

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 ability.
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 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 Report	22/04/2016 13:18
Date Of Accident	20/04/2016 14:10
Exact Location Of Accident	CHANGI COAST RD TOWARDS NICOLL DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB8630J
Insured/Policyholder	
Name Of Registered Owner	BLL'S HOLDINGS PTE LTD
Co Reg No	199800939Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-65422326

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FP517DR2RDEB-11.9 D (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Commercial Vehicle

Insurance Company

Name of Insurance Company	EQ Insurance Company Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	DMCPHQ16-000703
Cover Note Number	

Driver

Name of Driver	AZAHARI BIN ALI
NRIC No	S7130379I
Date Of Birth	06/09/1971
Occupation	Outdoor
Date Of Driving Pass	26/11/1992
Driving Experience	23 Years And 4 Months
Gender	Male
Mobile Number	+65-98835714
Fax Number	
Contact Number	
Email Address	ZARIE71@YAHOO.COM

Address	BLK 879 WOODLANDS STREET 82 #11-18
Postcode	730879
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	Unknown - REFER TO SKETCH PLAN
Weather Conditions	Raining
Road Surface	Wet

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	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	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20160421/2053

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2727M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	AZAHARI BIN ALI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	XB8630J
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	Yes

Address
Postcode

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.

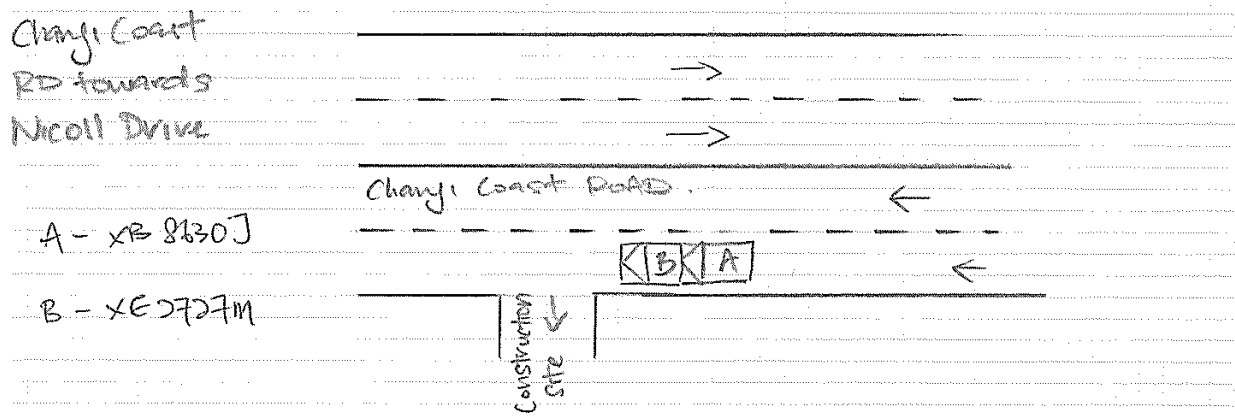
I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg.2

Describe Circumstances of the Accident

As per Police report No: T/20160421/2053

Declaration

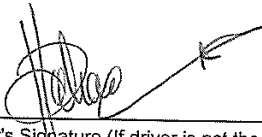
I/We declare the foregoing particulars are true in every respect.

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim OD / TP at other workshop _____
- ☒ For record purpose


Policy No. DMCPHQ16-000703

Insurer EQ Veh.No. KB 8130

Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel

POLICE REPORT Pg.1



**SINGAPORE
POLICE FORCE**



T/20160421/2053

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

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Report No. T/20160421/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2016 13:11	Vide Report No.:	Station Diary No.: 41
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Informant's Particulars

Name of Informant: AZAHARI BIN ALI			Address: APT BLK 879 WOODLANDS STREET 82 #11-18 SINGAPORE 730879	
ID Type / ID No.: NRIC NO / S7130379I			Contact No.: Home/Office: Mobile: 98835714	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 44	Date of Birth: 06/09/1971	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: PRIME MOVER DRIVER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/04/2016 14:10	Type of Location: Straight Road
Location: Along Road 1 CHANGI COAST ROAD CHANGI COAST ROAD TOWARDS CHANGI AIRPORT CARGO COMPLEX				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
XB8630J	Truck	MITSUBISHI		White	Seriously Damaged	0
XF2727M	Truck	MITSUBISHI		Grey	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20160421/2053

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

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Report No. T/20160421/2053

CONTINUATION OF REPORT

Driver			
Name	AZAHARI BIN ALI	ID No.	S7130379I
Related Vehicle	XB8630J (Truck)	Contact No.	98835714
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/04/2016	Date Discharge	20/04/2016
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 20/04/2016 at about 1410hrs, I was driving my vehicle, white Mitsubishi, XB 8630J , along Changi Coast Road towards Changi Airport Cargo Complex on the left lane. There was a tipper grey Mitsubishi tipper truck, XE2727M, in front of me. Usually, if the vehicle is turning left to the construction site, there would be a road marshall to direct the other vehicles to the other lane. However, there was no road marshall nor cones on that day. Suddenly, the truck in front of me, on his hazard light and brake abruptly. Thus, I jammed braked but still hit the rear of the vehicle. I did not want to swerve to the right lane as I am afraid I might hit the other vehicles from behind. I was stuck in my vehicle and someone rescued me out of my vehicle through the window and I was conveyed by the ambulance to CGH.



**SINGAPORE
POLICE FORCE**



T/20160421/2053

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Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

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Report No. T/20160421/2053

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 / MUHAMMAD SHAFUDIN SHAH BIN EFFENDI ELFI ANDIKA	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/04/2016 13:11
Officer In Charge Of Case: TP / GIT / MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case:
Authentication Stamp NP168  Signature :  Singapore Police Force	SN 130

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg.1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSA716048244 Vehicle Registration No : XB 8630J
Name(as shown in NRIC): AZAHARI BIN ALI
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : 87130379I
Address : _____
Contact (Tel) : _____ (H/P) : 98835714
(Email) : _____
Date of Accident : 20/04/2016 Time of Accident : 1410hrs
Place of Accident : Changi Coast Road towards Nicoll Drive
Insurance Company : EQ Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach Police report.

Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm