

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	27/09/2021 16:24 (SGT)
Date of Accident	24/09/2021 22:50 (SGT)
Exact Location of Accident	New Bridge Rd, Singapore
Additional Location Information	New Bridge Road after Merchant Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP5179E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Edmund Vehicle Rental Pte Ltd
Company Reg No	201625244G
Email Address	edmundevr@gmail.com
Mobile Phone No	(Phone) +65-92222561
Alternative Phone No	(Home) +65-92222561

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5112254195-02-000180
Cover Note Number	-

DRIVER

Name of Driver	Muhammad Firdaus Bin Jamil
NRIC No	S8618377C

Date Of Birth	13/06/1986
Occupation	Outdoor
Date Of Driving Pass	06/06/2011
Driving experience	10 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92222561
Alt. Phone Number	-
Email Address	edmundevr@gmail.com
Address	279 Balestier Road Balestier Point #02-27
Address complement	-
Postcode	329727
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer attached 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	SMN5525S
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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)

Muhamad Dam Bin
(Phone) +65-96836442

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SKETCH PLAN

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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:

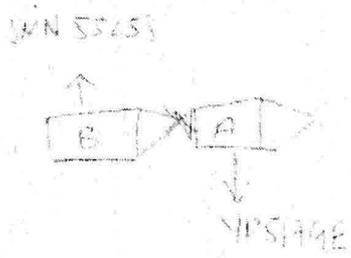
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

[Signature]
 Policyholder's Signature / Date & Time

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

[Signature]
 Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



L/20210925/2014

1 of 2

POLICE REPORT (NP299)

Report No. L/20210925/2014

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Date/Time Report Made 25/09/2021 08:36	Vide Report No.	Station Diary No. 25
Name Of Informant MUHAMMAD FIRDAUS BIN JAMIL	Address APT BLK 325 YISHUN CENTRAL #03-347 SINGAPORE 760325	
ID Type / ID No. NRIC NO / S8618377C	Contact No. Home/Office	Mobile 92222561
Nationality SINGAPORE CITIZEN	Email Address	
Occupation DRIVER	Sex Male	Age 35
Institution/School Name	Date of Birth 13/06/1986	Race Javanese
Date/Time Of Incident 24/09/2021 22:50	Location Of Incident NEW BRIDGE ROAD SINGAPORE	

Brief details.

- 1) I am working as a Driver for Wilson Parking Pte Ltd and drove a vehicle with the registration number (YP5179E) that was belongs to Rental Company.
- 2) On 24 September 2021 at about 2250hrs, I was driving along New Bridge Road on the center lane after Merchant Road and I was stationary at the traffic junction due to the traffic light.
- 3) However, there was a vehicle with the registration number (SMN5525S) came from the back and

Signature Of Officer Recording The Report:
L / Sgt 1 GAN WEI LEONG,
ALASTAIR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/09/2021 08:36

Officer In-Charge Of Case:
L / Sembawang N.P.C /
Insp CHOO ZHENG JIE, MARCUS
Contact No.: 646660000

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20210925/2014

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210925/2014

knocked onto the back of my vehicle.

4) I checked with the driver immediately and exchanged contact details and will proceed for our insurance claims as there were no injured party / no foreign vehicle involved and no government property damaged.

5) I am lodging this report for Rental Company record purposes.

6) I wish to state that there was a dent on the back of my vehicle due the collision.

Details of the Driver (SMN5225S)

Name: Muhamed Dani Bin Rodman

NRIC: Last Three Digit - 030G

Contact Number: 9683 6442.

Signature Of Officer Recording The Report:
L / Sgt 1 GAN WEI LEONG,
ALASTAIR

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
L / Sembawang N.P.C /
Insp CHOO ZHENG JIE, MARCUS
Contact No.: 646660000

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Signature Of Informant:

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