

## 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	14/06/2018 16:37
Date Of Accident	13/06/2018 19:15
Exact Location Of Accident	SLE TWDS BKE BEFORE MANDAI EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ647C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR MOHAMAD RAZALI BIN ABD MAJIB
NRIC No	S1541856G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85184780
Alternative Phone No	OFFICE-85184780

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER ELEGANCE 2.0 CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3051811700
Cover Note Number	-

### Driver

Name of Driver	MOHAMAD SHAFIQ BIN MOHAMAD RAZALI
NRIC No	S9010200A
Date Of Birth	30/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	24/12/2008
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98670711
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 176 WOODLANDS ST 13 #02-369
Postcode	730176
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	AFTER RAINED
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WPV4032 (PRIVATE CAR)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	<b>ROAD:</b> NO. 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7910000 - <b>FAX NO:</b> 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WPV4032
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGQ5231U  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### 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:

14/6/18

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 14/6/18

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

SLE Towards BKE before Mombai exit



Veh A : SLQ 647C  
Veh B : WPV 4032  
Veh C : SGQ 52314.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along SLE towards BKE on the first lane from the right of a 4-lane expressway somewhere before Mombai exit, I saw traffic ahead slowing down as such I also slowed down and stopped completely behind vehicle ahead of me moments after I stopped, before I can move off again, I suddenly felt a strong impact from the rear portion of my vehicle. The impact caused my vehicle to surge forward & rolled into the vehicle ahead of me. After the accident, I aligned to see that I am the 2nd car of a 3-car collision.

Veh A : SLQ 647C  
Veh B : WPV 4032  
Veh C : SGQ 52314.

## DECLARATION

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

Policyholder's Signature

Date & Time:

14/6/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

14/6/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



J/20180614-7015

1 of 2

## POLICE REPORT (NP299)

Report No. J/20180614-7015

Police Station Of Origin  
Jurong Police Divisional HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7910000

Date/Time Report Made 14/06/2018 13:46	Video Report No	Station Diary No
Name Of Informant MOHAMAD SHAFIQ BIN MOHAMAD RAZALI	Address APT BLK 176 WOODLANDS STREET 13 #02-309 SINGAPORE 730176	
ID Type / ID No. NRIC NO / S9010200A	Contact No. Home/Office: Mobile: 98670711	
Nationality SINGAPORE CITIZEN	Email Address mshafiqmrzli@gmail.com	
Occupation TECHNICIAN	Sex Male	Age 28
Institution/School Name	Date of Birth 30/03/1990	Race Malay
Date/Time Of Incident 13/06/2018 19:14 - 13/06/2018 19:34	Language English	
	Location Of Incident SELETAR EXPRESSWAY SEMBAWANG FLYOVER SINGAPORE 000000	

### Brief details.

I was involved in a chain collision along SLE towards BKE near the SLE 8KM mark just before Sembawang Flyover at around 1914HRS. Weather was drizzling and road surface was slightly wet. Traffic condition was moderate due to peak hour. The accident happened when the traffic in front came to a halt and i managed to stop before the car in front of me [SGQ5231U]. However, after successfully stopping before the car in front of me, the car behind me [WPV4032] didn't manage to stop in time and resulting in collision with my car [SLQ647C] from the rear. After the collision from the rear, my car

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/06/2018 13:46
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT



SINGAPORE  
POLICE FORCE



J/20180614/7015

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

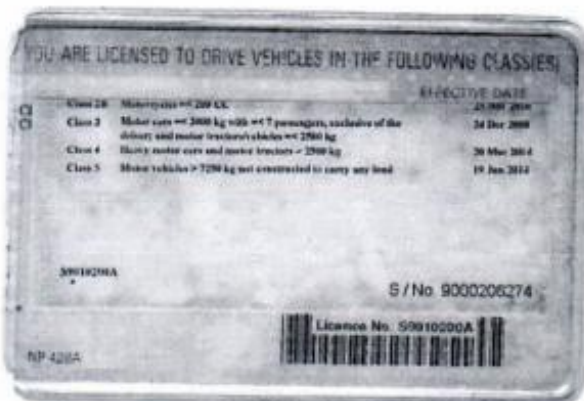
Report No. J/20180614/7015

followed the impact and slightly bumped into the car in front of me. The kind owner of SG052110 was kind enough to share his rear view camera recording to prove my report.

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	MOHAMAD SHAFIQ BIN MOHAMAD RAZALI		
ID Type	NRIC NO	ID No	S9010200A
Gender	Male	Age	28
Race	Malay	Language	English
Occupation	TECHNICIAN	Address Type	
Address	APT BLK 176 WOODLANDS STREET 13 #02-369 SINGAPORE 730176		Mobile No 98670711
Is Informant A Victim?	Yes		
Person Name	MOHAMAD SHAFIQ BIN MOHAMAD RAZALI (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.  Date/Time: 14/06/2018 13:46  Classification Of Case:
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	
Authentication Stamp	

# DRIVING DOC





Accident Photo



Accident Photo



Accident Photo



Accident Photo





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