

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	21/05/2018 15:37
Date Of Accident	19/05/2018 22:40
Exact Location Of Accident	PIE TWDS TUAS BEFORE CTE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD3217H
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAZALI BIN HASAN
NRIC No	S8702194G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91165583
Alternative Phone No	OFFICE-91165583

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05018056
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAZALI BIN HASAN
NRIC No	S8702194G
Date Of Birth	28/01/1987
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2012
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91165583
Fax Number	
Contact Number	OFFICE-91165583
E-Mail Address	NOEMAIL

Address	BLK 868C TAMPINES AVE 8 #15-558
Postcode	523868
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)	2
Passenger 1	NAME: : MOHAMAD SULIHMAN BIN HASAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING STRAIGHT ALONG PIE TOWARDS TUAS BEFORE THE EXIT OF CTE/SLE. MY VEHICLE WAS STATIONARY DUE TO THE TRAFFIC WAS SLOW AND HEAVY. SUDDENLY, A VEHICLE BEHIND (EW8833E) COLLIDED ONTO MY REAR PORTION AND THE IMPACT WAS SO GREAT THAT MY VEHICLE WAS PUSHED FORWARD AND COLLIDED ONTO THE FRONT VEHICLE (SJN7005Z) ON THE REAR PORTION. MY VEHICLE WAS SO BADLY DAMAGED ON THE REAR AND FRONT PORTION. MY BROTHER WHO WAS SITTING IN THE REAR FELT PAIN AND UNCOMFORTABLE AFTER THE ACCIDENT AND WILL CONSULT DOCTOR LATEE.

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	EW8833E
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	SEE TOH DEWEI

NRIC/Passport Number S8818760A
Contact Number 84333461
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJN7005Z
Vehicle Make/Model/Colour
Details Of Properties VEHICLE C
Vehicle Category PRIVATE CAR
Name of Driver GUWE WEE LEE GARY
NRIC/Passport Number S8512968F
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAMAD SULIHMAN BIN HASAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJD3217H
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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: 21/5/18

12:20pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

PAACEE CAR

SKETCH PLAN

Tuas ← PIE



A: SJD3217H
 B: EW8833E
 C: SJN 7005Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE twds Tuas before the Exit of CTE/SLE. My vehicle was stationary due to the traffic was slowed & heavy. Suddenly, a vehicle behind, EW8833E collided to my rear portion & the impact was so great that my vehicle was pushed forward & collided the front vehicle, SJN 7005Z on the rear portion. My vehicle was badly damaged on the rear & front portion. My brother who was sitting in the rear seat pained & uncomfortable after the accident & will consult doctor later.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 21/5/18
 12:20pm


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

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

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20180521/2203

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 4

Report No. T/20180521/2203

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2018 22:23		Vide Report No.:		Station Diary No.: 204	
Informant's Particulars					
Name of Informant: MUHAMMAD FAZALI BIN HASAN			Address: APT BLK 868C TAMPINES AVENUE 8 #15-558 SINGAPORE 523868		
ID Type / ID No.: NRIC NO / S8702194G			Contact No.:		Mobile: 91165583
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 28/01/1987	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: ADMINSTRATION OFFICER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/05/2018 22:40	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE TOWARDS DIRECTION OF TUAS, BEFORE EXIT OF CTE/SLE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
EW8833E	Car	MERCEDES BENZ		Black		0
SJD3217H	Car	SUZUKI	SWIFT 1.5 AT ABS AIRBAG 2WD	Blue		0
SJN7005Z	Car	MITSUBISHI		Grey		0

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20180521/2203

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Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180521/2203

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJD3217H	LONPAC INSURANCE BHD.	Z18VP05018056	27/03/2018	26/03/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SEE TOH DEWEI	ID No.	S8818760A	
Related Vehicle	EW8833E (Car)	Contact No.	84333461	
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 FAZALI BIN HASAN	ID No.	S8702194G	
Related Vehicle	SJD3217H (Car)	Contact No.	91165583	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Passenger				
Name	MOHAMAD SULIHMAN BIN HASAN	ID No.	S8021489H	
Related Vehicle	SJD3217H (Car)	Contact No.	82067885	
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (ANG MO KIO)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	21/05/2018	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	NIL	

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20180521/2203

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20180521/2203

CONTINUATION OF REPORT

Driver			
Name	GUWE WEE KEE, GARY		ID No. S8512968F
Related Vehicle	SJN7005Z (Car)		Contact No. 91380556
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 19/05/2018, at about 2240hrs, I was driving along PIE towards Tuas, before the exit of CTE/SLE. My vehicle was stationary as the traffic was heavy. Suddenly the vehicle, EW8833E a black Mercedes collided into the rear of my vehicle. Due to impact, my vehicle moved forward and collided into another vehicle, SJN7005Z a grey Mitsubishi, in front of me. My vehicle was damaged at the front and rear portions.

