

## 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	21/02/2018 21:53
Date Of Accident	15/02/2018 16:30
Exact Location Of Accident	ALONG BEDOK NORTH AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW6692J
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### Insured/Policyholder

Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942833

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300 HR M-2.5 D (M)

Exact Purpose for which vehicle was being used at time of accident

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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	29004183
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD TAUFIQ BIN BOIMIN
NRIC No	S8903730A
Date Of Birth	03/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	22/04/2015
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	+65-84337390
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 450 TAMPINES ST 42 #06-110
Postcode	520450
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### **General Information of the Accident**

Type Of Accident	COLLISION - CROSS JUNCTION
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?	
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	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

#### **Circumstances of Accident**

REFER TO POLICE REPORT NO. T/20180219/2084 :- ON 15/02/2018 AT ABOUT 1630HRS, WHEN I WAS DRIVING ON A STRAIGHT ROAD ALONG BEDOK NORTH AVE 1, A CAR SUDDENLY TURN FROM THE OPPOSITE ROAD AT THE CROSS JUNCTION WHEN THE LIGHT WAS GREEN ON MY FAVOUR. I HIT THE SIDE OF THE CAR AND I BLACKED OUT ON THE SPOT. AS SOON AS I GAIN CONCIOUS, THE AMBULANCE WAS ALREADY AT THE SCENE AND CONVEYED ME TO CHANG HOSPITAL.

#### **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	SHD113S
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	TAXI
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 TAUFIQ BIN BOIMIN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? GW6692J  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address (DRIVER)  
Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

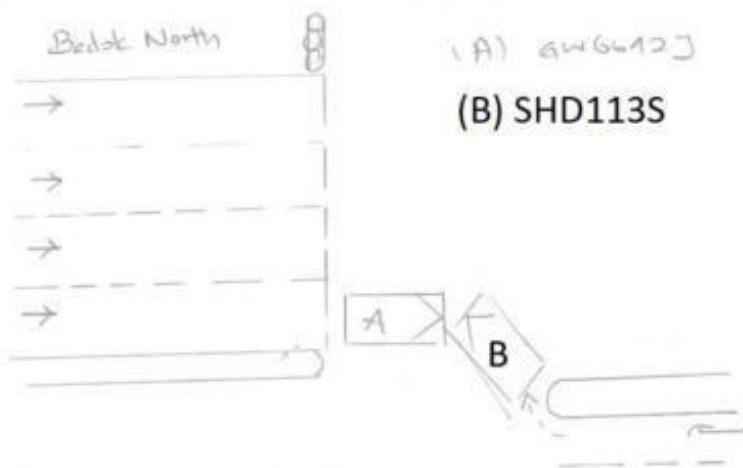
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:



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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO. T/20180219/2084

### DECLARATION

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



Policyholder's Signature

Date & Time:

DIGRME SketchPlanForm\_V3



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

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20180219/2084

1 of 3

Report No.: T/20180219/2084

REPORT OF A TRAFFIC ACCIDENT  
Date/Time Report Made:  
19/02/2018 15:33

Informant's Particulars  
Name of Informant:

MUAMMAD TAUFIQ BIN BOIMIN

ID Type / ID No.: Address:  
NRIC NO / S8903730A APT BLK 450 TAMPINES ST 42 #06-110 HDB-TAMPINES  
SINGAPORE 520450

Nationality:

SINGAPORE CITIZEN

Contact No.: Home/Office: Mobile: 84337390

Sex:

Male Age: Date of Birth:

29 03/02/1989

Type of Informant:

Race:

Malay

Occupation:

DELIVERY

Vide Report No.:

Station Diary No.:

Email:

Language:

Institution / School Name:

Driving Licence Information:  
Class:

Date of Expiry:

**General Information of the Accident**

Type of Accident:

Injury Conveyed By Ambulance

Drink

Drive:  
No

Date/Time of  
Accident:  
15/02/2018 16:30

Type of Location:

Location:

Along Road 1  
BEDOK NORTH AVENUE 1

Weather:

Road Surface:

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

Type of Collision:

Anyone conveyed by  
ambulance:  
Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
GW6692J	Van	mitsubishi	L300 HR M			0

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Police Report**



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



**SINGAPORE  
POLICE FORCE**

Report No. T/20180219/2084  
2nd  
Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE  
Tel No: 65470000

CONTINUATION OF REPORT

**Sketch Plan**  
Informant is not a

Driver			
Name	MUAMMAD TAUFIQ BIN BOIMIN	ID No.	S8903730A
Related Vehicle	GW6692J (Van)	Contact No.	84337390
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

ON 15/02/2018 AT ABOUT 1630 HRS,

WHEN I WAS DRIVING ON A STRAIGHT ROAD ALONG BEDOK NORTH AVE 1 , A CAR SUDDENLY TURN FROM THE OPPOSITE ROAD AT THE CROSS JUNCTION WHEN THE LIGHT WAS GREEN ON MY FAVOR. I HIT THE SIDE OF THE CAR AND I BLACKED OUT ON THE SPOT. AS SOON AS I GAIN CONCIOUS, THE AMBULANCE WAS ALREADY AT THE SCENE AND CONVEYED ME TO CHANGI HOSPITAL.

# Police Report



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20180219/2084

3 of 3

Report No. T/20180219/2084

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:

TP /  
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /  
Sr Staff Sgt YUS MASTARI I KHAZALI  
Contact No.: 65476214

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:  
19/02/2018 15:33

Classification Of Case:



Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**



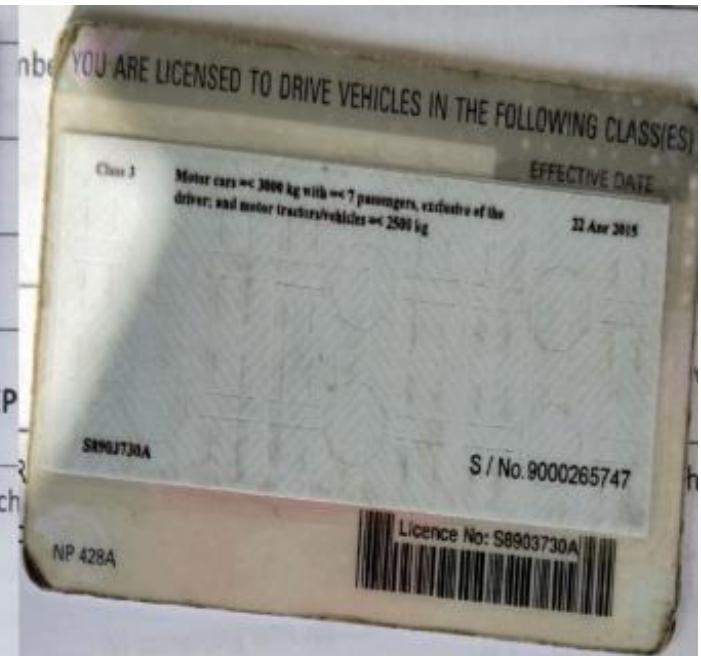
**Accident Photo**



**Accident Photo**



## Driving License



CLASS 3 ~ 22 APR 2015

## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: 566550020G / GST Reg. No.: M40001773S

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MSSE18025424 Vehicle Registration No: GW 6692J  
Name(as shown in NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 15.02.2018 Time of Accident: 1630 HRS  
Place of Accident : ALONG BEDOK NORTH AVE 1  
Insurance Company: MSIG INSURANCE

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To indicate third party vehicle registration number is SHD113S



Policyholder / Driver's Signature  
Date:



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