

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	11/12/2017 13:33
Date Of Accident	10/12/2017 21:20
Exact Location Of Accident	ALONG BUKIT BATOK ROAD TWDS JURONG TOWN HALL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL891P
Insured/Policyholder	
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Co Reg No	199904194N
Email Address	PEILIN@SKYWAY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63336333

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A 28795104 MCX
Cover Note Number	

Driver

Name of Driver	JURAIMI BIN MOHAMED
NRIC No	S7042624B
Date Of Birth	04/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	18/07/2005
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94242753
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 467A ADMIRATLY DRIVE #11-167
Postcode	S751467
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
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	SEMPAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMPAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE ATTACHED SKETCH PLAN AND POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2237K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	96376437
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1

SKETCH PLAN

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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



Policyholder's Signature
Date & Time:

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



Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached police report.

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.:



**SINGAPORE
POLICE FORCE**



T/20171211/2055

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20171211/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2017 12:24	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Name of Informant: JURAIMI BIN MOHAMED			Address: APT BLK 467A ADMIRALTY DRIVE #11-167 SINGAPORE 751467	
ID Type / ID No.: NRIC NO / S7042624B			Contact No.: Home/Office: Mobile: 94242753	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 47	Date of Birth: 04/12/1970	Type of Informant: Driver	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2017 21:20	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 BUKIT BATOK ROAD JURONG TOWN HALL ROAD Bukit Batok Road towards Jurong Town Hall Road				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2237K	Car				Slightly Damaged	0
SLL891P	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171211/2055

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20171211/2055

CONTINUATION OF REPORT

Driver			
Name	JURAIMI BIN MOHAMED	ID No.	S7042624B
Related Vehicle	SLL891P (Car)	Contact No.	94242753
Hospital/Clinic	PEACE FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	11/12/2017	Date Discharge	11/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

¹⁰
Brief Details.

On ~~11~~12/2017 at about 2120hrs, I was driving along Bukit Batok Road towards Jurong Town Hall Road. During the period of time the road was wet as it had just stopped raining and also there isn't a lot vehicles in the vicinity. During the period of time I was also driving at the speed of about 65km/h.

As I was approaching the Junction of Bukit Batok Road and Bukit Batok Avenue 7, the traffic light was green in my favour. As such I proceeded straight. As I approached the said junction, one taxi bearing the registration number of SHC2237K which was travelling from Bukit Batok Road Towards Bukit Panjang suddenly made a right turn into Bukit Batok Avenue 7 without stopping.

On seeing the vehicle, I slammed on my brake as to avoid any collision, however as the road was slippery, I was unable to stop on time which then resulted with my vehicle hitting the said taxi on the front left passenger door.

Both of us then came down to access the damage and decided to pursue the matter with our insurance. I then went to the Doctor and I was experiencing pain on my body and was given 3 days MC.



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Police Station Of Origin
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20171211/2055

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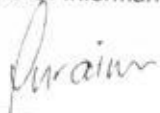


Report No T/20171211/2055

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 / Staff Sgt NG YU HOW 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2017 12:24
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTI BOHARI Contact No.: 65476219	Classification Of Case: SN 085
Authentication Stamp NP168  Signature:  Singapore Police Force	