

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 18:05
Date Of Accident	07/04/2018 15:00
Exact Location Of Accident	AYE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH2350R
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Insured/Policyholder

Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ17-000185
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RIYAAS BIN ALADDIN
NRIC No	S9425491D
Date Of Birth	20/07/1994
Occupation	INDOOR
Date Of Driving Pass	07/11/2012
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98635848
Fax Number	
Contact Number	OFFICE-98635848
Email Address	NOEMAIL

Address	BLK 286C TOH GUAN ROAD #04-24
Postcode	603286
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180407/2151.

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	SDQ8178G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE KANG MING
NRIC/Passport Number	S2597063B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC733H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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 MUHAMMAD RIYAAS BIN ALADDIN

Approximate Age

Injuries Sustain NECK, BACK, LEFT LEG & LEFT HAND

Injured person in which vehicle? SJH2350R

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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6. The 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 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:

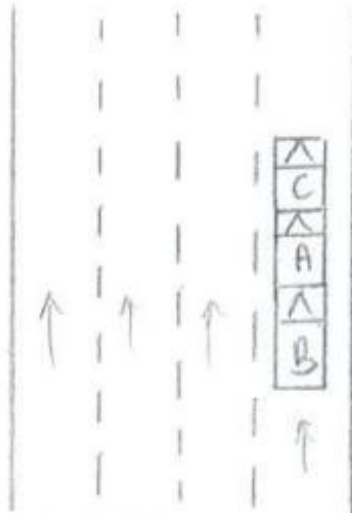


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN



A: 83H 2350R

B: SDQ 8178G

C: 8HC 733H

[Signature]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to traffic police report no: T/20180407/2151

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**

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20180407/2151

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Report No. T/20180407/2151

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2018 22:51 Vide Report No.: Station Diary No.: 89

Informant's Particulars

Name of Informant: MUHAMMAD RIYAAS BIN ALADDIN	Address: APT BLK 286C TOH GUAN ROAD #04-24 SINGAPORE 603286		
ID Type / ID No.: NRIC NO / S9425491D	Contact No.:	Mobile: 98635848	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 23	Date of Birth: 20/07/1994	Type of Informant: Driver
Race: Indian	Language: English	Institution / School Name:	
Occupation: Supervisor	Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/04/2018 15:00	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY Along AYE towards Changi after Buona Vista exit.				
Weather: Drizzling		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SDQ8178G	Car				Seriously Damaged	0
SHC733H	Car				Slightly Damaged	2
SJH2350R	Car				Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180407/2151

Police Station Of Origin
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No: T/20180407/2151

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Lee Kang Ming	ID No.	S2597063B
Related Vehicle	SDQ8178G (Car)	Contact No.	82862611
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
Driver			
Name	MUHAMMAD RIYAAS BIN ALADDIN	ID No.	S9425491D
Related Vehicle	SJH2350R (Car)	Contact No.	98635848
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	07/04/2018	Date Discharge	07/04/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 7/4/2018 at about 1500hrs, I was driving my black Mitsubishi Lancer(Reg no. SJH2350R) and travelling on the 1st lane along AYE towards Changi, after Buona Vista exit. At that time, the traffic was slow moving. At that time, there was a yellow Comfort Cab(Reg no. SHC733H) in front of my vehicle.

As the taxi in front of me had stopped his vehicle, I stopped my vehicle as well. At that time, I looked at my rear view mirror and saw 01 grey Mercedes vehicle(Reg no. SDQ8178G) behind driving a very fast speed. I noticed that the Mercedes did not try to brake his vehicle which causes it to hit onto the rear of my vehicle. Due to the impact, my vehicle had moved forward and hit onto the yellow Comfort Cab in front of my vehicle.

After the accident, we stepped out of our vehicle to exchange our particulars. EMAS was also at scene to tow all of our vehicles away. I then went to Mount Alvernia Hospital for medical check up and was given 05 days MC. Due to the accident, I sustained abrasion and soreness on my left arm. I also felt sore on my neck area. I had also sustained minor rupture of tissue on my left shin area.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



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Report No. T/20180407/2151

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20180407/2151

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Report No: T/20180407/2151

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 1 HARVEY LAU WEI REN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/04/2018 22:51

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No: 65476219

Classification Of Case:

Auth
NP158

SN 34

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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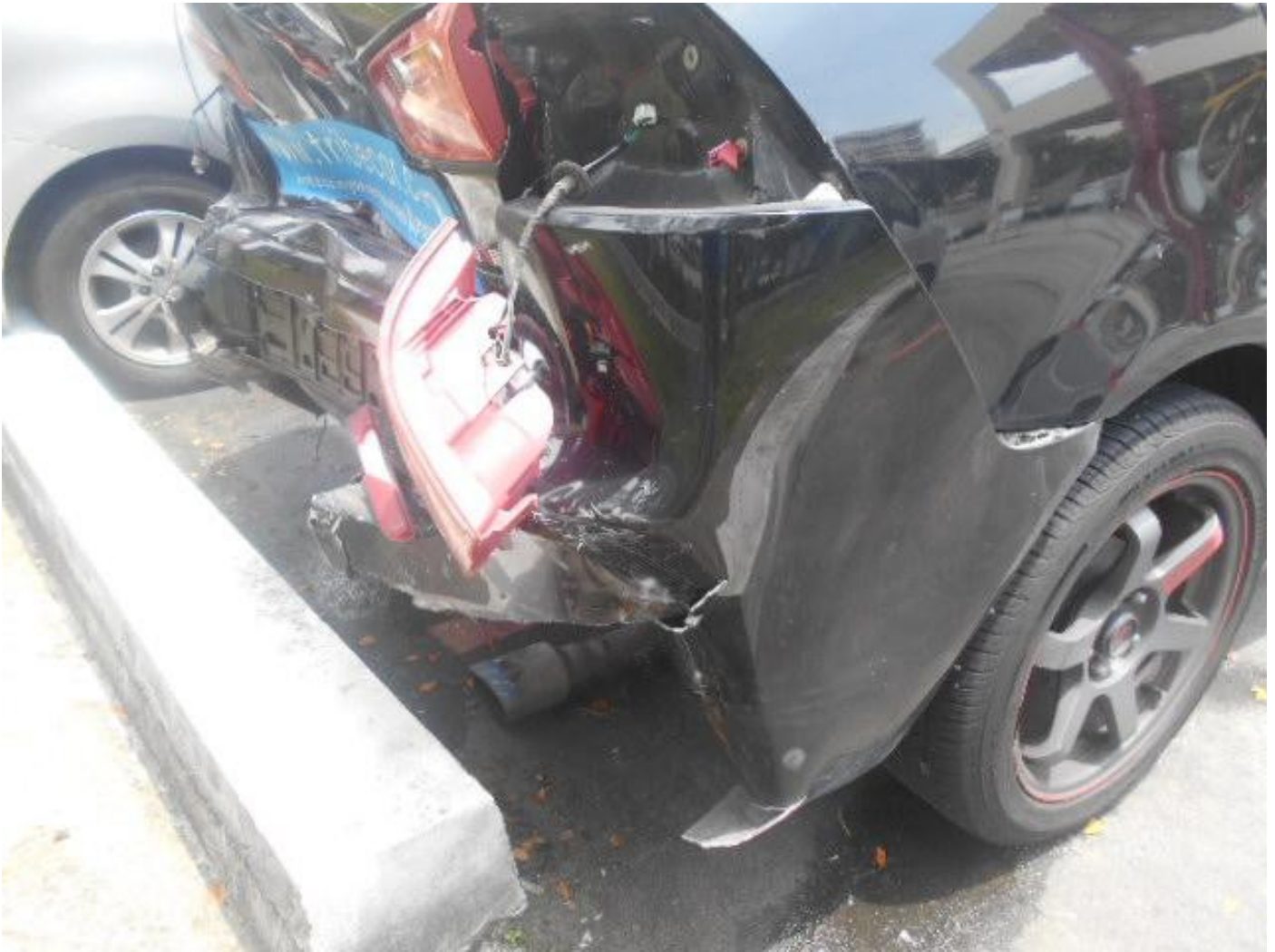
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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / 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 : MNA118047931 Vehicle Registration No : SH 23502
Name (as shown in NRIC) : Muhammad Rhyane Bin Aladdin NRIC/FIN/Passport No : 594254910
(*Vehicle Driver / ~~Vehicle Owner~~)(*) Please delete as appropriate
Address : Blk 286C Toh Guan Road #04-24 Singapore (663286)
Contact (Tel) : _____ Mobile No. : 98635848
Email Address : _____
Date of Accident : 2/4/18 Time of Accident : 15:00
Place of Accident : AYE Food's Changi Airport
Insurance Company : FLZ

(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:

1. Amend policy number (DMCFHQ17-000185)

Policyholder / Driver's Signature
Date:



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