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 witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	28/06/2016 11:51
Date Of Accident	27/06/2016 13:40
Exact Location Of Accident	PIONEER ROAD NORTH TWDS AYE BEFORE THE ROUNDABOUT
Country/State of Loss	Singapore
4. 海疫基础的 14. 自然的现在分词。	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGM7256G
Insured/Policyholder	
Name Of Registered Owner	SEAH SIT KOK
NRIC No	S1486135A

 Email Address
 NOEMAIL

 Mobile Phone No
 (LOCAL) +65-96177297

 Alternative Phone No
 Others-96177297

Vehicle Particulars

Manufacturer SUBARU Model IMPREZA 5MT

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?

If No, Please state action to be taken

Third Party

Vehicle Category

Private Car

Insurance Company

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd

Type Of Coverage Third Party
Fleet Policy No

Policy Number MT/00311603

Cover Note Number 20/06/2016-19/01/2017

Driver

Name of Driver SEAH REN JIE JUSTIN

 NRIC No
 S9413293B

 Date Of Birth
 17/04/1994

 Occupation
 Indoor

 Date Of Driving Pass
 06/09/2012

Driving Experience 3 Years And 9 Months

Gender Male

Mobile Number (Local) +65-94544291

Fax Number Contact Number

EMail Address NOEMAIL

Address

68 CHESTNUT AVE #10-15

Postcode

679521

Was driver an employee of the Insured's Company No.

If No, Relationship of the Driver with the Insured

Children

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

Collision- Chain Collision

Weather Conditions

Clear

Road Surface

Dry

Other Information

Was any foreign vehicle involved in this accident?

No

Was any body injured in the Accident?

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

Police Station Name [Other]

BUKIT BATOK N.P.C 21 BUKIT BATOK EAST AVE 4 \$659840

Was notice of intended Prosecution given?

Are accident photos available for attachment?

No

If Yes, against whom?

Circumstances of Accident

KINDLY REFER TO THE ATTAHCED POLICE REPORT.

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

41539MID

Vehicle Make/Model/Colour

FORD GP CAR

Details Of Properties

FRONT BONNET DENTED

Name of Driver

HARIZ FITRI BIN JAUHARI

NRIC/Passport Number

S9241354C 97263879

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJJ9005G

Vehicle Make/Model/Colour

CHERY

Details Of Properties

REAR BUMPER & SPARE COVER SCRATCH

Name of Driver

OTHMAN BIN ABDULLAH

NRIC/Passport Number

S0450651J

96370415

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

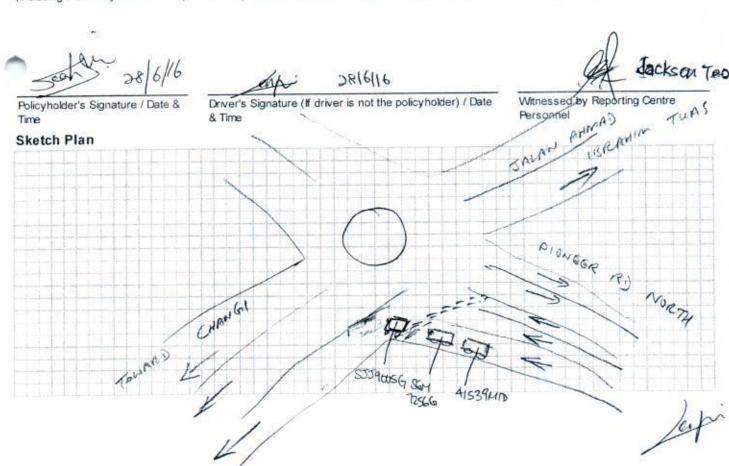
SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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.
- 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)

Lunderstand, 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 ollectively referred to as the "Insurers"), the Insurers' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel ACKSON TEO





Γ/20160627/2157

1 of 4

Report No. T/20160627/2157

Police Station Of Origin:

Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
27/06/2016 19:57	AND CONTROL OF THE CO	119

	nt's Partic	A CARDINA DE LA CARDA DEL CARDA DE LA CARDA DE LA CARDA DEL CARDA DE LA CARDA DEL LA CARDA DE LA CARDA	20 16年 A 15 16 16 16 16 16 16 16 16 16 16 16 16 16			
PERSONAL PROPERTY AND ADDRESS.	Informant:		Address:	AF CINCADODE CZOCOA		
SEAH R	EN JIE JUS	SIIN	68 CHESTNUT AVENUE #10	-15 SINGAPORE 6/9521		
	/ ID No.: D / S94132	93B	Contact No.: Home/Office:	Mobile: 97544291		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 17/04/1994	Type of Informant: Driver	<u> </u>		
Race: Chinese			Language: English	Institution / School Name:		
Occupat	ion: Service Fu	II Time	Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 27/06/2016 13:40		Type of Location: Roundabout
PIONEER RO	EXPRESSWAY	2			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light	

