

## 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	25/11/2017 12:25
Date Of Accident	24/11/2017 11:00
Exact Location Of Accident	ALONG TAI SENG AVENUE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG7048G
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	200806860W
Email Address	KSTTEAM@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-83238010
Alternative Phone No	OFFICE-67415520
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	7VCC1746210/P01
Cover Note Number	
Driver	
Name of Driver	HAZMI BIN HUSIN
NRIC No	S7046422E
Date Of Birth	24/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	25/06/2013
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83238010
Fax Number	
Contact Number	
Email Address	KSTTEAM@SINGNET.COM.SG

Address	BLK 503 BEDOK NORTH STREET 3 #06-106
Postcode	460503
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### 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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171124/2046 (TYPE OF COLLISION IS HEAD TO SIDE)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CANNOT RETRIEVE FROM THE SIM CARD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2006E
Vehicle Make/Model/Colour	TAXI
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 UNKNOWN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHD2006E  
Were seat belts worn? YES  
Was injured conveyed to hospital by ambulance? YES  
Address  
Postcode

### SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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)

(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")

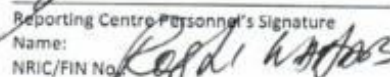
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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:

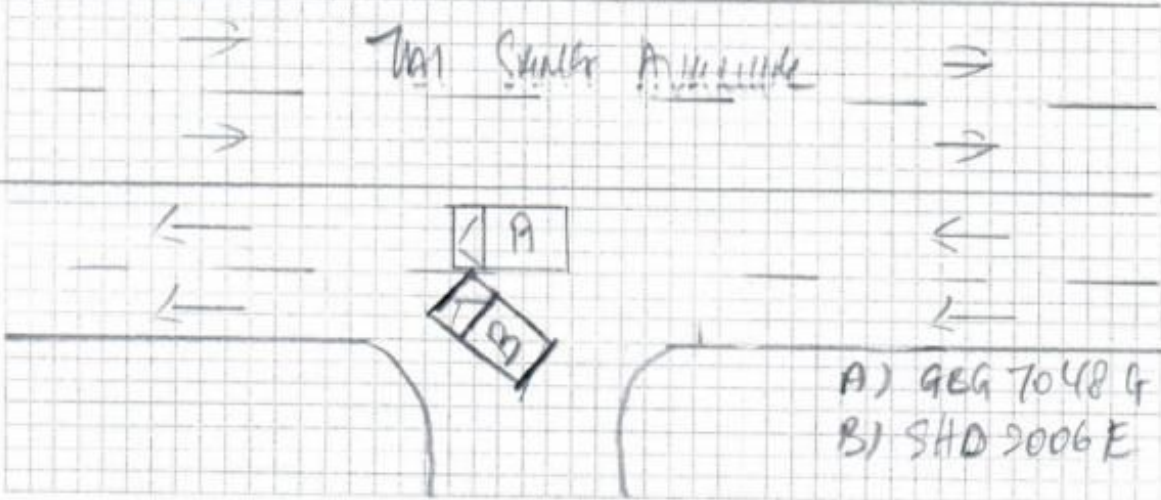
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.



# Sketch Plan #2

SKETCH PLAN

Along Tan Seng Avenue



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PS Refer to Police Report  
7/2017/124/2049*

## DECLARATION

I/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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:

### Sketch Plan #3



SINGAPORE  
POLICE FORCE



T/20171124/2049

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

1 of 3

Report No. T/20171124/2049

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2017 12:36	Vide Report No.:	Station Diary No.:
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#### Informant's Particulars

Name of Informant: HAZMI BIN HUSIN	Address: APT BLK 503 BEDOK NTH ST 3 #06-106 HDB-BEDOK SINGAPORE 460503
ID Type / ID No.: NRIC NO / S7046422E	Contact No.: Home/Office: Mobile: 83238010
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 46 Date of Birth: 24/12/1970	Type of Informant: Driver
Race: Malay	Language: Institution / School Name:
Occupation: DELIVERY SERVICE	Driving Licence Information: Class: 2B,3 Date of Expiry:

#### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/11/2017 11:00	Type of Location:
Location: Along Road 1 TAI SENG AVENUE				
Weather:	Road Surface:	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision:	Anyone conveyed by ambulance: Yes			

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG7048G	Van				Seriously Damaged	0
SHD2006E	Car				Slightly Damaged	0

#### Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

# Sketch Plan #4



SINGAPORE  
POLICE FORCE



T/20171124/2049

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

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Report No. T/20171124/2049

## CONTINUATION OF REPORT

Driver			
Name	HAZMI BIN HUSIN		ID No. S7046422E
Related Vehicle	NIL		Contact No. 83238010
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.

AT THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS DRIVING ALONG TAI SENG AVENUE, AS I WAS DRIVING , THE CAB DRIVER WAS ON MY LEFT AS HE WANTED TO MAKE A RIGHT TURN FROM THE EXIT OF ONE OF THE BUILDINGS (HOMEFIX). . HOWEVER, HE DID NOT WAIT TO GIVE WAY TO ME AND HE TRIED TO TURN RIGHT. AS HE WAS TURNING , HE CRASHED INTO THE LEFT SIDE OF MY VEHICLE. WE BOTH STOPPED OUR VEHICLE. POLICE AND AMBULANCE ARRIVED SHORTLY AFTER THE ACCIDENT. HE WAS CONVEYED BY THE AMBULANCE AND THE POLICE ADVISED ME TO GO TO TRAFFIC POLICE HQ TO MAKE A REPORT AND MEET THE IO NG BEI FENG. THAT'S ALL

# Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20171124/2049

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

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Report No. T/20171124/2049

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:  
TP /  
KHALED AMR HASSAN MOHSSEN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/11/2017 12:36

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 LIM ENG KUAN, CLARENCE  
Contact No.: 65476195

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp  
NP168

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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