SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

EMail Address

Fax Number
Contact Number

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

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 TRAFFICELIGHTOF PUNGGOLFIELD EXITKPE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	S2970CD
Insured/Policyholder	
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	ТОУОТА
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

(LOCAL) +65-88081784

PROCUREMENT@INDONESIANEMBASSY.SG

OTHERS-88081784

BLK 623A PUNGGOL CENTRAL Address

#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

COLLISION - HEAD TO REAR Type Of Accident

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

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name PUNGGOL N.P.C

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY: Police Station Address

SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

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

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

UNKNOWN Vehicle Registration Number

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

Page 2 of 30

No. Of Passenger (Including Driver)

1+65 6734 7582

SKETCH PLAN

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.
- 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 liability.
- 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.
- 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.
- By the lodgment of this report to the incurers, 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)

l 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 anc/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), 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:
 - processing, hancling 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 Europeses; 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:
 - 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

SKETCH PLAN						
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y declare the foregoing parties of the foregoi	Oriver's Signa (If driver is no	ery respect iture of the policyholderi	Repo	ting Centre Person	- 28/5/ nel's Signature	2018
y declare the foregoing parties of the foregoi	Oriver's Signa (If driver is no	ery respect iture of the policyholderi	Repo	ting Centre Person		2018
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Sketch Plan #3





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

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 an Indian, Cannot remember the plate number) from lane 1 suddenly cut into my lane and make a sudden vehicle. When I exit from my vehicle, he then left the scene immediately without leaving his particulars

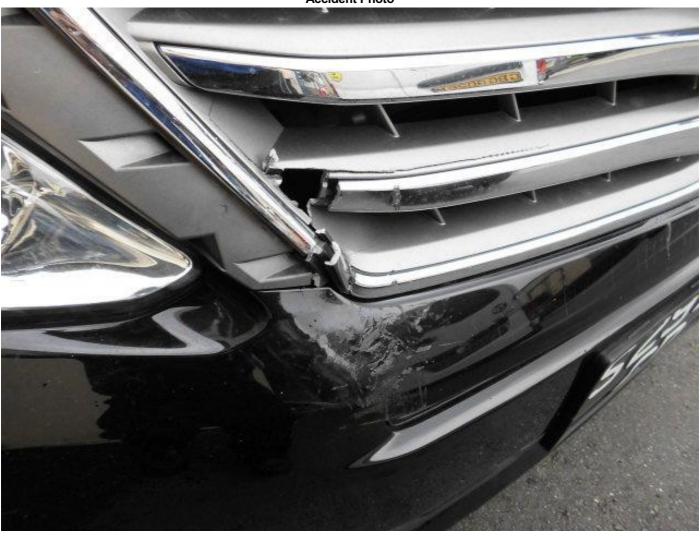
I wish to state that this is the first time such thing happens. I have no in-car camera in my vehicle. I make this report later as I was scared and my boss ask me to make a report on the 18/05/2018. No one was