Vehicle No.	Туре	Make	Model	Color	Condition	No of
41539MID	Car	FORD		Black		0
SGM7256G	Car	SUBARU		Grey		0
SJJ9005G	Car	CHERY		Red		0

Details of Vehicle Insurance	到发展的关系发展的主动主动。	建设的联系的企业的企业
Vehicle No. Insurance Company	Insurance No	Effective Expiry Date





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Report No. T/20160627/2157

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE

659840 Tel No: 1800-6659999 CONTINUATION OF REPORT

	Incurance NO	Effective	Expiry Date
Vehicle No. Insurance Company GGM7256G DIRECT ASIA INSURANCE	Insurance No MT/00311603	20/06/2016	19/01/2017

tails of Person	Involved	An at other state				
v Pedestrian Inv	volved: No		Use of Ped	destrian C	rossir	ig: NA
o. of Pedestrians	Injured: NIL	TOWN THE PARTY OF	USC CT	品的特殊		
THE PARTY OF THE PARTY OF	The second control to the	HIADI	The Control of the Co	ID No.	1	S9241354C
lame	HARIZ FITRI BIN JAU	JHARI				
177045765	(0-1		-	Contact	No.	97263879
Related Vehicle	41539MID (Car)			F222		
			_	Class of		Class: NIL
Hospital/Clinic	NIL			Driving		Date of Expiry: NIL
5/3-1/3				Licence		
<u>"</u>				Expiry [The second second	
	7.111		Date Disc	charge	NIL	
Date Treatment	NIL	NIL	Degree c	of Injury	NIL	
	ted Medical Leave	CAL TON SETTING	HOLES TO THE		20 pt	是是他是1000年1000年1000年1000年1000年100日
Driver .	A CONTRACTOR OF THE PARTY OF TH	TIN	and the second second second	ID No.	8	S9413293B
Name	SEAH REN JIE JUS	LIIN				
	CONTREC (Car)			Contac	ct No.	97544291
Related Vehicle	SGM7256G (Car)			1	I Town	
				Class	of	Class: 3
Hospital/Clinic	NIL	NIL			g	Date of Expiry: NIL
(<u> </u>					ce &	
(Alexander and the second			Expiry	_	
			Date Di	001101.5-	NIL	
Date Treatment	NIL stad Madical Leave	NIL	Degree	of Injury	NIL	The second secon
	nted Medical Leave	NAME OF THE PARTY	HIRE ENGLIS		A STATE OF	AND A STATE OF THE
Driver	OTHMAN BIN ABD	HALILL		ID No	123	S0450651J
Name	OTHIMAIN DITY ADD	OLD				
	C LICONEC (Car)			Conta	act No	96370415
Related Vehicle	SJJ9005G (Car)					
				Class	s of	Class: NIL
Hospital/Clinic	NIL			Drivir		Date of Expiry: NIL
100				Licer	nce &	
				Expir	ry Date	
		-27	Date D	Discharge	NIL	
Date Treatment	anted Medical Leave	NIL	Degre	e of Injury	NIL	





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Report No. T/20160627/2157

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

Brief Details.

On 27/06/2016 at 1340hrs, I was driving my vehicle, SGM7256G along Pioneer Road North towards Tuas. While I was approaching the roundabout of Pioneer Road North and AYE, I kept left as I wanted to enter AYE towards Changi. The vehicle in front of my vehicle stopped at the pocket before entering the roundabout. I stopped behind the said vehicle. When the traffic was clear, the vehicle in front of my vehicle moved off. I also started to move off. Suddenly, the vehicle in front of me stopped. I managed to emergency brake and stop in time. However the vehicle behind mine, 41539MID, was unable to stop in time and crashed onto the rear portion of vehicle. The impact cause my vehicle to move forward and crash onto the vehicle in front of mine. The front vehicle continue drove off and stopped about 50 meters away. The driver of that vehicle then claimed that he stopped earlier as there was oncoming vehicle, however I did not see any oncoming when he moved off. No one was injured. No Traffic Police and Ambulance were at scene.

CONTINUATION OF REPORT





4 of 4

Report No. T/20160627/2157

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE

Tel No: 1800-6659999

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: J / Staff Sgt MOHAMED NASRUDIN BIN SHAHUL HAMEED	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/06/2016 19:57
Officer In Charge Of Case: TP / GIA / Sr Staff Sgt ESTHER CHONG Contact Nov. 65476368 Authentication Stamp NP168 Singapore Police Force	Classification Of Case:











