

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 12:50
Date Of Accident	07/04/2018 23:30
Exact Location Of Accident	UPPER EAST COAST RD (OUTSIDE HOUSE 791A)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ211Y
Insured/Policyholder	
Name Of Registered Owner	SHAHFIQ SHAH BIN RAHMANS
NRIC No	S7518612F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97773211
Alternative Phone No	OFFICE-97773211

Vehicle Particulars

Manufacturer	BMW
Model	216D
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	C0073203
Cover Note Number	

Driver

Name of Driver	SHAHFIQ SHAH BIN RAHMANS
NRIC No	S7518612F
Date Of Birth	02/07/1975
Occupation	INDOOR
Date Of Driving Pass	14/03/1995
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97773211
Fax Number	
Contact Number	OFFICE-97773211
EEmail Address	NOEMAIL

Address	6 BEDOK RISE #06-22
Postcode	469599
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE DIV HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH.

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	SLJ9697K
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG LOO EE
NRIC/Passport Number	S7208845Z
Contact Number	98235452
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	RIGHT
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: *Kevin Leong*
NRIC/FIN No.:

SKETCH PLAN

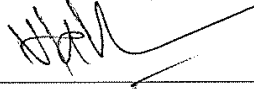
refer to Attach

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report

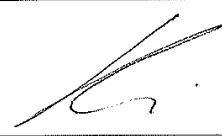
DECLARATION

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



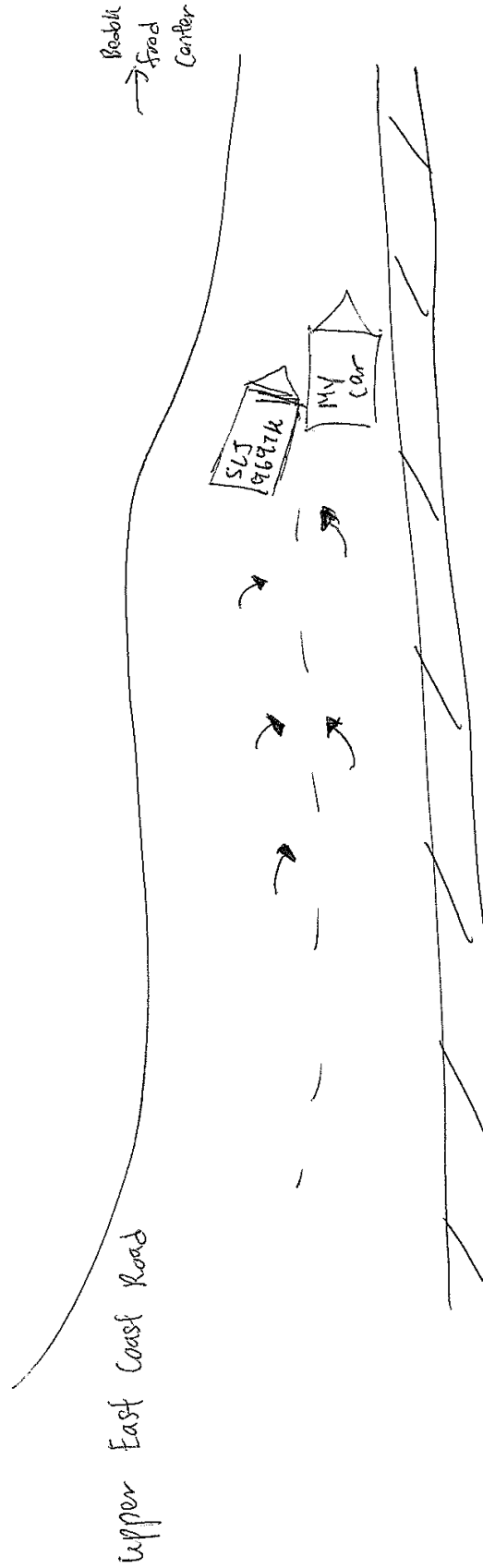
Policyholder's Signature
Date & Time:

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



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

Sketch Plan Pg. 3





**SINGAPORE
POLICE FORCE**



T/20180408/7003

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

1 of 3

Report No. T/20180408/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2018 12:45		Vide Report No.: G/20180407/0275		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHAHFIQ SHAH BIN RAHMANS			Address: 6 BEDOK RISE #06-22 SINGAPORE 469599		
ID Type / ID No.: NRIC NO / S7518612F			Contact No.: Home/Office: Mobile: 97773211		
Nationality: SINGAPORE CITIZEN			Email: shah2775@yahoo.com.sg		
Sex: Male	Age: 42	Date of Birth: 02/07/1975	Type of Informant: Vehicle Owner		
Race: Malay			Language: English		Institution / School Name:
Occupation: SENIOR ENGINEER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/04/2018 23:30	Type of Location: Merging
Location: UPPER EAST COAST ROAD Upper East Coast Road towards Bedok Food Centre (Outside house number 791A)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFQ211Y	Car	BMW	216D	Black	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFQ211Y	LIBERTY INSURANCE PTE LTD	C0073203	27/06/2017	26/06/2018



**SINGAPORE
POLICE FORCE**



T/20180408/7003

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

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Report No. T/20180408/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	SHAHFIQ SHAH BIN RAHMANSANSA	ID No.	S7518612F
Related Vehicle	SFQ211Y (Car)	Contact No.	97773211
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.

