

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 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 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 25/10/2022 13:47 (SGT)
Reported by Driver
Date of Accident 22/10/2022 23:10 (SGT)
Exact Location of Accident 1 Yuan Ching Rd, Singapore 618640
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC8682Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner NIGHT9SKY CAR HIRE
Company Reg No 5XXXX669C
Email Address night9sky.carrental@gmail.com
Mobile Phone No (Phone) +65-82234462
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Renault
Model Scenic
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 1461

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5116546756-02

DRIVER

Name of Driver AHMAD AZRI BIN ABDUL RAHIM
NRIC No SXXXX339C
Date Of Birth 05/07/1976
Occupation Outdoor

Date Of Driving Pass	28/01/1997
Driving experience	25 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90282806
Alt. Phone Number	-
Email Address	azri0308@gmail.com
Address	BLK 210 COMPASSVALE LANE #14-180
Address complement	-
Postcode	543210
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	DRIZZLING
Road Surface	Wet

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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ7717J
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	BALWINDER SINGH
Passport No/FIN	GXXXXX508M
Contact Number	(Phone) +65-83516970
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	MR JAS
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AHMAD AZRI BIN ABDUL RAHIM
Gender	Male
Phone No	(Phone) +65-90282806
Address	BLK 210C COMPASSVALE LANE #14-180
Address Complement	-
Post Code	543210
Approximate Age Years Old	46
Injuries Sustained	OBTAINED 4 DAYS MC
Injured person in which vehicle?	SNC8682Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

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6. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (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.

NIGHT9SKY CAR HIRE
Reg. No: 53342669C

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Jocelle Tan
NRIC/FIN No.: AMK AUTOPOINT PRE 4D
25.10.2022



Police Report Attach

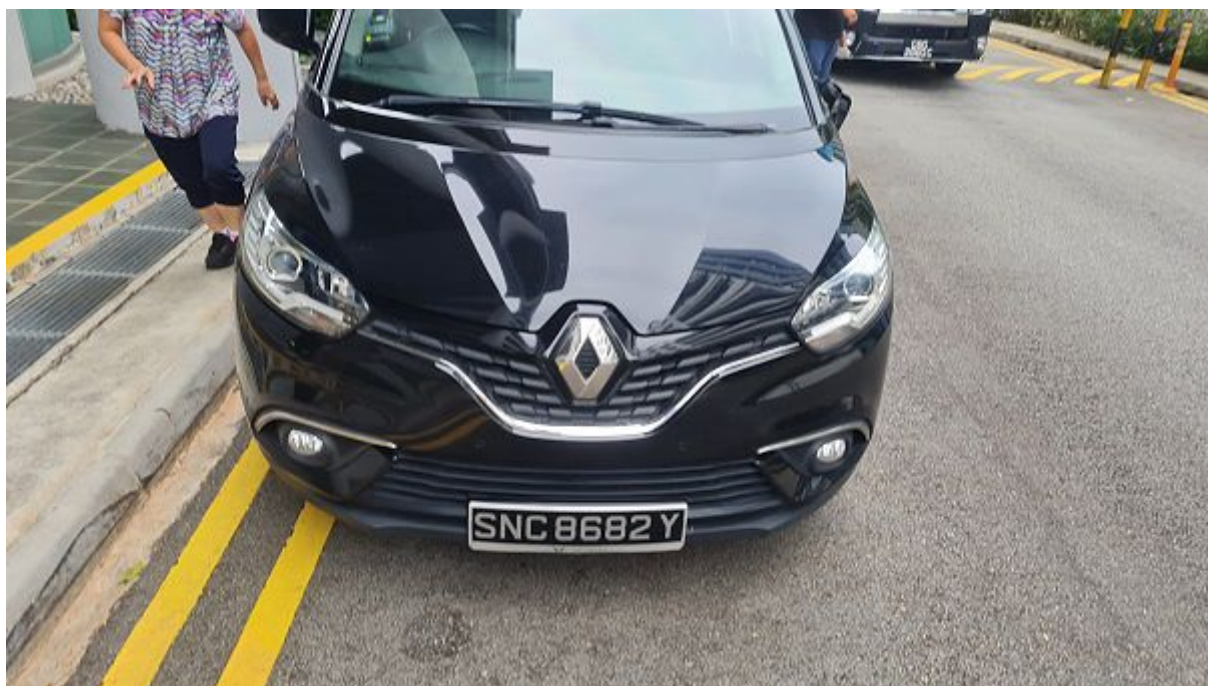
I/We declare the foregoing particulars are true in every respect.

