

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	16/11/2017 15:13
Date Of Accident	15/11/2017 11:45
Exact Location Of Accident	BUKIT TIMAH ROAD TOWARDS BALMORAL PLAZA
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKX2993P
Insured/Policyholder	
Name Of Registered Owner	GABRIEL PETER
NRIC No	S1203076B
Email Address	REUBENPETER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96333825
Alternative Phone No	OTHERS-90091317
Vehicle Particulars	
Manufacturer	MASERATI
Model	GRANTURISMO-4.2 (A)
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V04242/VPZ/R00
Cover Note Number	
Driver	
Name of Driver	REUBEN GAVIN PETER
NRIC No	S8834291G
Date Of Birth	10/09/1988
Occupation	INDOOR
Date Of Driving Pass	09/09/2010
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90091317
Fax Number	
Contact Number	OTHERS-96333825
Email Address	REUBENPETER@GMAIL.COM

Address	16 LADY HILL ROAD
Postcode	258681
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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
Was any body injured in the Accident?	YES
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	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T20171116/2033

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	SGV717S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MUHAMMAD FADZLI BIM SALIM
NRIC/Passport Number	S7919738F
Contact Number	96938147
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	REUBEN GAVIN PETER
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKX2993P
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

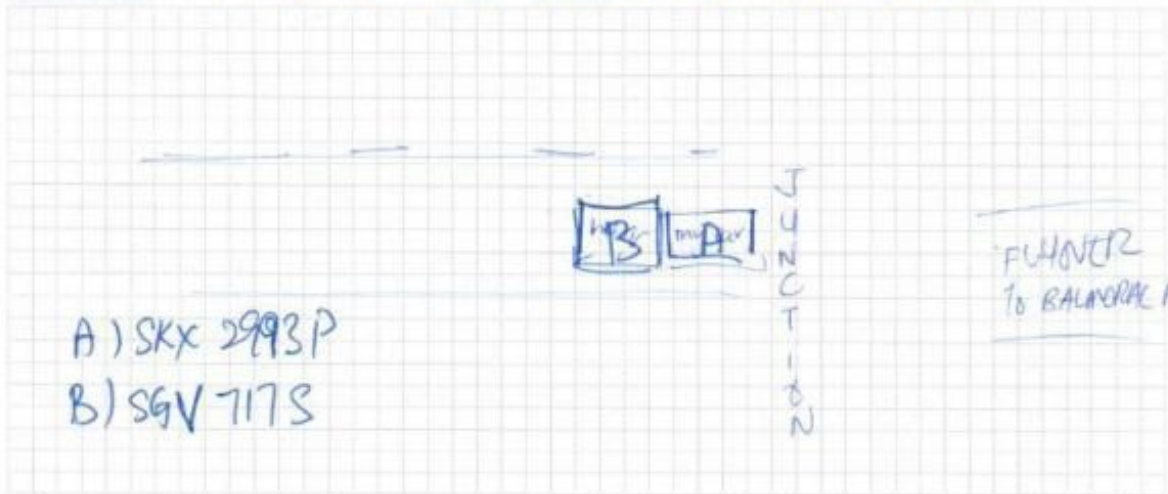
Driver's Signature
(If driver is not the policyholder)
Date & Time: 16 NOVEMBER 2017
13:28

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

Accident Sketch Plan

SKETCH PLAN

B1 TIMAH ROAD TOWARDS BALMORAL PLAZA



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident occurred at around 11:40 or 11:45 pm on 15 November 2017. The accident occurred on Buleit Timah Road at the large traffic junction before the flyover which leads to Balmoral Plaza. The traffic light turned amber and so I ~~stopped~~ came to a stop. A few moments later, the other driver's car collided with the back of my car. I heard a loud noise and felt my car jerk forward violently.

