

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 17:06
Date Of Accident	17/12/2017 19:30
Exact Location Of Accident	BLK 13 GHIM MOH ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJU7677Y
Insured/Policyholder	
Name Of Registered Owner	RAZALI BIN MOHAMED IDRIS
NRIC No	S1406548B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97895088
Alternative Phone No	OTHERS-97895088
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1.8 L (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ16-005890
Cover Note Number	28/12/2016 - 27/12/2017
Driver	
Name of Driver	MUHAMMAD RUSYAI DI ARFAN BIN RAZALI
NRIC No	S9744832I
Date Of Birth	20/12/1997
Occupation	INDOOR
Date Of Driving Pass	15/06/2016
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91370527
Fax Number	
Contact Number	
EEmail Address	SYAIDIARFAN@GMAIL.COM

Address	BLK 82 REDHILL LANE #05-71
Postcode	150082
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	SIDE SWIPE
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO.: T/20171217/2108.

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	SLH2390B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LARS DROSTE
NRIC/Passport Number	G5310799R
Contact Number	90189827
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 FBK9036G
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver PRABHU G RAJAN
NRIC/Passport Number G2575105T
Contact Number 86545402
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 RIDER
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBK9036G
Were seat belts worn?
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SJ4 7677Y
INSURER : EQ
DATE & TIME: 17/12/2017
1930 hrs.

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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:

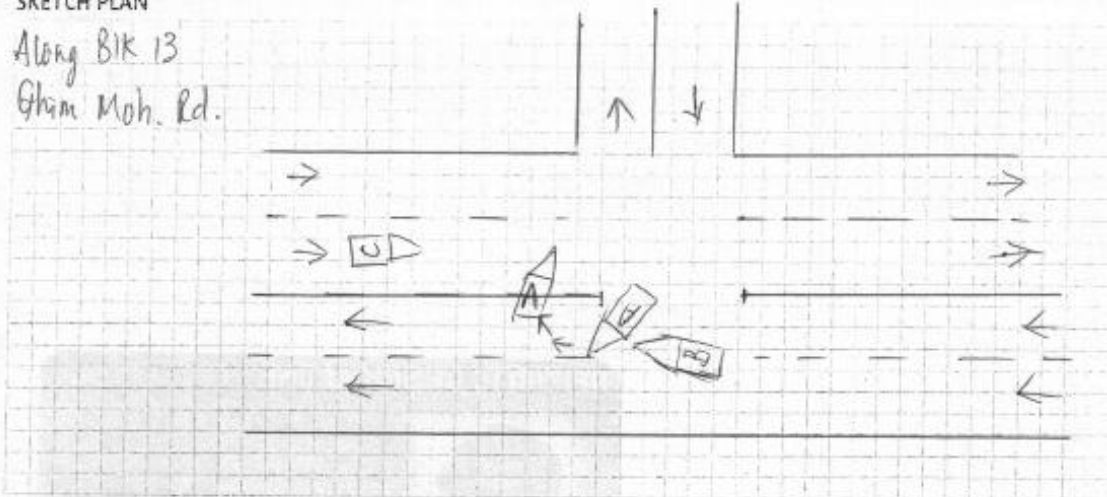
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Jomy (AMK)
NRIC/FIN No.: 18/12/17

Sketch Plan #2

SKETCH PLAN

Along BIK 13
Ghim Moh. Rd.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SJU7677Y (EQ)
Date & Time: 17/12/17 @ 1930

AS attached T2017 1217	2108
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Third party claim @ DMV noreshop.

C.S. Ong Auto Pte Ltd.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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: (AMK)
NRIC/FIN No:

() Claim Own Policy () Claim Third Party () Reporting Only
(✓) Claim GD/TP at other workshop (C.S. - Ona Auto P/L)

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171217/2108

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 4

Report No. T/20171217/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2017 23:04		Vide Report No.: D/20171217/0140	Station Diary No.: 97
Informant's Particulars			
Name of Informant: MUHAMMAD RUSYAI DI ARFAN BIN RAZALI		Address: APT BLK 82 REDHILL LANE #05-71 SINGAPORE 150082	
ID Type / ID No.: NRIC NO / S97448321		Contact No.: 9789 5088	Mobile: 91370527
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 19	Date of Birth: 20/12/1997	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: National Service Full Time		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/12/2017 19:30	Type of Location: T-Junction
Location: GHIM MOH ROAD				
Along Ghim Moh Road, near to Blk 13 Ghim Moh.				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK9036G	Motorcycle					0
SJU7677Y	Car				Seriously Damaged	0
SLH2390B	Car					1

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171217/2108

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 4

Report No. T/20171217/2108

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Prabhu G Rajan	ID No.	G2575105T
Related Vehicle	FBK9036G (Motorcycle)	Contact No.	86545402
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	MUHAMMAD RUSYAI DI ARFAN BIN RAZALI	ID No.	S9744832I
Related Vehicle	SJU7677Y (Car)	Contact No.	91370527
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Lars Droste	ID No.	G5310799R
Related Vehicle	SLH2390B (Car)	Contact No.	90189827
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

Brief Details.

On the 17th December 2017 at about 1930hrs, I was driving out my vehicle SJU7677Y from Blk 13 Ghim Moh Rd, heading right into the main road of Ghim Moh. As I was turning into the 1st lane of Ghim Moh Rd towards the direction of Commonwealth Ave, one vehicle SLH2390B came and hit onto my left side of the vehicle which caused my vehicle to cross over the center divider and to the opposite lane. There was a rider riding FBK9036G incoming from the opposite direction when the incident took place, and he was hit by my car. There was also one black and yellow pole at the center divider that became bent.

Police and ambulance came in. Both drivers were not injured, but however the rider was conveyed to the



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POLICE FORCE**



T/20171217/2108

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3 of 4

Report No. T/20171217/2108

CONTINUATION OF REPORT

hospital. My car's bumper came off and my left side of the door cannot be opened. The mirror on the left side of the vehicle was also broken. I wish to state that the driver that hit onto my car provided his particulars, made a check on us. However, he had left before police arrived.

There was a motorcycle rider riding FBK 90369 incoming from the opposite direction when the incident took place. He could not stop in time and hit the front right bumper of my car. He felt and



**SINGAPORE
POLICE FORCE**



T/20171217/2108

4 of 4

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20171217/2108

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:

D /

Sgt 2 DAMIEN LEONG JUN SIAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/12/2017 23:04

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

SN 46

Contact No.:

Authentication Stamp

NP168

SIGNATURE

OWNER IC



DRIVER DL FRT



SINGAPORE ARMED FORCES
TEMPORARY MILITARY IDENTITY CARD

Nº 558852

NAME

MUHAMMAD RUSYADI ARFAN BIN RAZALI

NRIC No.

S97448321

RANK

REC

DATE OF ISSUE

01 12 18

DATE OF EXPIRY

01 03 18

ADDRESS

SIGNATURE OR RTP OF HOLDER
SAF 15A/93

S0052107H
TAN AH HON
FD/RE/IC
ISSUING OFFICER

DRIVER DL BACK



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

