

# 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 .....	25/07/2022 16:44 (SGT)
Reported by .....	Both
Date of Accident .....	23/07/2022 14:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLE TOWARDS CTE (BEFORE AMK AVENUE 5 EXIT)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMJ6787S
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NORMAN FIRDAUS S/O MANUEL VINCENT
NRIC No .....	S8916062F
Email Address .....	normanvincent8589@gmail.com
Mobile Phone No .....	(Phone) +65-98559631
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	E200k
Variant .....	-
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 - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1796

### INSURANCE COMPANY

Name of Insurance Company .....	Singapore Life Ltd
Policy Number / Cover Note Number .....	11131685

### DRIVER

Name of Driver .....	NORMAN FIRDAUS S/O MANUEL VINCENT
NRIC No .....	S8916062F
Date Of Birth .....	08/05/1989
Occupation .....	Indoor

Date Of Driving Pass .....	05/04/2011
Driving experience .....	11 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98559631
Alt. Phone Number .....	-
Email Address .....	normanvincent8589@gmail.com
Address .....	APT BLK 506A WELLINGTON CIRCLE #03-178
Address complement .....	-
Postcode .....	750506
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 - 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 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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

SAME AS SKETCH

#### 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 .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBJ6246S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
Name of Driver .....	KUPPUSAMY GOVINDARAJ
Passport No/FIN .....	G8101298P
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 .....	NORMAN FIRDAUS S/O MANUEL VINCENT
Gender .....	Male
Phone No .....	(Phone) +65-98559631
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMJ6787S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**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  
 Sketch Plan 25 JUL 2022

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

Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

--	--	--	--

## Describe Circumstance of the Accident

On 23<sup>rd</sup> July 2022 (SAT), at approximately 1450HRS,  
 I, Norman Vincent (S8916062F), driver of SMJ 67878,  
 was traveling along SE, towards CTE, (before Amk Ave 5 exit)  
 when I was rear ended by vehicle GBJ 6246S.

I will be claiming Third Party at Lai Huat Meng Kee  
 Workshop.



## Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

25 JUL 2022

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




Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)















