

## 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             | 28/05/2018 15:09                                   |
| Date Of Accident           | 03/05/2018 06:05                                   |
| Exact Location Of Accident | PUNGGOL E AFT TRAFFICLIGHTOF PUNGGOLFIE LD EXITKPE |
| Country/State of Loss      | SINGAPORE                                          |

### DETAILS OF OWN VEHICLE

|                             |                                      |
|-----------------------------|--------------------------------------|
| Vehicle Registration Number | S2970CD                              |
| <b>Insured/Policyholder</b> |                                      |
| Name Of Registered Owner    | EMBASSY OF THE REPUBLIC OF INDONESIA |
| Co Reg No                   | -                                    |
| Email Address               | PROCUREMENT@INDONESIANEMBASSY.SG     |
| Mobile Phone No             | (LOCAL) +65-88081784                 |
| Alternative Phone No        | OFFICE-88081784                      |

### Vehicle Particulars

|                                                                              |             |
|------------------------------------------------------------------------------|-------------|
| Manufacturer                                                                 | TOYOTA      |
| Model                                                                        | -           |
| Exact Purpose for which vehicle was being used at time of accident           | WORK        |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES         |
| If No, Please state action to be taken                                       |             |
| Vehicle Category                                                             | PRIVATE CAR |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | A 27797952 MCY                       |
| Cover Note Number         |                                      |

### Driver

|                      |                                  |
|----------------------|----------------------------------|
| Name of Driver       | MUHAMMAD IAN NORMAN BIN JASMAN   |
| NRIC No              | S7833155J                        |
| Date Of Birth        | 30/10/1978                       |
| Occupation           | OUTDOOR                          |
| Date Of Driving Pass | 10/06/2016                       |
| Driving Experience   | 1 YEAR AND 10 MONTHS             |
| Gender               | MALE                             |
| Mobile Number        | (LOCAL) +65-88081784             |
| Fax Number           |                                  |
| Contact Number       | OTHERS-88081784                  |
| Email Address        | PROCUREMENT@INDONESIANEMBASSY.SG |

|                                                     |                                     |
|-----------------------------------------------------|-------------------------------------|
| Address                                             | BLK 623A PUNGGOL CENTRAL<br>#03-352 |
| Postcode                                            | 821623                              |
| 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 - HEAD TO REAR |
| 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?                                                       | 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                       | PUNGGOL N.P.C                                                                      |
| Police Station Address                    | <b>ROAD:</b> 21A TEBING LANE , <b>POSTCODE:</b> 828837 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> - <b>FAX NO:</b>                                                    |
| Was notice of intended Prosecution given? | NO                                                                                 |
| If Yes, against whom?                     |                                                                                    |

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180518/2037

#### 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 | UNKNOWN            |
| 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            |                    |

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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.:

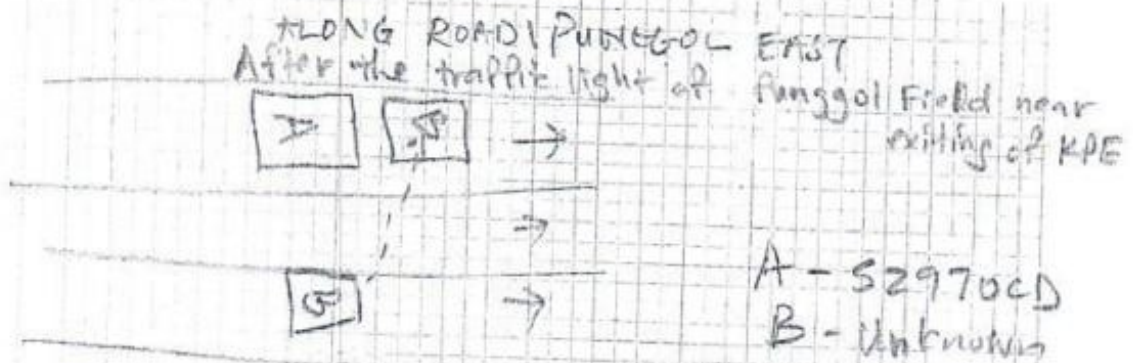
# Sketch Plan #2

28-05-18 14:20

1-05 0734 7502

4 37 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report  
T/20180518/2037

## 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.:

28/5/2018



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Punggol N.P.C.  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999



T/20180518/2037

2 of 3

Report No. T/20180518/2037

**CONTINUATION OF REPORT**

**Brief Details.**

On the 03/05/2018 at around 0605hrs, I was travelling along Punggol East with my vehicle (S2970CD (Alphalt, Toyota black in color car.), after the cross junction of Punggol East and Punggol Field. I was travelling at lane 3 with a total of 3 lanes. Before entering towards KPE, a lorry (White In color driven by an Indian, Cannot remember the plate number) from lane 1 suddenly cut into my lane and make a sudden brake. I then made a brake but hit onto back of his lorry. I then stopped my vehicle and exit from my vehicle. When I exit from my vehicle, he then left the scene immediately without leaving his particulars behind.

