

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	09/04/2018 14:51
Date Of Accident	07/04/2018 13:00
Exact Location Of Accident	TANJONG KATONG TOWARDS DUNMAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5714K
Insured/Policyholder	
Name Of Registered Owner	D. JURAIMI TRANSPORT SV
Co Reg No	53357238W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96701084

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D DX (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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMBPHQ17-000037
Cover Note Number	

Driver

Name of Driver	JURAIMI BIN DEMON
NRIC No	S6815168F
Date Of Birth	26/04/1968
Occupation	INDOOR
Date Of Driving Pass	16/10/2002
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96701084
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 702 WEST COAST ROAD #04-347
Postcode	120702
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

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?	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)	6
Passenger 1	NAME: : NICHOLAS GENDER: : MALE
Passenger 2	NAME: : PASSENGER 2 GENDER: : MALE
Passenger 3	NAME: : PASSENGER 3 GENDER: : FEMALE
Passenger 4	NAME: : PASSENGER 4 GENDER: : FEMALE
Passenger 5	NAME: : TODDLER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

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 SLP1530P
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 JURAIMI BIN DEMON
Approximate Age
Injuries Sustain LEFT LEG INJURED AND HAVE DIFFICULTIES WALKING
Injured person in which vehicle? PC5714K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NICHOLAS
Approximate Age
Injuries Sustain
Injured person in which vehicle? PC5714K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name PASSENGER 2
Approximate Age
Injuries Sustain
Injured person in which vehicle? PC5714K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 4

Name PASSENGER 3
Approximate Age
Injuries Sustain
Injured person in which vehicle? PC5714K
Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 5

Name PASSENGER 4

Approximate Age

Injuries Sustain

Injured person in which vehicle? PC5714K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 6

Name TODDLER

Approximate Age

Injuries Sustain

Injured person in which vehicle? PC5714K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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:

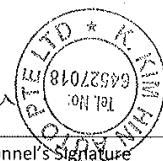
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

D. Juraimi
Transport. " Sv

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

please refer to sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police report & sketch plan

Report / no: T/20180407/212B

* Repair at other workshop.

Passenger 2 - Female (NAME unknown)

Passenger 3 - Female (")

Passenger 4 - Male (")

Passenger 5 - unknown (") below 1yr

DECLARATION

I hereby declare the foregoing particulars are true and correct.

D. Juraimi
Transport " Sv

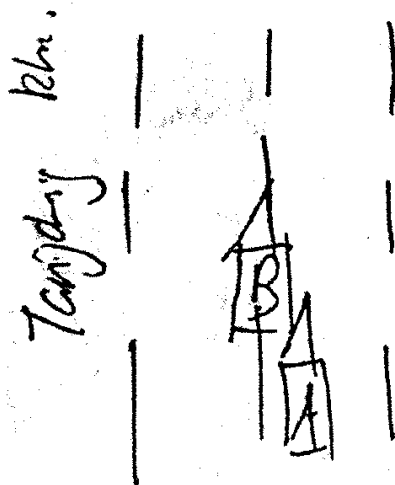
Date & Time

Date & Time

Date & Time



I was travelling along Tanganyika rd
on the extreme right lane
out of sudden vehicle B cut into my
lane. Therefore I collided onto his rear
right rear portion



A- PC 5714K

B- SLP 1530P

**SINGAPORE
POLICE FORCE**



T/20180407/2128

1 of 3

Report No. T/20180407/2128

Station Of Origin:
Clementi N.P.C
100 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2018 19:20		Vide Report No.:		Station Diary No.: 150	
Informant's Particulars					
Name of Informant: JURAIMI BIN DEMON			Address: APT BLK 702 WEST COAST ROAD #04-347 SINGAPORE 120702		
ID Type / ID No.: NRIC NO / S6815168F			Contact No.: Home/Office: Mobile: 96701084		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 26/04/1968	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/04/2018 13:30	Type of Location: Straight Road
Location: Along Road 1 TANJONG KATONG ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC5714K	Bus/Coach/Minibus				Seriously Damaged	4
SLP1530D	Car				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180407/2128

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20180407/2128

CONTINUATION OF REPORT

Driver			
Name	JURAIMI BIN DEMON		ID No. S6815168F
Related Vehicle	NIL		Contact No. 96701084
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.

On 7/4/2018 at around 1300hrs, I was driving my omnibus bearing registration plate (PC5714K) along the Tanjong Katong Road towards Dunman Road. I collided with a vehicle bearing registration plate (SLP1530D). My left front bumper collided with the vehicle rear right bumper. I was traveling along first lane when a stationary vehicle in front of me made a sudden change of lane. Due to the adverse condition of the weather, I wasn't able to make an emergency brake and therefore causing the accident. I went out of the vehicle to check on both vehicle. Shortly after, the ambulance and Traffic Police arrived at scene. There were 4 adults and 1 children and everyone was conveyed to Tan Tock Seng Hospital. I went to Mount Alvernia Hospital as my left leg was injured and have difficulties walking. I was given 6 days MC due to my injury.

Both my vehicle and the other party was towed as it was seriously damaged. I have installed in-car camera in my vehicle.

I am lodging a report for insurance and record purposes reference to vide report no: G/20180407/0140.



**SINGAPORE
POLICE FORCE**



T/20180407/2128

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20180407/2128

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 2 PEARL MARIE NG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/04/2018 19:20
Officer In Charge Of Case: TP / GIT / SI NG CHWEE THENG Contact No.: 65476397	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

