

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	17/04/2018 15:44
Date Of Accident	16/04/2018 14:30
Exact Location Of Accident	ALONG ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9243Y
Insured/Policyholder	
Name Of Registered Owner	OVERSEAS COURIER SERVICE (S) PTE LTD
Co Reg No	197401014Z
Email Address	SHIFAR1802@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82237118
Alternative Phone No	OFFICE-82237118

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	7VCT1734080
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARHAN BIN ABDUL KADER
NRIC No	S8705625B
Date Of Birth	18/02/1987
Occupation	OUTDOOR
Date Of Driving Pass	11/10/2013
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82237118
Fax Number	
Contact Number	OTHERS-82237118
EMail Address	SHIFAR1802@GMAIL.COM

Address BLK 878A TAMPINES AVENUE 8
#15-03

Postcode 520878

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 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 TAMPINES NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180416/2184

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 WD852P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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: 17/04/18 09:30am

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

SKETCH PLAN

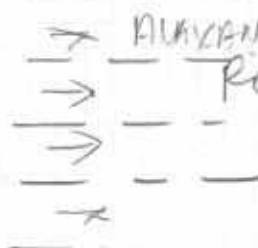
A) GBB 9243Y
B) WD 852P

ALEXANDRA ROAD



QUEENSWAY

ALEXANDRA ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

JW BUKIT MEHAT

PLS Refer to Police
1/200416/2184
RUPREY

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: 17/4/18 09:30am

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

17/04/2018
Resdi WAT/183



**SINGAPORE
POLICE FORCE**



T/20180416/2184

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180416/2184

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2018 21:07	Vide Report No.:	Station Diary No.: 95
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Informant's Particulars

Name of Informant: MUHAMMAD FARHAN BIN ABDUL KADER			Address: APT BLK 878A TAMPINES AVENUE 8 #15-03 SINGAPORE 521878		
ID Type / ID No.: NRIC NO / S8705625B			Contact No.: Home/Office: Mobile: 90393835		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 18/02/1987	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: DELIVERY			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/04/2018 14:30	Type of Location: X-Junction
Location: Along Road 1 ALEXANDRA ROAD TOWARDS TANGLIN RD x JLN BT MERAH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: VAN X CEMENT MIXER			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB9243Y	Van	TOYOTA		Blue		0
WD852P	CEMENT MIXER			White		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180416/2184

2 of 3

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20180416/2184

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD FARHAN BIN ABDUL KADER	ID No.	S8705625B
Related Vehicle	GBB9243Y (Van)	Contact No.	90393835
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

Brief Details.

On the date, time and location mentioned above, I V1 (GBB9243Y) was on the 4 of 5 lane road near to the junction. V2 (WD852P) was at the point, on my right side. When the traffic light turned 'green', I proceeded to drive straight out. As I was driving ahead, V2 then drove together and cut into my lane and graze onto my vehicle on the rear right of my vehicle.

I honk and followed V2 for some distance. However, V2 continued to just drive off without stopping. The driver is believed to be a Chinese PRC.

No mechanical fault. No in-built camera. No witness.



SINGAPORE
POLICE FORCE



T/20180416/2184

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20180416/2184

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:

G /

Sgt 2 GOH JUN KIAT JASON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/04/2018 21:07

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368



SINGAPORE
POLICE FORCE

Classification Of Case:

SIGNATURE

Authentication Stamp

NP168

Stamped Please with a/c stamp

ACCIDENT STATEMENT

ACCIDENT DATE: 16/04/2018 (DD/MM/YYYY), TIME: 14:30 (HH:MM)

LOCATION: Along Alexandra rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB 92434
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: TVCT1734080
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Hiace
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Delivery
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: OCS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 1974010142 CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Farhan Bin Abdul Kader (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8705675B CONTACT: 82237118
c) ADDRESS: BLK 878A Tampines AVE B #15-03, 520878

* d) DATE OF BIRTH: 18/02/1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11 Oct 2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Tampines NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: WD 852 P MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = SHIFAR1802@GMAIL.COM

fax =

VIDEO =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S87056258



Name

MUHAMMAD FARHAN BIN
ABDUL KADER

محمد فرحان بن عبدالكادر

Race

INDIAN

Date of birth

18-02-1987

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S87056258



MUHAMMAD FARHAN BIN
ABDUL KADER

Birth Date 18 Feb 1987

Issue Date 11 Oct 2013



Identity Card No. S87056258



Date of birth
18-02-2007

APT BLK 878A TAMPINES AVENUE 8 #15-03
SINGAPORE 521878

NRIC No. S87056258

Date 08/11/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, excluding
of the driver, and other motor vehicles <= 3000kg



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 www.msig.com.sg

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)
 Motor Vehicles (Third Party Risks And Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

08 Aug 2017

Third Party

CERTIFICATE No. : 7VCT1734080 Insured Own Damage Excess: \$2500 (TPPD) &

1. Index Mark and Registration Number of Vehicle : GBB9243Y
 2. Chassis Number of Vehicle : JTFHT02P600060859
 3. Name of Policyholder : OVERSEAS COURIER SERVICE (S) PTE LTD

4. Effective date of the Commencement of Insurance for the purposes of the Act : 15 Sep 2017 00:01AM

5. Date of Expiry of Insurance : 14 Sep 2018

6. Persons or Classes of Persons entitled to drive*

(a) Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to Use*

Use in connection with the Policyholder's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(i) Use for hire or reward or for racing pace-making reliability trail or speed-testing.

(ii) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

*Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle.

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that Effect must be made. Failure to comply with this obligation is an offence under the compulsory Insurance Legislation.

This Certificate must be returned if the insurance is suspended during its currency.

If you are involved in an accident, full details must be forwarded immediately to the Company.

FORM MZ.300

6VCT1653270

(For the Issuance of Motor Certificate of Insurance only)

MSD/VCT/16-002108-00