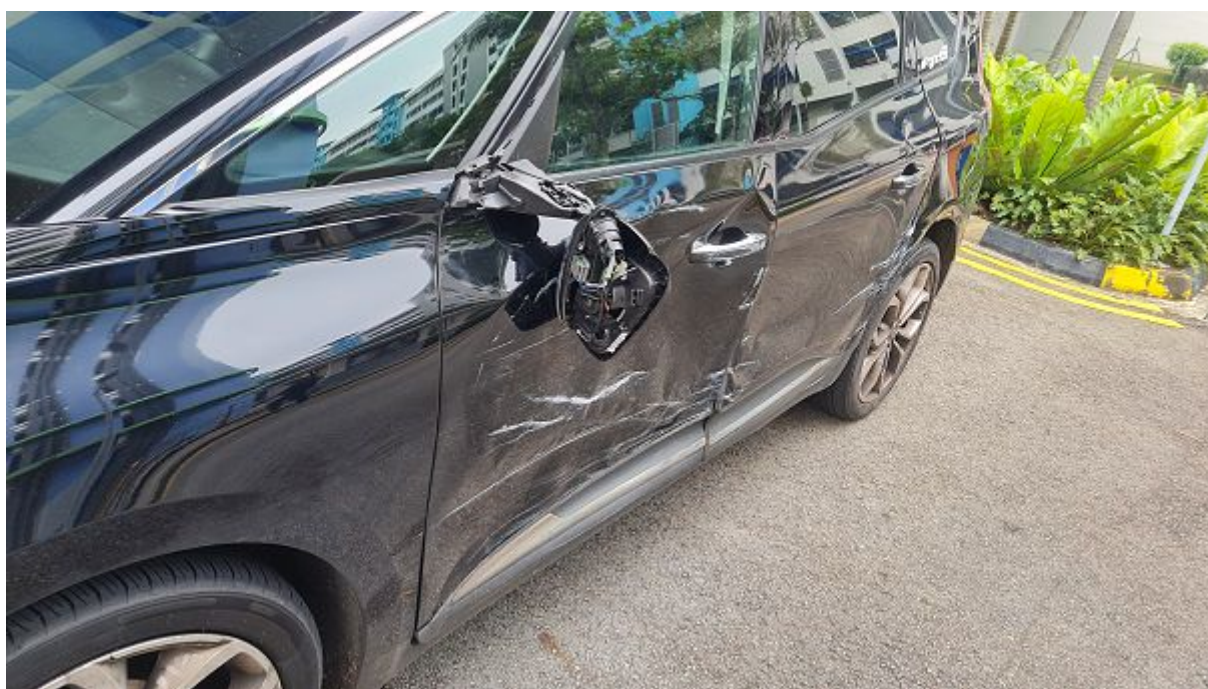
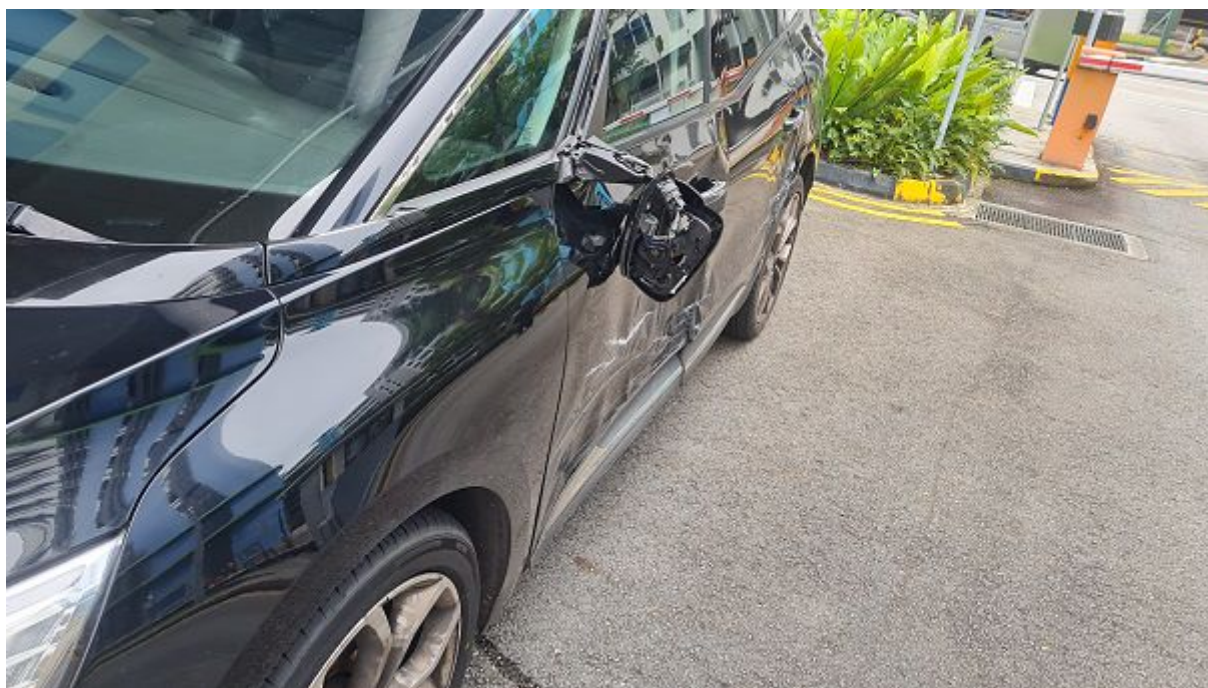
GIARMC SketchPlanForm_V3

