

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	18/12/2017 16:41
Date Of Accident	16/12/2017 06:00
Exact Location Of Accident	CAVENAGH RD NEAR TO REAR GATE OF ISTANA
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB1038H
Insured/Policyholder	
Name Of Registered Owner	BURAAQ AUTO PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90289026
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1739671700
Cover Note Number	-
Driver	
Name of Driver	MOHAMED KHAIRULANWAR BIN MOHAMED SANI
NRIC No	S9206949D
Date Of Birth	28/02/1992
Occupation	INDOOR
Date Of Driving Pass	08/07/2013
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90289026
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 75 WHAMPOA DR #16-370
Postcode	320075
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	COLLIDED INTO PROPERTY
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)	3

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GATE
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	MOHAMED KHAIRULANWAR BIN MOHAMED SANI
Approximate Age	
Injuries Sustain	PASSED AWAY
Injured person in which vehicle?	SLB1038H
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NURUL FILZAH
Approximate Age	
Injuries Sustain	PASSED AWAY
Injured person in which vehicle?	SLB1038H
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	JOHARI SHARIFF
Approximate Age	
Injuries Sustain	HOSPITAL
Injured person in which vehicle?	SLB1038H
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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)**

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171218/2110

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20171218/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2017 15:54	Vide Report No.:	Station Diary No.: 141
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Informant's Particulars

Name of Informant: SIED IBRAHIM GULAM MOHAMED	Address: APT BLK 57 GEYLANG BAHRU #17-3483 SINGAPORE 330057		
ID Type / ID No.: NRIC NO / S8671115Z	Contact No.:	Mobile: 90289026	
Nationality: SINGAPORE CITIZEN	Home/Office:		
	Email:		
Sex: Male	Age: 31	Date of Birth: 02/02/1986	Type of Informant: DIRECTOR OF COMPANY
Race: Indian	Language: English	Institution / School Name:	
Occupation: Company director	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 16/12/2017 06:00	Type of Location: Bend
Location: Along Road 1 CAVENAGH ROAD NEAR TO REAR GATE OF ISTANA				
Weather:	Road Surface:		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB1038H	Car	HONDA	CIVIC	Silver	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB1038H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSN17396717 00	17/07/2017	16/07/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171218/2110

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20171218/2110

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
OWNER			
Name	SIED IBRAHIM GULAM MOHAMED	ID No.	S8671115Z
Related Vehicle	NIL	Contact No.	90289026
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	MOHAMED KHAIRULANWAR BIN MOHAMED SANI	ID No.	S9206949D
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Fatal

Brief Details.

On 16 December 2017, at about 1700hrs, I received a call from the brother of the deceased person informing me that the deceased had rented was involved in an accident. I told the deceased's brother that I am overseas and that I will be back only on 17 December 2017. I contacted the deceased's brother and visited the family. I was then given the details of the TP IO by the deceased's brother. I called the TP IO and was told to lodge an accident report. I was told by the TP IO that my vehicle is currently at the TP compound. That is all.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20171218/2110

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20171218/2110

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:

A / 2 *Abdul Hamzah*
Sgt 1 KAMARULARIFIN BIN RAMLAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/12/2017 15:54

Officer In Charge Of Case:
TP / FAIT /
Sr Staff Sgt VILTON HIA WEE SIANG
Contact No.: 65476228

Classification Of Case:

Authentication Stamp
NP168



Singapore Police Force

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Identification Card



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9206949D





Name
**MOHAMED KHAIRULANWAR BIN
MOHAMED SANI**

Race
JAVANESE

Date of birth **Sex**
28-02-1992 **M**

Country of birth
SINGAPORE



Identification Card

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

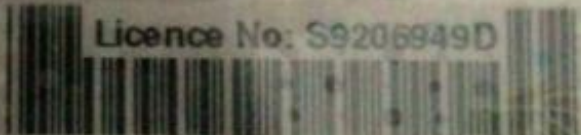
	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 CC	10 Nov 2010
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	08 Jul 2013
Class 4 Heavy motor cars and motor tractors $>$ 2500 kg	08 Jul 2013

S9206949D

S / No. 9000185885

NP 428A

Licence No: S9206949D



Identification Card


REPUBLIC OF SINGAPORE **DRIVING LICENCE**


Licence Number: **S9206949D**

Name:
**MOHAMED KHAIRULANWAR BIN
MOHAMED SANI**

Birth Date: **28 Feb 1992**

Issue Date: **10 Nov 2010**



 **001910146E**