POLICE REPORT 1/2017/1116/2033

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16 NOVEMBER 2017
16:26

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

QARAC Form 2017/01/01/01/01/01

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171116/2033

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 3

Report No. T/20171116/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2017 11:41	Vide Report No.:	Station Diary No.: 68
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Informant's Particulars

Name of Informant: REUBEN GAVIN PETER			Address: 16 LADY HILL ROAD SINGAPORE 258681		
ID Type / ID No.: NRIC NO / S8834291G			Contact No.: Home/Office: Mobile: 90091317		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 10/09/1988	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Lawyer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information:		Drink Drive: No	Date/Time of Accident: 15/11/2017 23:45	Type of Location: Straight Road
Type of Accident:	Injury Others			
Location: Along Road 1 BUKIT TIMAH ROAD				
before the flyover				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
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
SGV717S	Car				Slightly Damaged	1
SKX2993P	Car				Slightly Damaged	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/20171116/2033

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20171116/2033

CONTINUATION OF REPORT

Driver			
Name	REUBEN GAVIN PETER	ID No.	S8834291G
Related Vehicle	SKX2993P (Car)	Contact No.	90091317
Hospital/Clinic	GLENEAGLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	10	Degree of Injury	Slight

Brief Details.

On the 15/11/2017 at about 2345 hrs, I was driving my car(SKX2993P) along Bukit Timah Road . The traffic light before the flyover turned amber , I braked and stopped my car . Sometime after stopping , I felt an impact from the back .

The other party car(SGV717S) hit my car on the rear. My car suffered damages on the back bumper at the portion below the number plate. It was dented in and had scratch markings. The other party car suffered damages on the bonnet, the front bonnet became damaged and dislodged .

The other party had an in car camera .

I went to the Doctor and was given 10 days of MC from the 16/11/2017 to 25/11/2017 . MC No: 12896

I will report this matter to my insurance.

Other party details
Muhammad Fadzli bin Salim
96938147

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20171116/2033

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3

Report No. T/20171116/2033

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 RAHUL SINGH SANDHU

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/11/2017 11:41

Officer In Charge Of Case:

TP / AEIT /
Sgt 2 YEO KIA HUAT
Contact No.: 65476325



Classification Of Case:

SN 170

Signature:

Authentication Stamp
NP156

Singapore Police Force

MEDICAL LEAVE

my Orthopaedic Clinic MEDICAL CERTIFICATE

No.: 12896

Name

Lee Ruben Gavin Peter

NRIC / PP No.

S88342716

This is to certify that the abovenamed

* is unfit for duty / school for a period of 16 days from 16/11/17 to 25/11/17 inclusive.
Type of leave granted: Hospitalization leave / Outpatient sick leave.

* is unfit for physical education / strenuous exercise from _____ to _____.

* is fit for normal / light duty from _____ to _____.

* attended my clinic at _____ am / pm and left at _____ am / pm.

This certificate is not valid for absence from court attendance or other judicial proceedings unless specifically stated.

Diagnosis / Surgical Operation

Name & Signature of Doctor

Dr Tan Hak Yong
MBBS (Surrey) FRCS (Glasgow)
FAMS (Orthopaedics)
Orthopaedic Surgeon

