

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 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	18/01/2018 11:18
Date Of Accident	17/01/2018 18:50
Exact Location Of Accident	KPE TWDS TAMPINES EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9442P
Insured/Policyholder	
Name Of Registered Owner	STARHUB CABLE VISION LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98620124

Vehicle Particulars

Manufacturer	FIAT
Model	-
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M494788
Cover Note Number	

Driver

Name of Driver	MUHAMMAD IMRAN BIN SAAD
NRIC No	S8131229Z
Date Of Birth	25/09/1981
Occupation	OUTDOOR
Date Of Driving Pass	16/09/2013
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98620124
Fax Number	
Contact Number	
EEmail Address	RADEC24@HOTMAIL.COM

Address	BLK 471B UPPER SERANGOON CRESCENT #07-368
Postcode	532471
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	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	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180118/2018

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	SBV3311T
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN YEW LEE KEVIN
NRIC/Passport Number	S1480961I
Contact Number	96962126
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD IMRAN BIN SAAD
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBB9442P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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: 18/01/18
18/01/18

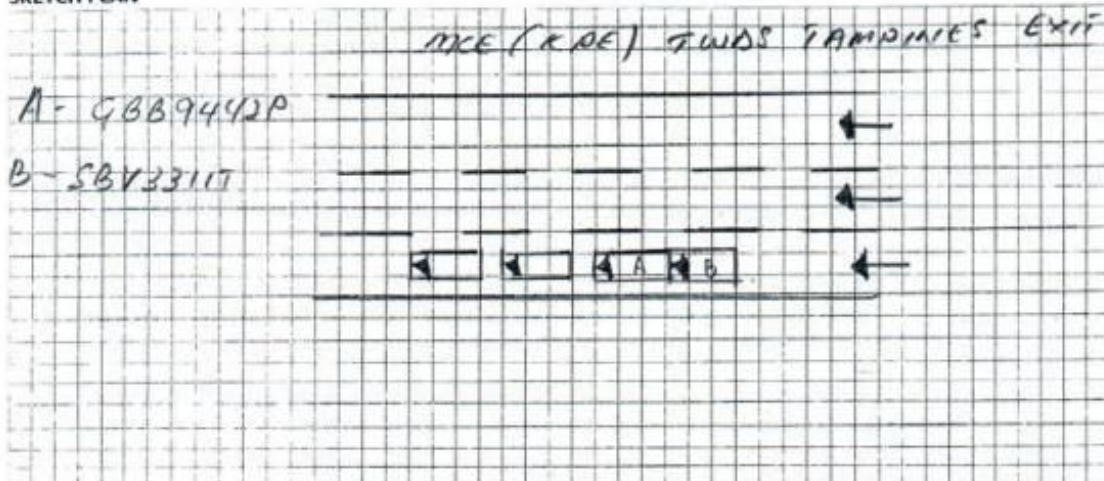
for 7.5
Driver's Signature
(if driver is not the policyholder)
Date & Time: 18/01/18
11:10 am

18/01/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/ACC SketchPlanForm_V.2

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

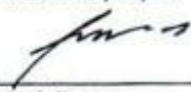
Pls refer to the police report: 7/001000000/2018

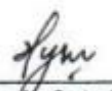
DECLARATION

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

* 
 Policyholder's Signature
 Date & Time: 18/1/18
GRAPHIC SketchPlanForm




 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 18/01/18
 11:10am

 18/01/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180118/2018

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20180118/2018

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD IMRAN BIN SAAD	ID No.	S8131229Z
Related Vehicle	GBB9442P (Van)	Contact No.	98620124
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/01/2018	Date Discharge	17/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAN YEW LEE KEVIN	ID No.	S1480961I
Related Vehicle	NIL	Contact No.	96962126
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 17/1/18 at about 1849hrs, while I (GBB9442P) was travelling at along KPE (just entered via MCE) at lane 3, a vehicle SBV3311T collided onto the rear portion of my vehicle.

The traffic was heavy at the point of time and all the cars were moving slowly.

SBV3311T front portion of the vehicle collided onto my rear portion of my company's van. After the collision, we both alighted the vehicle and exchange details.

My vehicle rear door was dented.

On the same day at about 2100hrs, I was feeling unwell as such I went to CGH's A&E and was given 3 days of MC. I am suffering from neck and musculoskeletal pain.

I've in built front car camera.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO : ZFA	22300101751778
UNLADEN WT :	1700
MAX LADEN WT :	1700
PASSENGER CAP : 1 DRIVER	1 OTHERS
TYRE SIZE : (F)	175 / 70R14
(R)	175 / 70R14

Police Report



**SINGAPORE
POLICE FORCE**



T/20180118/2018

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180118/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2018 09:17	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars

Name of Informant: MUHAMMAD IMRAN BIN SAAD			Address: APT BLK 471B UPPER SERANGOON CRESCENT #07-368 SINGAPORE 532471	
ID Type / ID No.: NRIC NO / S8131229Z			Contact No.:	Mobile: 98620124
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 25/09/1981	Type of Informant: Driver	
Race: Javanese			Language: English	Institution / School Name:
Occupation: FIELD ENGINEER			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/01/2018 18:50	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY KPE TOWARDS TAMPINESS EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
GBB9442P	Van	FIAT	FIORINO	Green	Slightly Damaged	0
SBV3311T	Car	HYUNDAI		Black		0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180118/2018

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20180118/2018

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Date Treatment	17/01/2018	Date Discharge	17/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAN YEW LEE KEVIN	ID No.	S1480961I
Related Vehicle	NIL	Contact No.	96962126
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

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Police Report



SINGAPORE
POLICE FORCE



T/20180118/2018

3 of 3

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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180118/2018

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:

F /

Staff Sgt TEY LI TING, FION

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No: 65476219

Authentication Stamp

NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

18/01/2018 09:17

Classification Of Case: