

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 31/03/2022 12:08 (SGT)
Date of Accident 29/03/2022 13:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information JURONG EAST ST 24 CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ9050S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WT LIMO PTE LTD
Company Reg No 201632961K
Email Address WTLIMO888@GMAIL.COM
Mobile Phone No (Phone) +65-81185292
Alternative Phone No +65-64845518

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5121531043
Cover Note Number 30/03/2021 - 22/05/2022

DRIVER

Name of Driver MOHAMED ZURI BIN HAMID
NRIC No S1836847A

Date Of Birth	26/03/1965
Occupation	Outdoor
Date Of Driving Pass	31/08/2005
Driving experience	16 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87846401
Alt. Phone Number	-
Email Address	WTLIMO888@GMAIL.COM
Address	BLK 461 JURONG WEST ST 41 #04-660
Address complement	-
Postcode	640461
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	Side Swipe
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 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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
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	SD CARD WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5172T
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	GOH YAM LIM
NRIC No	S7322586H
Contact Number	(Phone) +65-93664991
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT LEFT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED ZURI BIN HAMID
Gender	Male
Phone No	(Phone) +65-87846401
Address	BLK 461 JURONG WEST ST 41 #04-660
Address Complement	-
Post Code	640461
Approximate Age Years Old	-
Injuries Sustained	RIBS
Injured person in which vehicle?	SLZ9050S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

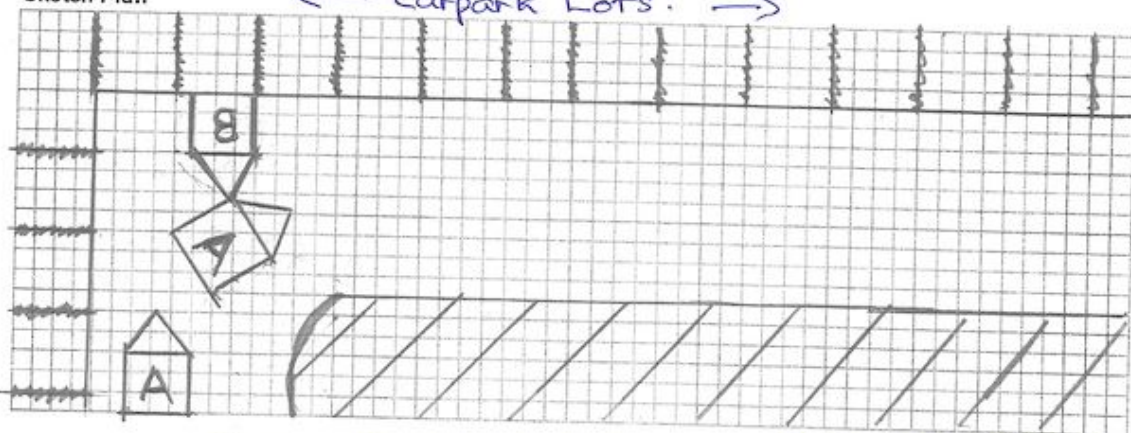


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Jurong East St. 24
Carpark.

A = SLJ 9050S
B = SHC 5172T

Describe Circumstances of the Accident

Refer to Police report No: T/20220230/2116

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel























**SINGAPORE
POLICE FORCE**



T/20220330/2116

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20220330/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2022 20:44		Vide Report No.:		Station Diary No.: 206	
Informant's Particulars					
Name of Informant: MOHAMED ZURI BIN HAMID			Address: APT BLK 461 JURONG WEST STREET 41 #04-660 SINGAPORE 640461		
ID Type / ID No.: NRIC NO / S1836847A			Contact No.: Home/Office: Mobile: 87846401		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 26/03/1965	Type of Informant: Driver		
Race: Boyanes			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2022 13:30	Type of Location: Car Park
Location: JURONG EAST STREET 24				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5172T	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Red	Slightly Damaged	1
SLZ9050S	Car	TOYOTA	VIOS E (AUTO)	Grey	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20220330/2116

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20220330/2116

CONTINUATION OF REPORT

Driver			
Name	GOH YAM LIM	ID No.	S7322586H
Related Vehicle	SHC5172T (Car)	Contact No.	93664991
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
Driver			
Name	MOHAMED ZURI BIN HAMID	ID No.	S1836847A
Related Vehicle	SLZ9050S (Car)	Contact No.	87846401
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/03/2022	Date Discharge	30/03/2022
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

On 29/3/2022, I was driving my vehicle (SLZ9050S) and just entered the carpark of B/250 Jurong East Street 24. As I was driving my vehicle around to find for a parking lot and wanted to turn right to find more lots, a taxi (SHC5172T) came fast from the left towards my car. I tried to brake to avoid the taxi, however to no avail. The taxi then hit the front left of my car. After the accident, the driver of the taxi and I stopped nearby to exchange particulars. The front left bumper of my car was damaged and the left headlight was scratched. I am unsure of the cost of damages. Subsequently on the next day, I went to Ng Teng Fong General Hospital to get a check up. I managed to get a 14 days MC for a fractured rib. I am making this report to submit to my company as well. I do have an in-car camera which I have submitted to my company.



**SINGAPORE
POLICE FORCE**



T/20220330/2116

3 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20220330/2116

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:

J /

Other ASHRAF BIN ISHAK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/03/2022 20:44

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Classification Of Case:

NP168