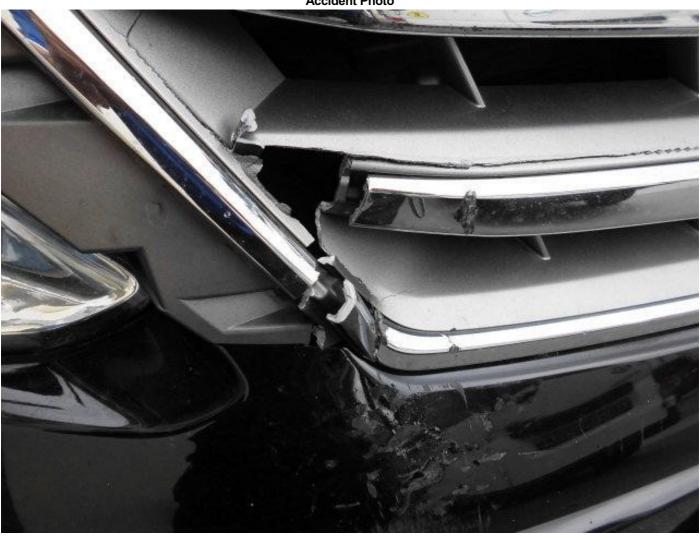








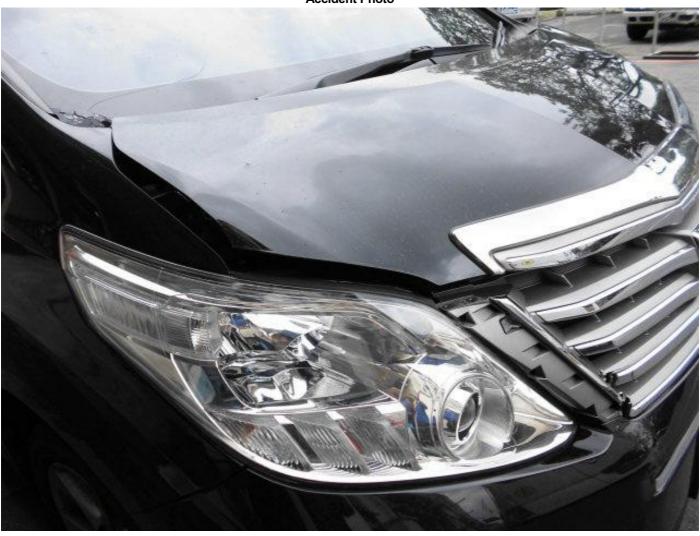


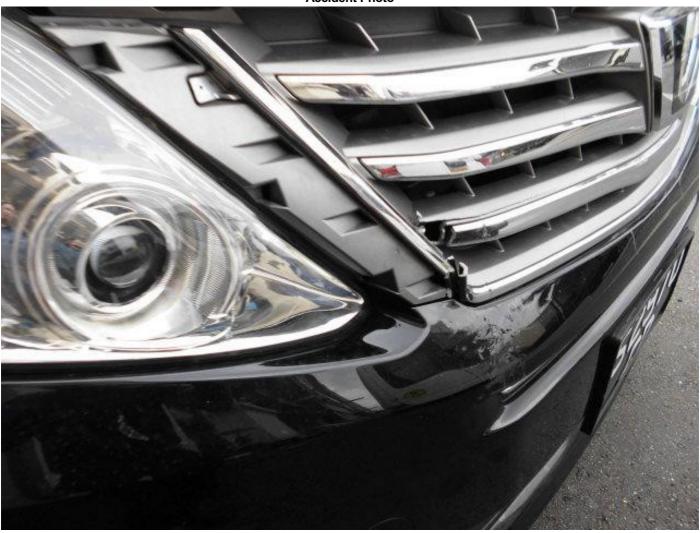






























Police Report





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 TRAFF	IC ACCIDENT					
	me Report 018 11:24	Made:	Vide	Report No.:			Station Diary No.:
Informa	nt's Parti	culars	La Line			Et Camp	
Name of MUHAN JASMAN	f Informan MAD IAN N		8216	BLK 623A F 23	PUNGGOL C	ENTRAL #0	3-352 SINGAPORE
	/ ID No.: O / S7833	155J	1.0000000000000000000000000000000000000	act No.: e/Office:		Mobile: 8	8081784
National	lity: PORE CITI	ZEN	Emai	l:		Wideling: 0	0001704
Sex: Male	Age:	Date of Birth: 30/10/1978	Type Drive	of Informan	t		
Race: Javanes	e		Lang	uage:		Institution	/ School Name:
Occupat EMBAS	tion: SY DRIVE	R		ng Licence I	nformation:	Date of E	xpirv:
General		on of the Accident	Marie I	STATE OF STATE OF			HER ARREST
Type of Accident		Non-Injury Hit and Run		Drink Drive: No	Date/Tin Accident		Type of Location:
Location Along Ro PUNGG					100.001.20	10 00.00	
After the	traffic ligh	t of Punggol Field	near exit	ing of KPE			
Weather Clear		3-2-2-2-3-3-1-1-2-3-1-1-2-3-1-1-1-2-3-1-1-1-1		Surface:		R	oad Speed Limit:
Traffic FI	low:		-	c Control:		T	raffic Volume:
	Collision: Moving V	ehicles - Head To I	Rear			Ar ar N	nyone conveyed by mbulance:

Details of V	ehicle Invo	lved	CONTROL DE LA CO	552		CHARLES AND DEED
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
S2970CD	Car				Slightly Damaged	0

Police Report





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

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.

Police Report





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

3 of 3 Report No. T/20180518/2037

CONTINUATION OF REPORT

Sketch Plan	
Informant is not ab	le 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 \$5474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 GOH JUN JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/05/2018 11:24
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No. 65476368	Classification Of Case:
uthentication Stamp	

Addendum Sheet



the complete to a six

07-05-12,10120 |

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffins Quay #18-90 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Nonday to Friday, 05:00 – 17:00
LEN: 5665500200 / GIT Reg. No. MA1002:7785

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

PARTICULAI	RS OF PERSON MAKING THE AMENDMENTS:
Original Rep	ort No : MARII 8069271 Vehicle Registration No: 53970 CA
	nin NRIC/FIN/Passport No :
Address	BLE 633A RUNGGOL CENFRAL #03-352 Singaporel
Contact (Tel	Mobile No.: 88081784
Email Addre	PROLUREMENT @ INDONESIANEMBASSY. SG
Date of Acci	dent : 03/65/18 Time of Accident: 06:05
Place of Acc	Ident PUNGGOL E ATT FRAFFIC LIGHT OF PUNGGOL
Insurance Co	ompany: MSIG Insurance (Singapone) Pte Ltd.
ADDITIONA	LINFORMATION / AMENDMENTS:
RE	teri to ob coms.
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Pol Sholder	

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