

## 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	05/02/2018 17:51
Date Of Accident	04/02/2018 12:20
Exact Location Of Accident	SLIP RD TAMPINES AVE 12 TWDS TAMPINES AVE 9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1849C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	199400399N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 4DR 1.5R AWD 4AT ABS AIRBAG
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-004748
Cover Note Number	

### Driver

Name of Driver	MOHAMAD RAQIE BIN MOHD AIKSAN
NRIC No	S8108637J
Date Of Birth	14/03/1981
Occupation	INDOOR
Date Of Driving Pass	17/10/2000
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90238328
Fax Number	
Contact Number	OFFICE-90238328
EEmail Address	NOEMAIL

Address	BLK 316A PUNGGOL WAY #09-727
Postcode	821316
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	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	2
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)	3
Passenger 1	NAME: : FARAH BINTE SAUD MARIE GENDER: : FEMALE
Passenger 2	NAME: : ARIA MARIE RAQIE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2440000 - <b>FAX NO:</b> 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - G/20180204/7033.

#### 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	SLE5294S
Vehicle Make/Model/Colour	MITSUBISHI
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 MOHAMAD RAQIE BIN MOHD AIKSAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJV1849C  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name FARAH BINTE SAUD MARIE  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJV1849C  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name ARIA MARIE RAQIE  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJV1849C  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### 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 liability.
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 lodging 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.

#### B. 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.

INTACH CAPITAL ASA PACIFIC PTE. LTD.

K. Saito

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Date & Time:

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

# Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the Police Report No: G/201808204/7333

## DECLARATION

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

*K. Saito*  
Policyholder's Signature  
Date & Time: 11/08/2018

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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/TFN No.:

# Police report



**SINGAPORE  
POLICE FORCE**



G/20180204/7033

1 of 3

## POLICE REPORT (NP299)

Report No. G/20180204/7033

Police Station Of Origin  
Bedok Police Divisional HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 04/02/2018 22:27	Vide Report No.	Station Diary No.
Name Of Informant MOHAMAD RAQIE BIN MOHD AIKSAN	Address APT BLK 316A PUNGGOL WAY #09-727 SINGAPORE 821316	
ID Type / ID No. NRIC NO / S8108637J	Contact No. Home/Office: Mobile: 90238328	
Nationality SINGAPORE CITIZEN	Email Address raqieaiks@gmail.com	
Occupation RELATIONS OFFICER	Sex Male	Age 36
Institution/School Name	Date of Birth 14/03/1981	Race Malay
Date/Time Of Incident 04/02/2018 12:20 - 04/02/2018 12:30	Location Of Incident 10 TAMPINES AVENUE 12 NIL SINGAPORE 528813	

### Brief details.

On 4 Feb 2018 at around 12.20pm, I was driving along Tampines Ave 12 and entered the slip road to get to Tampines Ave 9. Together in the car (Black, Subaru Impreza, plate no: SJV1849C) was my wife, Farah Marie, and my 7mth old daughter, Aria Marie. It was a sunny day and the road was dry. We were heading to my parents house at 491C Tampines St 45, from our home at 316A Punggol Way.

As I entered the slip road, I saw a lorry heading towards us on Tampines Ave 9, so I slowed down to a halt, to let the lorry pass. Suddenly, we got hit at the back by a grey Mitsubishi (Plate no: SLE5294S). He

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2018 22:27
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

# Police report



**SINGAPORE  
POLICE FORCE**



G/20180204/7033

2 of 3

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. G/20180204/7033

had a passenger in the rear seat. Fortunately, I had my brakes on, so we did not travel very far off course. Fortunately as well, we had our safety belts on so no one was injured. When I got out of the car to check the extent of the damage, the driver of SLE5294S shook his head and said "Sorry bang, tak nampak ah", which translates to "Sorry bro, didn't see ah".

We exchanged particulars and took photos of the damages. Details of the driver as below.

Name: Mohaamd Rashid Bin Kassim

NRIC: S8430789J

DOB: 26-09-1984

Mobile: 87825674

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	Mohamad Rashid Bin Kassim		
ID Type	NRIC NO	ID No	S8430789J
Gender	Male	Age	33-34
Race	Malay	Address Type	HDB / HUDC
Address	APT BLK 749 Pasir Ris St 71 #04-54 SINGAPORE 510749		Mobile No 87825674
<b>Victim</b>			
Person Name	MOHAMAD RAQIE BIN MOHD AIKSAN		
ID Type	NRIC NO	ID No	S8108637J
Gender	Male	Age	36
Signature Of Officer Recording The Report:		Signature Of Informant:	
Not applicable		The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter:		Date/Time:	
Not applicable		04/02/2018 22:27	
Officer In-Charge Of Case:		Classification Of Case:	
Authentication Stamp			

Police report



**SINGAPORE  
POLICE FORCE**



G/20180204/7033

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180204/7033

Race	Malay	Language	English
Occupation	RELATIONS OFFICER	Address Type	
Address	APT BLK 316A PUNGGOL WAY #09-727 SINGAPORE 821316	Mobile No	90238328
Is Informant A Victim?	Yes		
Person Name	Farah Binte Saud Marie		
ID Type	NRIC NO	ID No	S8117037A
Gender	Female	Age	36
Race	Arab	Address Type	HDB / HUDC
Address	APT BLK 316A Punggol Way #09-727 SINGAPORE 821316	Mobile No	96950893
Relation To Informant	Spouse		
Person Name	Aria Marie Raqie		
ID Type	NRIC NO	ID No	T1717795D
Gender	Female	Age	0-1
Race	Malay	Address Type	HDB / HUDC
Address	APT BLK 316A Punggol Way #09-727 SINGAPORE 821316	Relation To Informant	Daughter
Person Name	MOHAMAD RAQIE BIN MOHD AIKSAN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this  
report has been authenticated by  
SingPass. No signature is required.

Date/Time:

04/02/2018 22:27

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

