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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	29/10/2019 20:09
Date Of Accident	26/10/2019 12:35
Exact Location Of Accident	AMBER RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA8072D
Insured/Policyholder	
Name Of Registered Owner	ROBUR MOTORS (PTE LTD)
Co Reg No	201915726H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90601217
Alternative Phone No	OFFICE-90601217
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1K23Q5 MX
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5111012960
Cover Note Number	
Driver	
Name of Driver	ISMAIL BIN BASAR
NDIO N-	04000045D

Name of Driver

ISMAIL BIN BASA

NRIC No

S1830845B

Date Of Birth

Occupation

Outdoor

Date Of Driving Pass

ISMAIL BIN BASA

S1830845B

24/12/1967

Outdoor

Outdoor

28/05/1992

Driving Experience 27 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90091301

Fax Number

Contact Number OFFICE-90091301

EMail Address NOEMAIL

Address BLK 204 MARSILING DRIVE

#05-186

Postcode 730204

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

4

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

YES

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20191026/7014.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLR3490L
Vehicle Make/Model/Colour TOYOTA CHR

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMG5358U

Vehicle Make/Model/Colour VOLVO S70

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJN7362S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ISMAIL BIN BASAR

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SKA8072D

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- L. Piecese report <u>exprecely</u> the details of the accident to speed up the claims process.
- The Form must be completed by the Policyholder and/or the Authorises Orlva:
- Information provided must be as <u>truthful and accurate as possible</u>. Any milful misrepresentation or withholding of motorial facts may allow insurance companies to <u>transfists policy liability</u>.
- The Issue and acceptance of this Form by incurance companies is not an admission of policy liability on the part of the courance companies.
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- 6. The report will be focuseded by the insurers of the GIA Records Management Control established by the General Insurance Association of Singepore (GIA) for archiving and that cooles of this report will for a fee be made available upon application by interested parties.
- By the ladgment 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.
- 1. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and enternt 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/porposal 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 Monetarly Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (ii) processing, handling and/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my dolms:
 - (iii) carrying out and/or deaths with my instructions or responding to any enquiries by me;
 - (hv) administraring my claims (including the maising 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 low in administering, processing, francing anolor dealing with my dains. (collectively the "Purposes")
- (t) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' (swyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (t) my Personal Information map/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lewyan/faw firms), which may be sted outside of Singaporo, for one or more of the choice Purposes.
- (b) my Personal information will also be collected and used in compile daims history for the purpose of freud detection, investigation and management in present and all future dains.
- [e] the information so collected under (d) above may be shared / obclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

ROBUR MOTORS PTE LTD

Folloybolotins Signature Date & Times Criver's Signature (If driver is not the policyholder) Date & Time: Reparting Contro Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN					
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T/20191026/7014

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

1 of 3 Report No. T/20191026/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 26/10/20	0ate/Time Report Made: 6/10/2019 17:26		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: ISMAIL BIN BASAR			Address: APT BLK 204 MARSILING DRIVE #05-186 SINGAPORE 730204			
ID Type / ID No.: NRIC NO / S1830845B			Contact No.: Home/Office:	Mobile: 90091301		
National SINGAP	ity: ORE CITIZ	EN	Email: gandpaboy7@gmail.com			
Sex: Age: Date of Birth: Male 51 24/12/1967		The committee of the co	Type of Informant: Driver			
Race: Malay			Language: Institution / School N			
Occupation: private hirer driver			Driving Licence Information: Class:	Date of Expiry:		

Type of	Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location: Y-Junction	
Accident: Location:	Others	No.	26/10/2019 12:35		
AMBER ROA	D				
		Road Surface: Dry		Road Speed Limit: 0 Km/h	
Weather: Clear Traffic Flow: One Way			5		

Vehicle No.	Type	Make	Model	Color	1 Side	Condition	No of Passenge
SJN7362S	Car						0
SKA8072D	Car						0
SLR3490L	Car						0
SMG5358U	Car						0

Police Report



T/20191026/7014

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20191025/7014

CONTINUATION OF REPORT

Details of Perso		Carle Sign	CONT.	1	CENTRAL PROPERTY.
Any Pedestrian Ir	rvolved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA			
Driver	THE THE COURSE OF THE PARTY OF		279.000		
Name	ISMAIL BIN BASAR		ID No		S1830845B
Related Vehicle	SKA8072D (Car)		Conta	ct No.	90091301
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	narge	NIL	
No. of Days gran	ted Medical Leave 05	Degree of		Slight	

Brief Details.

AT the above mention time and date, i was driving my rental vehicle with a register number ska8072d at the junction along Amber road towards mountbattan road. i came to a Total stop at the traffic lights junction. All of a sudden i heard a load banging sound and then felt an impact at the rear of my car and was hit by a toyota CHR bearing vehicle number SLR3490L. i felt pain at the back of my shoulder and my neck and went to consult a docter after that. And was given a 5 days MC.

Police Report





1/201910

3 of 3 Report No. T/20191026/7014

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

CONTINUATION OF REPORT

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NP168

Informant is not able to provide sketch plan

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: 26/10/2019 17:26
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:



















