

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	02/01/2018 19:34
Date Of Accident	30/12/2017 19:30
Exact Location Of Accident	ANCHORVALE CRESCENT OUTSIDE THE VALE CONDO ENTRAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5576J
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81301183

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ17-000185
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HISYAM BIN MOHAMED HASHIM
NRIC No	S8716480B
Date Of Birth	15/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2009
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84853724
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 651 JALAN TENAGA #04-04
Postcode	410651
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171230/2152

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	SLQ4203Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLH5895S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD HISYAM BIN MOHAMED HASHIM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLD5576J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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)**

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:

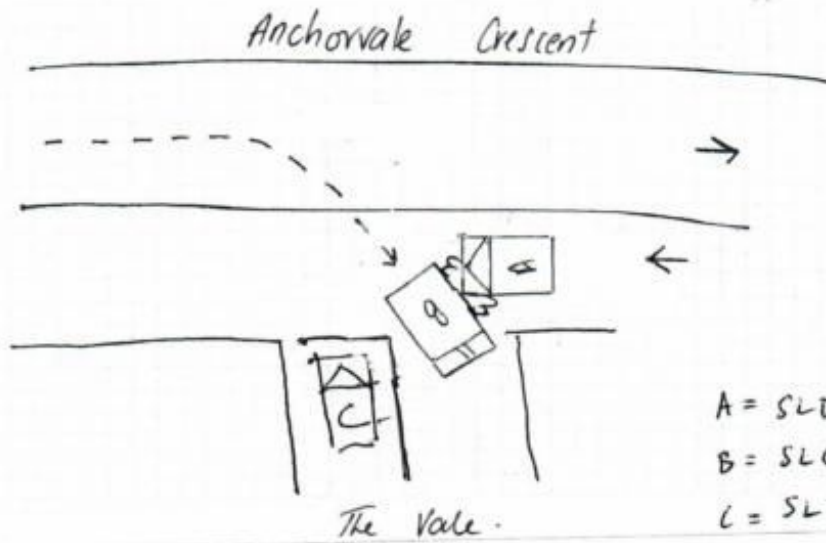
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN

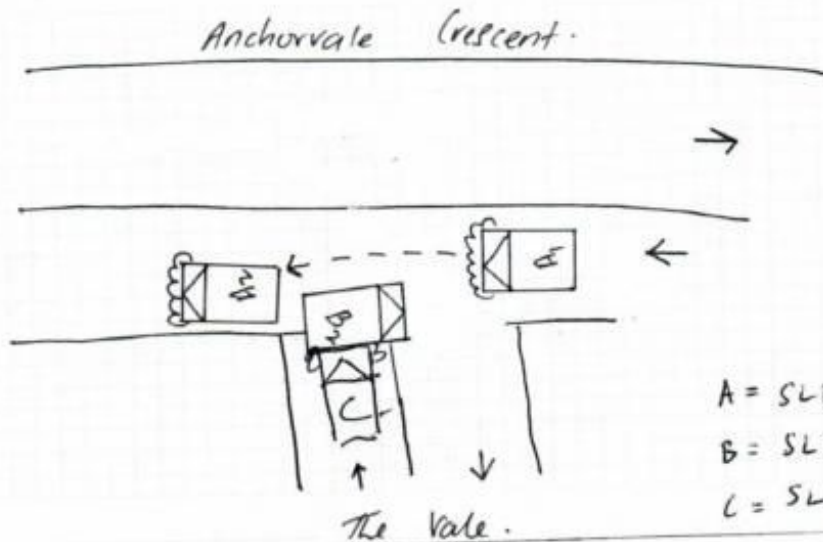
①



A = SLD 5576J
B = SLQ 4203Z
C = SLH 5895S

SKETCH PLAN

②



A = SLD 5576J
B = SLQ 4203Z
C = SLH 5895S



SKETCH PLAN

Refer to
Attachment

A) Police Report Attached

T / 20171230 / 2152.

I/We declare the foregoing particulars are true in every respect.

Under's Signature _____

every respect.

2/yr 02/01/18

Sketch Plan #4

02-01-18:16:32

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**SINGAPORE
POLICE FORCE**


T/20171230/2152

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Report No. T/20171230/2152

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

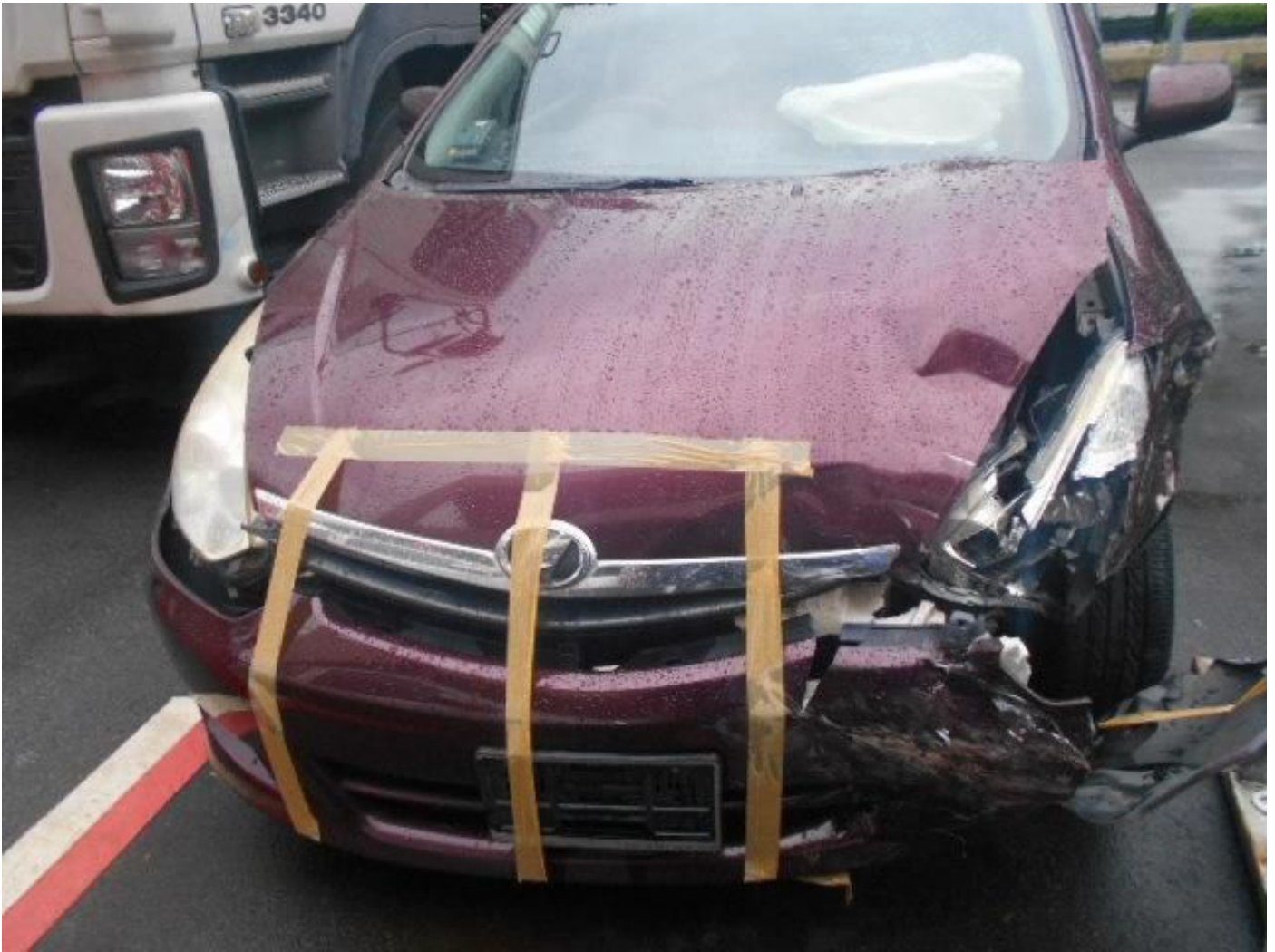
CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD HISYAM BIN MOHAMED HASHIM	ID No.	S8716480B
Related Vehicle	SLD5576J (Car)	Contact No.	84853724
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/12/2017	Date Discharge	30/12/2017
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the 30/12/2017 at about 1930hrs, I was driving my vehicle (SLD5576J) and driving straight along Anchorvale Crescent. I then noticed that there is a white Mercedes (SLQ4203Z) wanting to turn right into the condominium (The Vales) as his right signal was on. Out of the sudden, the white Mercedes did not stop for me to pass and turned right. I could not stop in time and collided with the white Mercedes and the said Mercedes spun around and it collided with a white Honda (SLH5895S), which was waiting to exit from the said condominium. Subsequently, traffic police came down to the incident location and attended to us. I have only taken down all the vehicle registration plate numbers but did not exchange any particulars. The front bumper of my vehicle was damaged and dislodged, and the front windscreen was cracked. The airbag was also deployed. I do not have an in-built front camera inside my vehicle. I felt pain at the back of my neck and also my back area as such I went to seek medical treatment at the Mount Alvernia Hospital and was given 7 days of MC (30/12/2017 to 05/01/2018). I am lodging this report for record and insurance purposes.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



