

# 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 .....	18/02/2021 17:59 (SGT)
Date of Accident .....	17/02/2021 15:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BUANGKOK LINK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLH9698T
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	FLEXIBLE GROUP PTE LTD
Company Reg No .....	202007759G
Email Address .....	derrick21tan@hotmail.com
Mobile Phone No .....	(Phone) +65-98334443
Alternative Phone No .....	+65-98334443

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	VOLKSWAGEN / JETTA 1.4 TSI AT 1623G5
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 .....	Auto
CC .....	1400

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	ThirdParty
Fleet Policy .....	Yes
Policy Number .....	5119620384
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MUHAMMAD SYAFIQ BIN HARON
NRIC No .....	S9129867H

Date Of Birth .....	30/08/1991
Occupation .....	Outdoor
Date Of Driving Pass .....	07/09/2018
Driving experience .....	2 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82185944
Alt. Phone Number .....	-
Email Address .....	fiz.babat@gmail.com
Address .....	BLK 367 TAMPINES STREET 34 #03-81
Address complement .....	-
Postcode .....	520367
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	JASON
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210218/2062;

#### 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 .....	XE4828S
Vehicle Manufacturer .....	Man

Vehicle Model .....	MAN / TGM 18.250 4X2 BB
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	RAMACHANDRAN SARAVAN
Work Permit No .....	G5904596U
Contact Number .....	(Phone) +65-90512976
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 .....	BLK 367 TAMPINES STREET 34 #03-81
Address Complement .....	-
Post Code .....	520367
Approximate Age Years Old .....	29
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLH9698T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

FLEXIBLE  
GROUP PTE LTD  
REC. 2020077596

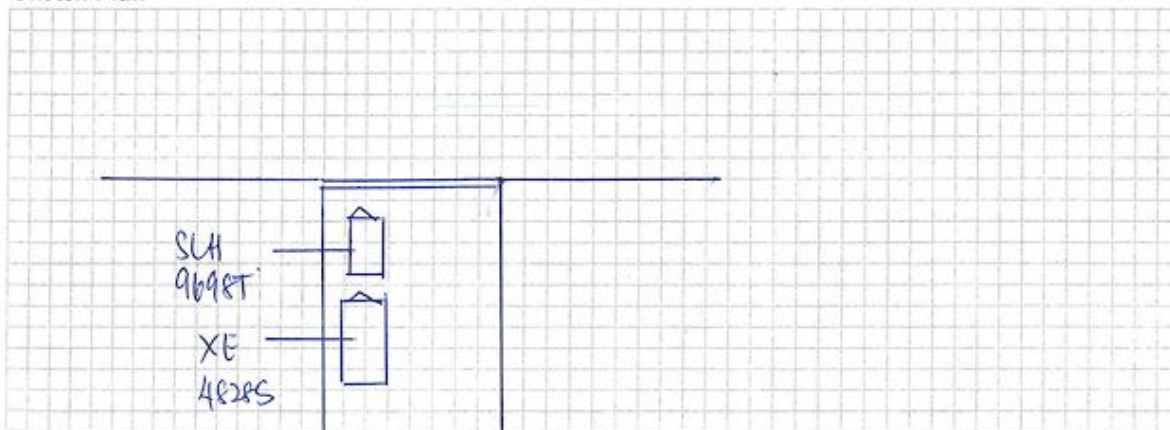
Policyholder's Signature / Date & Time

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: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre  
Personnel

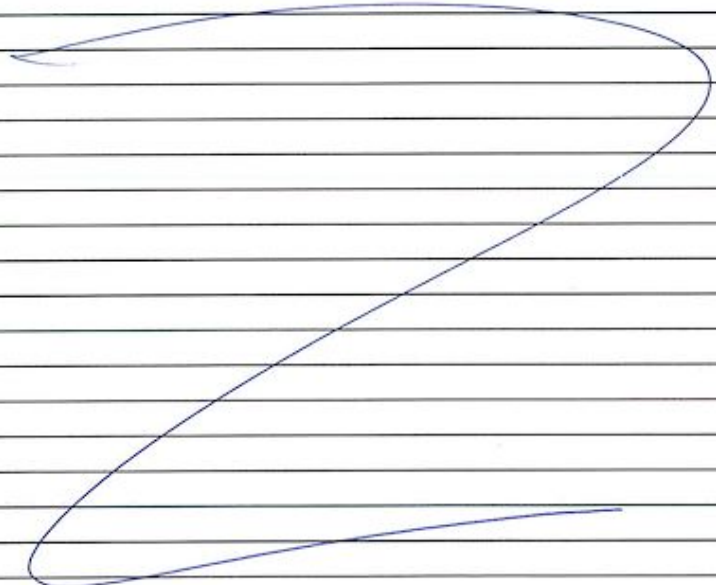
18 FEB 2021

**Sketch Plan**

Describe Circumstances of the Accident

Ref

To Police Report



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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre  
Personnel

18 FEB 2021




























**SINGAPORE  
POLICE FORCE**


T/20210218/2062

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20210218/2062

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/02/2021 15:30		Vide Report No.:		Station Diary No.: 112
<b>Informant's Particulars</b>				
Name of Informant: MUHAMMAD SYAHFIQ BIN HARON		Address: APT BLK 367 TAMPINES STREET 34 #03-81 SINGAPORE 520367		
ID Type / ID No.: NRIC NO / S9129867H		Contact No.: Home/Office: Mobile: 82185944		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 29	Date of Birth: 30/08/1991	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: GOJEK DRIVER		Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/02/2021 15:25	Type of Location: Straight Road
Location:  BUANGKOK LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SLH9698T	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1623G5	White		1
XE4828S	Lorry	MAN	TGM 18.250 4X2 BB	Blue		1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210218/2062

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Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20210218/2062

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	JASON	ID No.	NIL
Related Vehicle	SLH9698T (Car)	Contact No.	93392062
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MUHAMMAD SYAHFIQ BIN HARON	ID No.	S9129867H
Related Vehicle	SLH9698T (Car)	Contact No.	82185944
Hospital/Clinic	HEARTLANDHEALTH	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/02/2021	Date Discharge	17/02/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	RAMACHANDRAN SARAVANAN	ID No.	G5904596U
Related Vehicle	XE4828S (Lorry)	Contact No.	90512976
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 17/02/2021 at about 1525hrs, I was driving my car(Registration No. SLH9698T) along Buangkok Link towards Block 992A, when my car was stationary due to the red traffic light. Suddenly another lorry(Registration No. XE4828S) collided onto my car's rear and I suffered impact due to the incident. There was dent damages on my car's rear. We then alighted from our vehicle to take photos, exchange particulars, agree on Insurance claims and left the scene.

I later went to HeartlandHealth Clinic to seek medical attention and has 3days of MC, therefore lodging this Police report.



**SINGAPORE  
POLICE FORCE**



T/20210218/2062

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20210218/2062

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20210218/2062

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Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20210218/2062

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:

F /

Sgt 2 BOH YONG SENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476229

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

18/02/2021 15:30

Classification Of Case:

