
Date of Accident 30/03/2021 11:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information MARKET STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGZ2338T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD FAIZ BIN BAHARUDIN
NRIC No S8637252E
Email Address FAIZ0212@HOTMAIL.COM
Mobile Phone No (Phone) +65-98005632
Alternative Phone No (Home) +65-98005632

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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
Transmission Manual
CC 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5100808772-02 (DRIVO CLASSIC)
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD FAIZ BIN BAHARUDIN
NRIC No S8637252E

Date Of Birth	02/12/1986
Occupation	Outdoor
Date Of Driving Pass	20/01/2011
Driving experience	10 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98005632
Alt. Phone Number	(Home) +65-98005632
Email Address	FAIZ0212@HOTMAIL.COM
Address	APT BLK 769 YISHUN AVENUE 3 #02-275
Address complement	-
Postcode	760769
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 - Major/Minor Rd
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	GRAB PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
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	SHD3385D
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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	MUHAMMAD FAIZ BIN BAHARUDIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGZ2338T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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.

ROAD LOSS REPORT (R-40)
611 Road Block Drive (R-40)
Singapore 050045
Tel: 6550 3312 Fax: 6550 4723
Email: vrubh@singnet.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A : SGZ2338T
Veh B : SHP3385D



Describe Circumstances of the Accident

refer to police report No. A/20210330/7038

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

 Witnessed by Reporting Centre
 Personnel

 IDAC 10001 10001 10001
 #11 Bukit Merah Road #23
 Singapore 159518
 Tel: 6500 3512 Fax: 6500 0722
 Email: vachb@rtlogistics.com.sg























**SINGAPORE
POLICE FORCE**



A/20210330/7038

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POLICE REPORT (NP299)

Report No. A/20210330/7038

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 30/03/2021 20:21	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD FAIZ BIN BAHARUDIN	Address 769 YISHUN AVENUE 3 #02-275 SINGAPORE 760769	
ID Type / ID No. NRIC NO / S8637252E	Contact No. Home/Office:	Mobile: 98005632
Nationality SINGAPORE CITIZEN	Email Address faiz0212@hotmail.com	
Occupation phv driver	Sex Male	Age 34
Institution/School Name	Date of Birth 02/12/1986	Race Indian
Date/Time Of Incident 30/03/2021 11:55	Location Of Incident MARKET STREET	

Brief details.

on the above mentioned date and time i was driving my vehicle SGZ2338D with a passenger on board sitting at rear left.

We were belted.

I was exiting out from bank of singapore centre turn right towards market street and due to the traffic conditions i was stationary at the yellow box of singapore bank and market street.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2021 20:21
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



A/20210330/7038

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210330/7038

While i was stationary waiting for the traffic to clear before i can move off, i was stationary for about 2-3 mins suddenly i felt an impact from the rear left portion of my vehicle.

I wanted to alight to check on the damages of my vehicle but the other vehicle SHD3385D just drove off without alighting.

I followed the vehicle for about a few hundreds meters away and i asked him to alight so we can exchange particulars but he just ignored me and drove off.

Afterwards i realised that vehicle SHD3385D front portion had collided on to my vehicle's rear left portion.

Later that evening, i started feeling soreness on my chest and right knee so i went to OneCare Clinic Yishun to seek treatment and was given 3 days mc.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2021 20:21
Officer In-Charge Of Case:	Classification Of Case:
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