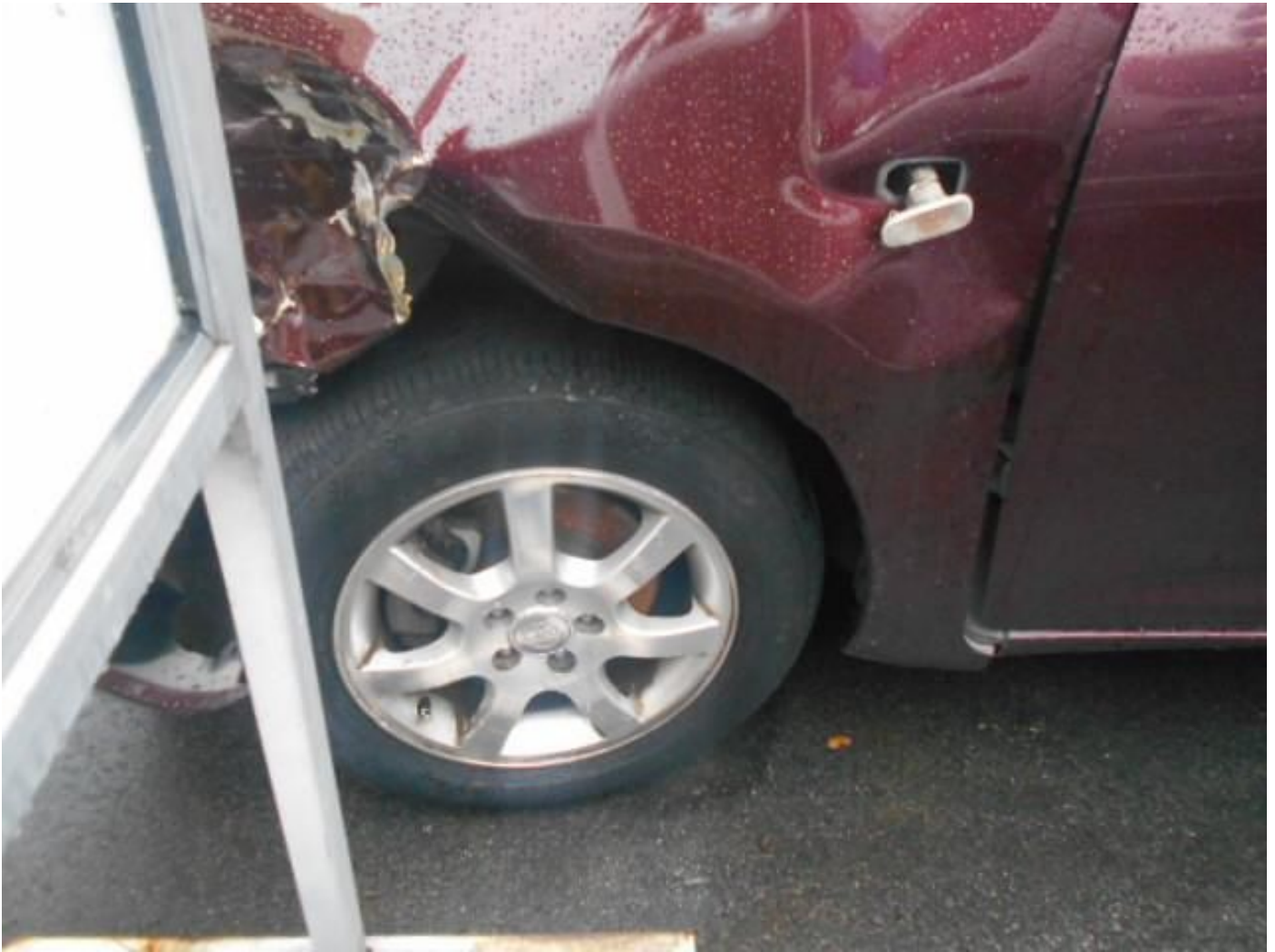
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report

02-01-18:16:32

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**SINGAPORE
POLICE FORCE**



T/20171230/2152

1 of 3

Report No. T/20171230/2152

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2017 23:26		Vide Report No.:		Station Diary No.: 206	
Informant's Particulars					
Name of Informant: MUHAMMAD HISYAM BIN MOHAMED HASHIM			Address: APT BLK 651 JALAN TENAGA #04-04 SINGAPORE 410651		
ID Type / ID No.: NRIC NO / S8716480B			Contact No.: Home/Office:		Mobile: 84853724
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 15/06/1987	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/12/2017 19:30	Type of Location: Straight Road
Location: Along Road 1 ANCHORVALE CRESCENT				
Outside the entrance of The Vale condominium				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two 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
SLD5576J	Car				Seriously Damaged	0
SLH5895S	Car					0
SLQ4203Z	Car					0

Police Report

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**SINGAPORE
POLICE FORCE**



T/20171230/2152

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Report No. T/20171230/2152

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD HISYAM BIN MOHAMED HASHIM	ID No.	S8716480B
Related Vehicle	SLD5576J (Car)	Contact No.	84853724
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/12/2017	Date Discharge	30/12/2017
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

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Police Report

02-01-18:18:32

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**SINGAPORE
POLICE FORCE**



T/20171230/2152

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Report No. T/20171230/2152

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Sgt 2 JESLYN SEE SUAY KEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/12/2017 23:26

Officer In Charge Of Case:

TP / GIT /

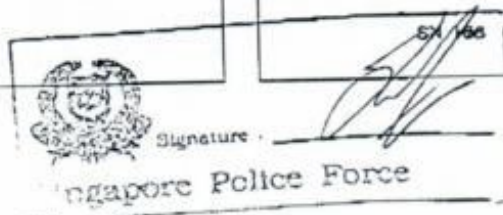
SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

Authentication Stamp

NP168



Accident Photo