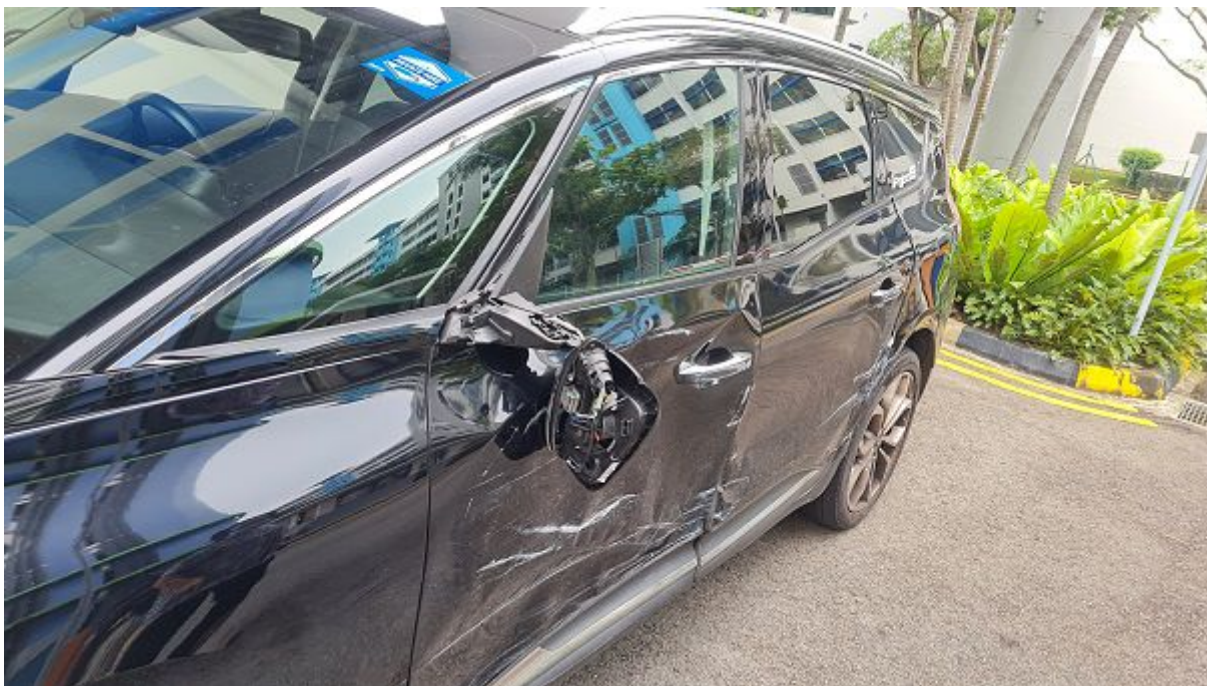
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Joelle Tan
NRIC/FIN No.: AMK AUTOPOINT PTE LTD
25.10.2022















SINGAPORE POLICE FORCE



T/20221023/2063

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20221023/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2022 17:56	Vide Report No.:	Station Diary No.: 100
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Informant's Particulars

Name of Informant: AHMAD AZRI BIN ABDUL RAHIM		Address: APT BLK 210C COMPASSVALE LANE #14-180 SINGAPORE 543210	
ID Type / ID No.: NRIC NO / S7620339C		Contact No.: Home/Office: Mobile: 90282806	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 05/07/1976	Type of Informant: Driver
Race: Boyanese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2022 23:10	Type of Location: Car Park
Location: YUAN CHING ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SNC8682Y	Car	RENAULT	GRAND SCENIC IV	Black	Slightly Damaged	0
YQ7717J	Lorry	ISUZU		White	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221023/2063

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20221023/2063

CONTINUATION OF REPORT

Driver			
Name	AHMAD AZRI BIN ABDUL RAHIM		ID No. S7620339C
Related Vehicle	SNC8682Y (Car)		Contact No. 90282806
Hospital/Clinic	MINMED		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	23/10/2022	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	BALWINDER SINGH		ID No. G7931508M
Related Vehicle	YQ7717J (Lorry)		Contact No. 83516970
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/10/2022 at about 2310hrs, I was on the way to pick up a passenger at Jurong Superbowl. While I was driving in the carpark, a stationary lorry suddenly moved off and hit on the left side of my car causing both passenger car doors to dented and unable to open it. The left side mirror was damaged too.

This is the first time it happened.

I wish to state that there is a witness, Mr Jas (Supervisor of the lorry driver) with contact number: +65 86707682.

I also wish to state that I have in car camera footage.



SINGAPORE POLICE FORCE



T/20221023/2063

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Report No. T/20221023/2063

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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:
F /
SGT 1 JAMES CHAY CHUN WAI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

Date/Time:
23/10/2022 17:56

Classification Of Case:

NP168

