

## 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	03/01/2018 14:59
Date Of Accident	31/12/2017 09:45
Exact Location Of Accident	PIE EXIT TO BKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2584Y
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#### Insured/Policyholder

Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81301183

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ17-000185
Cover Note Number	-

#### Driver

Name of Driver	SHA'ARI BIN SALLEH
NRIC No	S7123616A
Date Of Birth	04/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	03/10/1996
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97500490
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 566 CHOA CHU KANG ST 52 #03-134
Postcode	680566
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	HEAVY RAIN
Road Surface	WET

#### 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?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

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

## 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

Refer to police report.

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along PTE exit to BKE, I skidded along the road. It was raining heavily and road was wet and slippery. In front of me was another ~~the~~ accident vehicle. I tried to avoid the cone that was used to divert the traffic flow. ~~The~~ car skidded & spin a few times before it came to stop.

### DECLARATION

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

Policyholder  
Date & Time:



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

*[Signature]* 03-JAN-18

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

*[Signature]*



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180102/2164

1 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No: T/20180102/2164

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2018 18:12	Vide Report No.:	Station Diary No: 103
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Informant's Particulars			
Name of Informant: SHA'ARI BIN SALLEH		Address: APT BLK 566 CHOA CHU KANG STREET 52 #03-134 SINGAPORE 680566	
ID Type / ID No.: NRIC NO / S7123616A		Contact No: Home/Office: Mobile: 97500490	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 04/07/1971	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-injury Government Property	Drink Drive: No	Date/Time of Accident: 31/12/2017 09:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY BUKIT TIMAH EXPRESSWAY Extreme right lane				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ2584Y	Car				Seriously Damaged	1

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

# POLICE REPORT



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POLICE FORCE**



T/20180102/2164

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SINGAPORE 689286  
Tel No: 1800-7659999

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Report No: T/20180102/2164

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	SHA'ARI BIN SALLEH		ID No. S7123616A
Related Vehicle	SJJ2584Y (Car)		Contact No. 97500490
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 31 December 2017 at about 0945 am, I was travelling in my vehicle bearing plate number SJJ2584Y along PIE (on the extreme right lane) exiting towards BKE. When I was approaching a bend, I saw an accident which had occurred (cones have been put up on accident scene). Upon trying to avoid colliding on to the cones, I swerved my vehicle, which then caused my vehicle to skid and collide onto the side railings of the expressway. I wish to state it was raining at that time and the road was wet. Due to the collision, it caused the front bumper of my car to be badly damaged. Based on my visual assessment, I am unsure of the severity of damage on the railings of the expressway.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180102/2164

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Choa Chu Kang N.P.C.  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20180102/2164

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:

J /

Sgt 2 ASRAF ZULKARNAIN BIN 'AZIMI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/01/2018 18:12

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No : 65476325

Classification Of Case:

Authentication Stamp

NP168

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





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Accident Photo



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