I wish to state that this is the first time such thing happens. I have no in-car camera in my vehicle. I make this report later as I was scared and my boss ask me to make a report on the 18/05/2018. No one was injured at that point of time.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180518/2037

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

1 of 3

Report No. T/20180518/2037

## REPORT OF A TRAFFIC ACCIDENT

|                                            |                  |                          |
|--------------------------------------------|------------------|--------------------------|
| Date/Time Report Made:<br>18/05/2018 11:24 | Vide Report No.: | Station Diary No.:<br>11 |
|--------------------------------------------|------------------|--------------------------|

| Informant's Particulars                              |            |                                                                   |                              |
|------------------------------------------------------|------------|-------------------------------------------------------------------|------------------------------|
| Name of Informant:<br>MUHAMMAD IAN NORMAN BIN JASMAN |            | Address:<br>APT BLK 623A PUNGGOL CENTRAL #03-352 SINGAPORE 821623 |                              |
| ID Type / ID No.:<br>NRIC NO / S7833155J             |            | Contact No.:<br>Home/Office: Mobile: 86081784                     |                              |
| Nationality:<br>SINGAPORE CITIZEN                    |            | Email:                                                            |                              |
| Sex:<br>Male                                         | Age:<br>39 | Date of Birth:<br>30/10/1978                                      | Type of Informant:<br>Driver |
| Race:<br>Javanese                                    |            | Language:                                                         | Institution / School Name:   |
| Occupation:<br>EMBASSY DRIVER                        |            | Driving Licence Information:<br>Class: 2B,2A,3A Date of Expiry:   |                              |

| General Information of the Accident                          |                           |                      |                                            |                                     |
|--------------------------------------------------------------|---------------------------|----------------------|--------------------------------------------|-------------------------------------|
| Type of Accident:                                            | Non-Injury<br>Hit and Run | Drink Drive:<br>No   | Date/Time of Accident:<br>03/05/2018 06:05 | Type of Location:                   |
| Location:<br>Along Road 1<br>PUNGGOL EAST                    |                           |                      |                                            |                                     |
| After the traffic light of Punggol Field near exiting of KPE |                           |                      |                                            |                                     |
| Weather:<br>Clear                                            |                           | Road Surface:<br>Dry | Road Speed Limit:                          |                                     |
| Traffic Flow:                                                |                           | Traffic Control:     | Traffic Volume:                            |                                     |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                           |                      |                                            | Anyone conveyed by ambulance:<br>No |

| Details of Vehicle Involved |      |      |       |       |                  |                 |
|-----------------------------|------|------|-------|-------|------------------|-----------------|
| Vehicle No.                 | Type | Make | Model | Color | Condition        | No of Passenger |
| S2970CD                     | Car  |      |       |       | Slightly Damaged | 0               |

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180518/2037

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

2 of 3

Report No. T/20180518/2037

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Police Report



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999



T/20180518/2037

3 of 3

Report No. T/20180518/2037

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 GOH JUN JIE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt ESTHER CHONG  
Contact No. 65476368

SN 085

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:  
18/05/2018 11:24

Classification Of Case:

# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #36-00 Singapore 048580  
Tel (65) 6224 0030 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
LEI: S65500200 / G1T Reg. No: N1003-7785

**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 : MNA112069271 Vehicle Registration No: SJ970 CD  
Name (as shown in NRIC) : MUHAMMAD IAN NORMAN NRIC/FIN/Passport No : S7832155J  
(\*Vehicle Driver/ Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 633A DUNGGOL CENTRAL #02-352 Singapore 821633  
Contact (Tel) : — Mobile No.: 82081784  
Email Address : PROCUREMENT @ INDONESIAEMBASSY. SG  
Date of Accident : 03/05/18 Time of Accident : 06:05  
Place of Accident : DUNGGOL EXIT TRAFFIC LIGHT OF DUNGGOL FIELD  
Insurance Company: MSIG Insurance (Singapore) Pte Ltd.

### (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:

REFER TO PD CLAIMS



Li

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:  
Date:

7/6/2018

# 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: S66SS0020G / 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 : MNA118069271-01 Vehicle Registration No: S2970CD  
Name (as shown in NRIC) : MUHAMMAD IAN NORMAN BIN JASMAN NRIC/FIN/Passport No : S78331555  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 623A, PUNGGOL CENTRAL, #03-352 Singapore (821693  
Contact (Tel) : — Mobile No.: 88081784  
Email Address : PROCUREMENT@INDONESIANEMBASSY.SG  
Date of Accident : 03/05/2018 Time of Accident : 06:05  
Place of Accident : PUNGGOL E AFT TRAFFIC LIGHT OF PUNGGOL FIELD EXIT RA  
Insurance Company: MSIG Insurance (Singapore) Pte Ltd.

### (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:

Amend the Date of driving Pass.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

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