

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	13/12/2017 15:50
Date Of Accident	12/12/2017 19:00
Exact Location Of Accident	PIE TWDS CHANGI BEFORE LORNIE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA7356E
Insured/Policyholder	
Name Of Registered Owner	ZULKIFLI BIN MOHAMAD
NRIC No	S9003887G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91850015
Alternative Phone No	OFFICE-91850015
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80427980 QMX
Cover Note Number	-
Driver	
Name of Driver	ZULKIFLI BIN MOHAMAD
NRIC No	S9003887G
Date Of Birth	06/02/1990
Occupation	INDOOR
Date Of Driving Pass	23/09/2009
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91850015
Fax Number	
Contact Number	OFFICE-91850015
EEmail Address	NOEMAIL

Address	BLK 426 PASIR RIS DR 6 #09-57
Postcode	510426
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF2461P
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	
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Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name ZULKIFLI BIN MOHAMAD

Approximate Age

Injuries Sustain BACK & NECK

Injured person in which vehicle? SLA7356E

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NURUL NYZAH BINTE ABDUL SANY

Approximate Age

Injuries Sustain BACK & NECK

Injured person in which vehicle? SLA7356E

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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.

Policyholder's Signature
Date & Time:

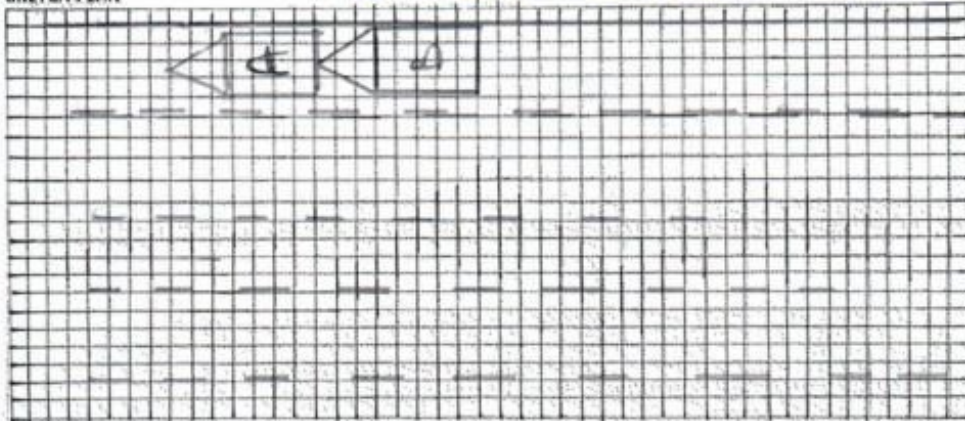
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

PIE TOWARDS CHANGI BEFORE LORNE EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ON PIE TOWARDS CHANGI BEFORE LORNE EXIT, THE VEHICAL IN FRONT SLOWED DOWN & STOP SO I ALSO SLOW DOWN & STOP SUDDENLY VEHICAL B FROM BEHIND BANGLED ON MY REAR PORTION OF MY VEHICAL A, TOTAL THERE ARE 2 CABS INVOLVED.

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171213/2067

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No. T/20171213/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2017 13:30	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars			
Name of Informant: ZULKIFLI BIN MOHAMAD		Address: APT BLK 426 PASIR RIS DRIVE 6 #09-57 SINGAPORE 510426	
ID Type / ID No.: NRIC NO / S9003887G		Contact No.: Home/Office: Mobile: 91850015	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 06/02/1990	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: TECHNICAL OFFICER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/12/2017 19:00	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards changi before lornie exit				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
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
SJF2461P	Car				Slightly Damaged	0
SLA7356E	Car				Slightly Damaged	1

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171213/2067

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2667 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20171213/2067

CONTINUATION OF REPORT

Driver			
Name	LAM KOON MUN	ID No.	S7302808F
Related Vehicle	SJF2461P (Car)	Contact No.	96894173
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ZULKIFLI BIN MOHAMAD	ID No.	S9003887G
Related Vehicle	SLA7356E (Car)	Contact No.	91850015
Hospital/Clinic	ACCORD MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/12/2017	Date Discharge	13/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/12/17 at about 1900hrs, I was driving in lane 1 along PIE. I noticed that the vehicles in front of me were slowing down and coming to a stop. I then followed suit. Suddenly a car had collided into my vehicle from the rear. I believed that the said car did not managed to brake in time, hence collided into me.

I do have in-built camera in my car, however have not reviewed the footage.

I would like to add that I did have a passenger in the car with me, her particulars are as follows: Nurul Nyzah Binte Abdul Sany, S9027241A, Hp: 91686897. She was also injured due to the accident, she also went to Accord Medical clinic on the 13/12/17 and was given 3 days of MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20171213/2067

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20171213/2067

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:

G /

Sgt 3 NURBIHAYAT BIN ABDUL JALIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/12/2017 13:30

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

Classification Of Case:

Authentication Stamp

NP168

27X 013

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