My brother, Mohamad Sulihman Bin Hasan, who was seated at the rear passenger seat informed that he felt pain due to the accident and seen a doctor. He was awarded with 5 days MC at Ang Mo Kio Polyclinic from 21/05/2018 - 25/05/2018.



SINGAPORE
POLICE FORCE



T/20180521/2203

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Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180521/2203

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: F / Sgt 2 SWEE WEI ERN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/05/2018 22:23
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp
NP168





Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8702194G



 Name
MUHAMMAD FAZALI BIN HASAN

Sex
MALAY

Date of Birth
29-01-1987

Country/Place of Birth
SINGAPORE

Sex
M

Identity Number
S8702194G

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8702194G

Name:
MUHAMMAD FAZALI BIN
HASAN

Birth Date: 29 Jan 1987

Issue Date: 04 Oct 2007



0016340768

Driving License

5544281



NRIC No. S8702194G



Date of issue
28-12-2017

Address
APT BLK 088C TAMPINES AVENUE 8
#15-558
SINGAPORE 523858

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	ISSUE DATE
Class 2B: Motorcycles 200 CC	11 Oct 2017
Class 2A: Motorcycles 200 CC and 400 CC	14 Nov 2017
Class 3: Motor cars 2000 kg with 7 passengers, excluding off-road vehicles and other motor vehicles 2000 kg	07 Aug 2018

Signature: _____ S/Nr. 9000162817

SP 4284 License No. 55702194G

INSURANCE



LONPAC INSURANCE BHD (599FC 5630G)

INCORPORATED IN MALAYSIA

Singapore Office: 200 Beach Road #17-04/07 The Centricity Singapore 190595

Tel: (65) 6257 7338 Fax: (65) 6258 5777 Website: www.lonpac.com.sg

GST Reg No.: F-4005630-G

MXI

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).
ROAD TRANSPORT ACT 1987 (MALAYSIA).
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z18VP05018056

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

SUZUKI SWIFT 1.5
-SJD3217H

2. Name of Policy Holder

MUHAMMAD FAZALI BIN HASAM

3. Effective Date of the Commencement of Insurance
for the purpose of the Act

27/03/2018

4. Date of Expiry of the Insurance

26/03/2019

5. Persons or Classes of Persons entitled to drive

(A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/HER 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.

6. Limitations as to use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD, RACING, PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING OR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS OR USED FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

Excess : S\$ 0.00 (SECTION 1) INSURED / NAMED DRIVERS
S\$ 1,000.00 (SECTION 1) UNNAMED DRIVERS
S\$ 3,000.00 (SECTION 1) ADDITIONAL EXCESS FOR ELDERLY OR YOUNG AND/OR INEXPERIENCED DRIVERS
S\$ 100.00 WINDSCREEN EXCESS

Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* Limitations rendered inoperative by Section 96 of the Road Transport Act, 1967 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1967 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

CHIEF EXECUTIVE
(Singapore Branch)

User ID: MRMLP0014
Date Issued: 27/03/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



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: 5665S0020G / 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 : MSME18066020 Vehicle Registration No: SJD3217H
Name (as shown in NRIC) : MUHAMMAD FAZALI BIN HASAN NRIC/FIN/Passport No : S8702194G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 868C TAMPINES AVE 8 #15-558 Singapore(523868)
Contact (Tel) : _____ Mobile No. : 91165583
Email Address : _____
Date of Accident : 19.05.2018 Time of Accident : 2240HRS
Place of Accident : PIE TWDS TUAS BEFORE CTE EXIT
Insurance Company: LONPAC INSURANCE BHD

(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:

TO ADD IN POLICE REPORT NO : T/20180521/2203

TO AMEND MOBILE NO TO : 91165583

Policyholder / Driver's Signature
Date: 22/5/18 3.40pm

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