Vehicle car registration number SLJ9697K was moving (on the left) abruptly through the merging lane along the road and crashes into mine SFQ211Y which i was travelling in the right and damaging my left rear door.



**SINGAPORE
POLICE FORCE**



T/20180408/7003

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

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Report No. T/20180408/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/04/2018 12:45
Officer In Charge Of Case: TP / TPHQ / MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case:

Authentication Stamp
NP168

Accident Photo



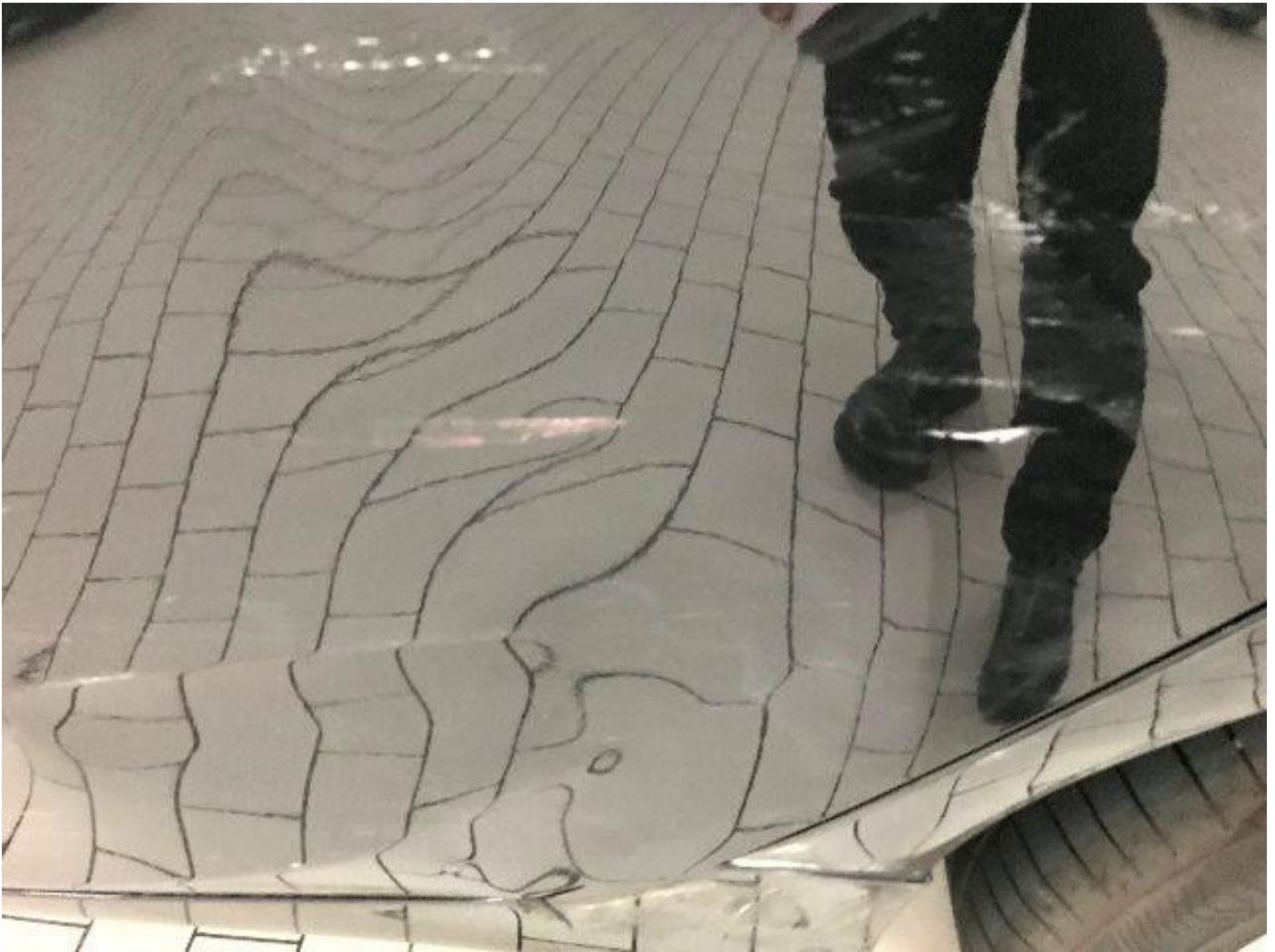
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo





Text Message
Yesterday 2:03 AM

Hi sorry About tnite, not intended to. Let settle it to repair your car

I am bringing my car to the workshop on Monday morning for assessment. Will let u know the cost.

Ok let me know. Sorry

Sure.

Today 10:25 AM

Hi Jeniffer, workshop at BMW quoted repair at S\$7,700 and not inclusive any replacement car for my use as the car need to be at workshop for around 1



Text Message