Date

16/11/17

Gleneagles Medical Centre

6 Napier Road #06-14

Singapore 258499

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



Accident Photo



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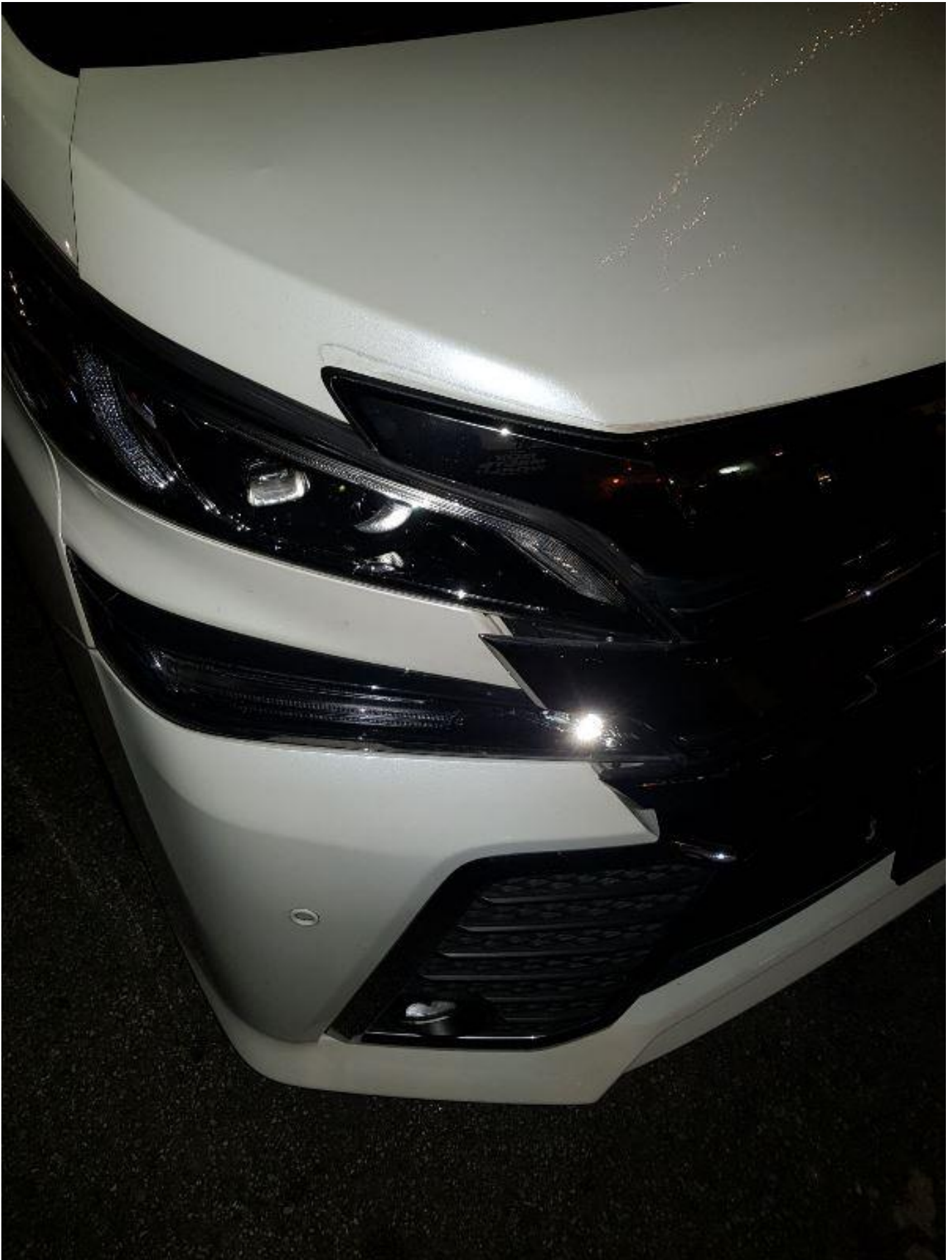
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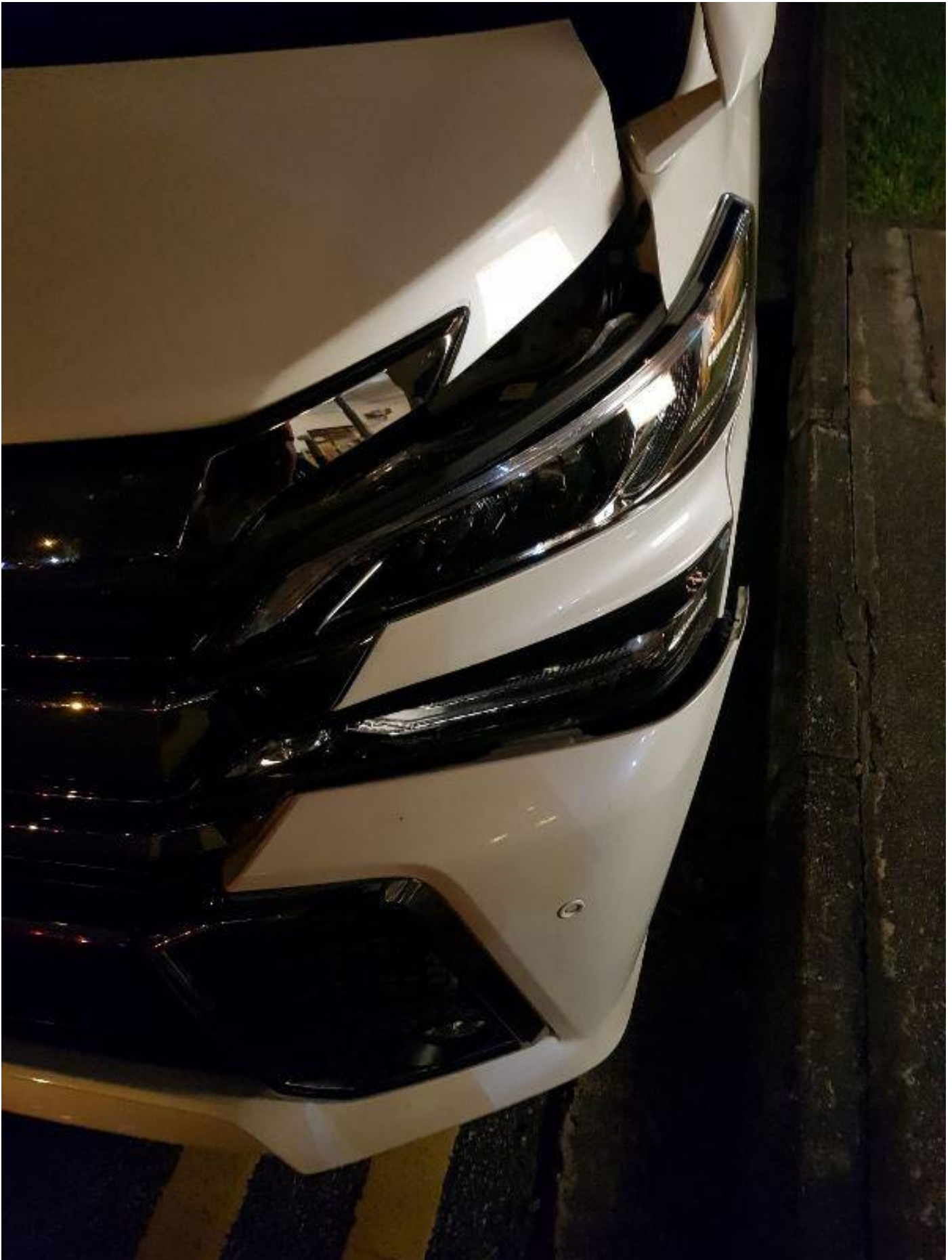
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048590
Tel (65) 6224 0010 Fax (65) 6224 0010
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665100200 / GST Reg. No.: M400017735

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

ADDENDUM

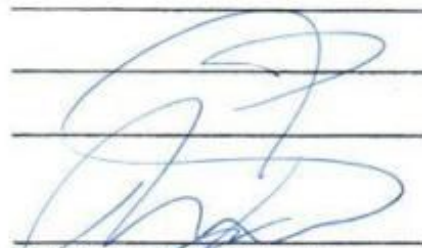
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MAH17152018 Vehicle Registration No: 8KX 2993P
Name (as shown in NRIC) : REUBEN GAVIN PETER NRIC/FIN/Passport No : S85342914
☒ Vehicle Driver / ☐ Vehicle Owner (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 90091317
Email Address : _____
Date of Accident : 15/11/2017 Time of Accident : 11:45
Place of Accident : BT TIMAH ROAD TOWARD BALMORAL PLAZA
Insurance Company: LIBERTY

(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 change from old 20 THIRD PARTY CLAIMS


Policyholder / Driver's Signature
Date: 15/12/17


Reporting Centre Personnel's Signature
Name: ROSE WONG
NRIC/FIN No.: _____
Date: 15/12/2017