

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	26/01/2018 19:08
Date Of Accident	23/01/2018 16:15
Exact Location Of Accident	ALONG AYE TOWARDS CITY AFTER CLEMENTI AVE 2 EXIT 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN798L
Insured/Policyholder	
Name Of Registered Owner	STVE PTE LTD
Co Reg No	198703585C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91954594

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087422MFCV
Cover Note Number	NA

Driver

Name of Driver	SUFFIAN BIN HASSAN
NRIC No	S7015947C
Date Of Birth	11/05/1970
Occupation	OUTDOOR
Date Of Driving Pass	04/09/1990
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91954594
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	HDB CRESCENT VIEW, 97 COMMONWEALTH CRESCENT #01-22
Postcode	140097
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : MD ISHAR GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

As police report : On 23/01/2018 at about 1615hrs, I was driving my vehicle YN798L along lane 3 on AYE towards City. After passing the Clementi Ave 2 exit, I notice that the vehicle(GBF4175Y) that in front of me was moving slowly and due to this I slow down my vehicle as the traffic was heavy on that moment. Out of sudden, I felt a hard impact on the rear of my vehicle and made my vehicle inched forward and collided with the vehicle in front. The vehicle (SHC3113C) that was behind me had collided with me. I was then conveyed by ambulance to Ng Teng Fong General Hospital and given 4 days MC.

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	SHC3113C
Vehicle Make/Model/Colour	HYUNDAI / SONATA NF 2.0
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MD OMAR
NRIC/Passport Number	S0065548A

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBF4175Y
Vehicle Make/Model/Colour TOYOTA / DYNA 150 D
Details Of Properties NA
Vehicle Category COMMERCIAL VEHICLE
Name of Driver AUNG MYAT THU
NRIC/Passport Number G3360703U
Contact Number 91838202
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SUFFIAN BIN HASSAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? YN798L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

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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.
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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMED SHARIL
BIN SATAR

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

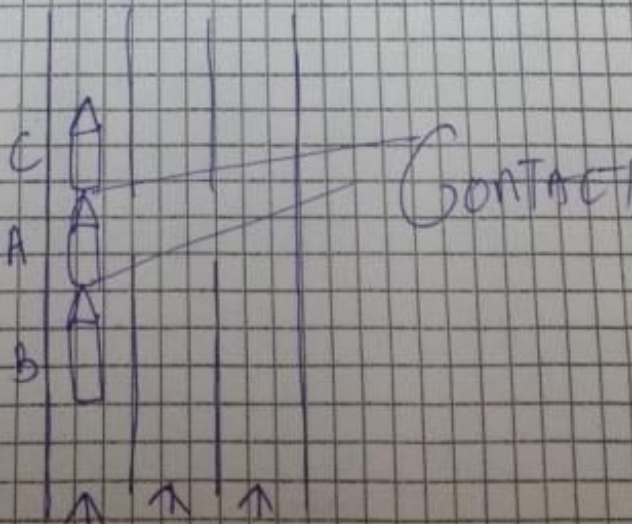
Sketch Plan

A - YN798L

B - PHC3113C

C - QBF4175Y

(A/C)
TUAS



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180124/2126

1 of 3

Report No. T/20180124/2126

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
24/01/2018 19:55

Vide Report No.:

Station Diary No.:
26

Informant's Particulars

Name of Informant:
SUFFIAN BIN HASSAN

Address:
APT BLK 97 COMMONWEALTH CRESCENT #01-22
SINGAPORE 140097

ID Type / ID No.:
NRIC NO / S7015947C

Contact No.:
Home/Office: Mobile: 91954594

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 47 11/05/1970

Type of Informant:
Driver

Race:
Javanese

Language:

Institution / School Name:

Occupation:
DRIVER

Driving Licence Information:
Class: 3

Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/01/2018 16:15	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY				
Along AYE towards City after Clementi Ave 2 Exit Lane 3				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		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
GBF4175Y	Lorry				Slightly Damaged	0
SHC3113C	Car				Seriously Damaged	0
YN798L	Lorry				Slightly Damaged	1

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180124/2126

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Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No. T/20180124/2126

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUFFIAN BIN HASSAN	ID No.	S7015947C
Related Vehicle	YN798L (Lorry)	Contact No.	91954594
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/01/2018	Date Discharge	23/01/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

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POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180124/2126

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Report No. T/20180124/2126

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111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

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:

D /

Sgt 3 MUHAMMAD HANAFEE BIN JAMIN

Signature Of Informant:

Signature

Signature Of Interpreter:

Not applicable

Date/Time:

24/01/2018 19:55

Officer In Charge Of Case:

TP / GIT /

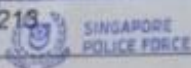
SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

SN 50

Authentication Stamp
NP168



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo




Accident Photo




Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7015947C





Name
SUFFIAN BIN HASSAN



Race
JAVANESE

Date of birth **Sex**
11-05-1970 **M**

Country of birth
SINGAPORE



Identification Card



Driving License



Driving License