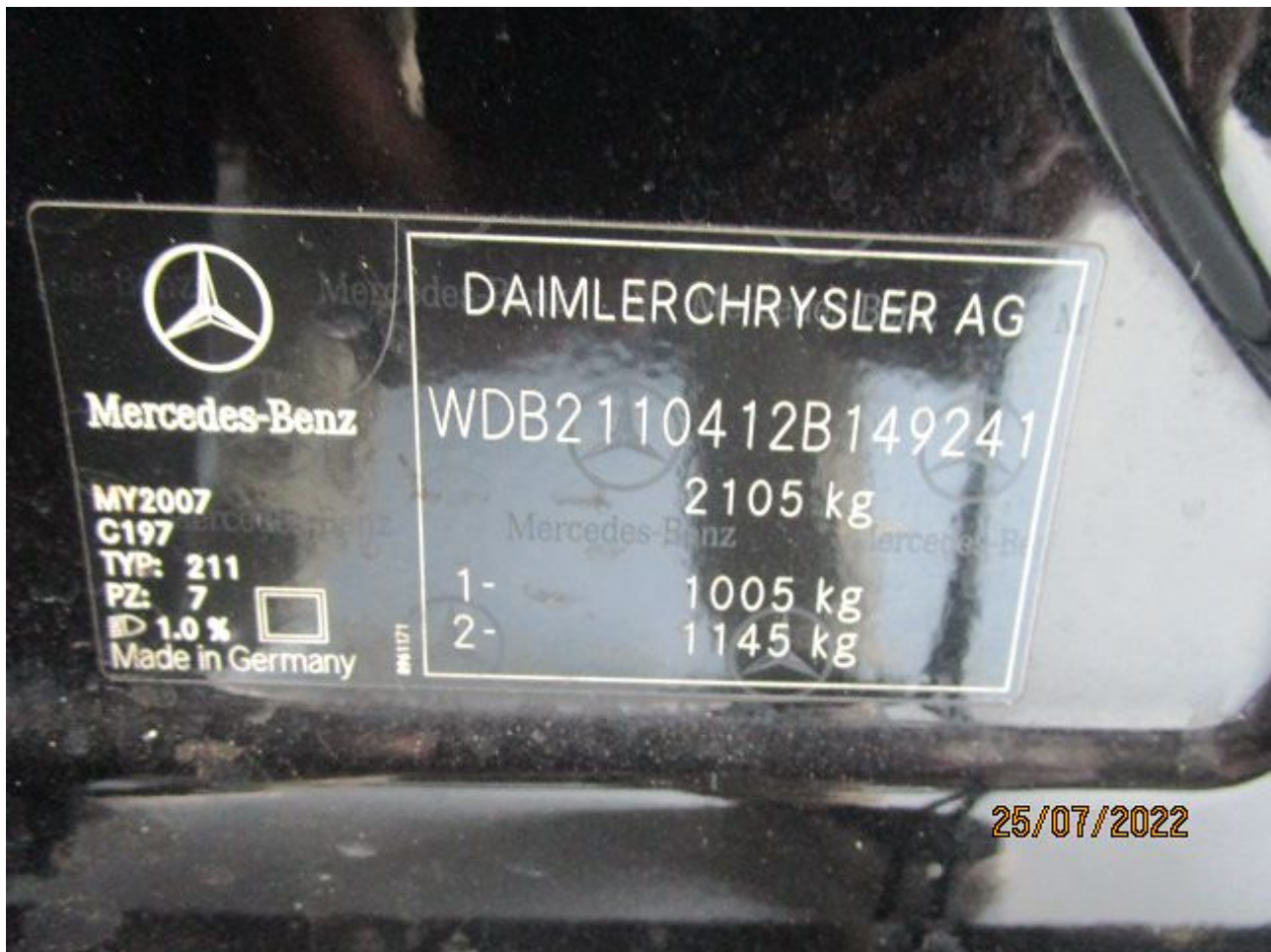
















**SINGAPORE  
POLICE FORCE**



L/20220725/7047

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20220725/7047

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 25/07/2022 15:08	Vide Report No.	Station Diary No.
Name Of Informant NORMAN FIRDAUS S/O MANUEL VINCENT	Address 506A WELLINGTON CIRCLE #03-178 SINGAPORE 751506	
ID Type / ID No. NRIC NO / S8916062F	Contact No. Home/Office:	Mobile: 98559631
Nationality SINGAPORE CITIZEN	Email Address NORMANVINCENT0805@GMAIL.COM	
Occupation Butcher, fishmonger and related food preparer	Sex Male	Age 33
Institution/School Name	Date of Birth 08/05/1989	Race Indian
Date/Time Of Incident 23/07/2022 14:50 - 23/07/2022 14:55	Location Of Incident SLE 10KM	

**Brief details.**

On the 23rd July 2022 (SAT), at approximately 1450HRS, I, Norman Vincent (S8916062F), Driver Of SMJ6787S, was Traveling Along SLE, towards CTE, before AMK Ave 5 exit, When I was rear ended by vehicle GBJ 6246 S

<b>Subjects Involved</b>	
<b>Victim</b>	
Person Name	NORMAN FIRDAUS S/O MANUEL VINCENT

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: 25/07/2022 15:08
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



L/20220725/7047

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220725/7047

ID Type	NRIC NO	ID No	S8916062F
Gender	Male	Age	33
Race	Indian	Language	English
Occupation	Butcher, fishmonger and related food preparer	Address	506A WELLINGTON CIRCLE #03-178 SINGAPORE 751506
Mobile No	98559631	Is Informant A Victim?	Yes
Person Name			
NORMAN FIRDAUS S/O MANUEL VINCENT (Informant)			

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: 25/07/2022 15:08
Officer In-Charge Of Case:	Classification Of Case: