

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	10/04/2018 10:23
Date Of Accident	09/04/2018 07:30
Exact Location Of Accident	PIE TWDS CHANGI AT PAYA LEBAR FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV5416S
Insured/Policyholder	
Name Of Registered Owner	JULIANNA BINTE MOHAMED AMIN
NRIC No	S7940695C
Email Address	JULIANNA_AMIN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96999314
Alternative Phone No	OFFICE-96999314

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	NEW GOLF 1.4 AT 5K13G5
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P 27637966 DMA
Cover Note Number	-

Driver

Name of Driver	JULIANNA BINTE MOHAMED AMIN
NRIC No	S7940695C
Date Of Birth	28/12/1979
Occupation	INDOOR
Date Of Driving Pass	11/09/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96999314
Fax Number	
Contact Number	OFFICE-96999314
Email Address	JULIANNA_AMIN@YAHOO.COM.SG

Address	BLK 213 PETIR RD #05-513
Postcode	670213
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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)	3
Passenger 1	NAME: : OH KAIJUN GENDER: : MALE
Passenger 2	NAME: : KHAIRUL SANIF GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG375B
Vehicle Make/Model/Colour	
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SDW7717B
Vehicle Make/Model/Colour
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 OH KAIJUN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJV5416S
Were seat belts worn? YES
Was this 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:


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

Accident Sketch Plan

SKETCH PLAN

A = SJV 5416S
B = SKG 375B
C = SDW 7717B.

PIE towards Changi At Paya Lebar Flyover.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to
Police Report

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:

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180409/2150

1 of 4

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

Report No. T/20180409/2150

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2018 16:54	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: JULIANNA BINTE MOHAMED AMIN			Address: 213 PETIR RD #05-513 HDB-BUKIT PANJANG SINGAPORE 670213	
ID Type / ID No.: NRIC NO / S7940695C			Contact No.: Home/Office:	Mobile: 96999314
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 38	Date of Birth: 28/12/1979	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: HUMAN RESOURCE TRAINING MANAGER			Driving Licence Information: Class: 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: 09/04/2018 07:30	Type of Location: Flyover
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PAYA LEBAR FLYOVER				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDW7717B	Car				Seriously Damaged	0
SJV5416S	Car				Seriously Damaged	2
SKG375B	Car				Slightly Damaged	0

POLICE REPORT



**SINGAPORE
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T/20180409/2150

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Police Station Of Origin:
Traffic Police Division HQ
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Report No. T/20180409/2150

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	OH KAIJUN	ID No.	S8823034E
Related Vehicle	SJV5416S (Car)	Contact No.	91061535
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/04/2018	Date Discharge	09/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	JULIANNA BINTE MOHAMED AMIN	ID No.	S7940695C
Related Vehicle	NIL	Contact No.	96999314
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	KHAIRUL SANIF	ID No.	S7727899J
Related Vehicle	NIL	Contact No.	82005413
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.

09/04/2018 @0730HRS (PIE(CHANGI) PAYA LEBAR FLYOVER, LOC: PIE(CHANGI) ,11.2KM)

V1) SDW7717B V2) SJV5416S V3)SKG375B

I WAS DRIVING ALONG PIE(CHANGI) ON THE PAYA LEBAR FLYOVER. I SAW THE FRONT VEHICLE APPLY HIS BRAKES AND WHEN I NOTICED (V1) APPLY HIS BRAKE. SOON AFTER I APPLY MY BRAKES AS WELL. THE CAR FROM THE REAR(V3) COULD NOT STOP IN TIME AND COLLIDED INTO MY REAR, THE IMPACT FROM THE REAR THROWN MY CAR FORWARD HITTING

POLICE REPORT



**SINGAPORE
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T/20180409/2150

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Report No. T/20180409/2150

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CONTINUATION OF REPORT

(V1) REAR. WE EXITED OUR VEHICLE AND TOOK PHOTOS AND EXCHANGE PARTICULARS.
THERE WAS NO AMBULANCE OR TRAFFIC POLICE AT THE SCENE.
THAT'S ALL

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180409/2150

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Police Station Of Origin:
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Report No. T/20180409/2150

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 /
KHALED AMR HASSAN MOHSEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/04/2018 16:54

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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