

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 08/03/2022 18:22 (SGT)
Date of Accident 03/03/2022 14:10 (SGT)
Exact Location of Accident Old Choa Chu Kang Rd, Singapore
Additional Location Information OLD CHOA CHU KANG ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKG6664C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SC RENTALS
Company Reg No 53402276J
Email Address SCRENTALS88@GMAIL.COM
Mobile Phone No (Phone) +65-84248118
Alternative Phone No (Office) +65-84248118

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Jetta
Variant VOLKSWAGEN JETTA 1.4
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 your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 1390

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5121975474
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD IYAS BIN KAMSANI
NRIC No S8631181Z

Date Of Birth	19/10/1986
Occupation	Indoor
Date Of Driving Pass	23/01/2009
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82823862
Alt. Phone Number	-
Email Address	SCRENTALS88@GMAIL.COM
Address	BLK 490 A CHOA CHU KANG
Address complement	KANG AVENUE 5 # 06-251
Postcode	681490
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT (T/20220304/2052)

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	THE CAR CAM SD CARD HAS TAKEN BY TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML4535E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	MERLINDA YAZMEEN
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 IIYAS BIN KAMSANI
Gender	Male
Phone No	(Phone) +65-82823862
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKG6664C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.



[Handwritten signature]



Policyholder's Signature / Date & Time

8/3/2022

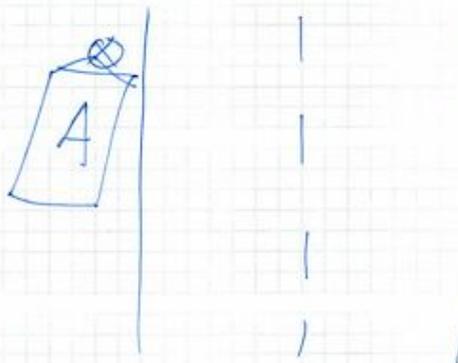
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Chang Chee Sing
1708

Sketch Plan @ 16:26 hrs

A = SKG 6664 C.



Describe Circumstances of the Accident

Please refer to Police Report (T/20220304/2052).

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

8/3/2022 @ 16:26 hrs.

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



Witnessed by Reporting Centre Personnel

Chang Chee Sing 1709



















































































**SINGAPORE
POLICE FORCE**



T/20220304/2052

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

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Report No. T/20220304/2052

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD ILYAS BIN KAMSANI	ID No.	S8631181Z
Related Vehicle	SKG6664C (Car)	Contact No.	82823862
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS TRAVELLING ALONG OLD CHOA CHU KANG ROAD JUNCTION OF JALAN LEKAR OPPOSITE HOME TEAM ACADEMY.

DRIVING STRAIGHT ON LANE 1 ON THE RIGHT.

TOTAL OF 2 LANES.

I SAW A CAR FROM OPPOSITE LANE TURNING LEFT TO JALAN LEKAR AND THEN I TWITCHED FOR 1 SEC AND REALISED THAT THE OPPOSITE CAR STILL MOVING NO INTENTION TO STOP.

I COULD NOT DRIVE STRAIGHT AND BRAKE ON TIME BECAUSE THE CAR PORTION OUT ON 1ST LANE.

AND SO I SWERVED TO THE LEFT AND HIT A LAMPPOST.

POLICE & AMBULANCE WAS AT SCENE.

ONLY I WAS INJURED BUT I REFUSED TO BE CONVEYED TO HOSPITAL.

I HAVE FOOTAGE OF THE ACCIDENT BUT GIVEN TO TRAFFIC POLICE.

THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20220304/2052

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

3 of 3
Report No. T/20220304/2052

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: TP / Other HAKAN SIDDIQ ONDEK 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/03/2022 13:24
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476185	Classification Of Case:

NP168

