

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	29/06/2018 17:10
Date Of Accident	28/06/2018 18:15
Exact Location Of Accident	BKE -> WOODLAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH3200K
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Insured/Policyholder

Name Of Registered Owner	SIME DARBY SERVICES PRIVATE LIMITED
Co Reg No	197501065W
Email Address	SAHKMA.ZAWAWI@SIMEDARBY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63190105

Vehicle Particulars

Manufacturer	BMW
Model	730
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B29040568 MCY
Cover Note Number	

Driver

Name of Driver	RAHIMAN BIN ABDUL RAHIM
NRIC No	S1704460E
Date Of Birth	01/06/1965
Occupation	INDOOR
Date Of Driving Pass	27/09/1993
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92977335
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 268 BUKIT BATOK EAST AVENUE 4 #05-248
Postcode	650268
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CUSTOMER
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	4
Passenger 1	NAME: : SULINA GENDER: : FEMALE
Passenger 2	NAME: : MUHAMMAD DARMISY GENDER: : MALE
Passenger 3	NAME: : NUR UMIRA TASHA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CARD BEEN TAKEN BY TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH4560P
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	SJR1000E
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 INJURED PERSON 1

Name	SULINA BENTI DAFIR
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	BLK 268 BUKIT BATOK EAST AVE 4 #05-248
Postcode	650268

SKETCH PLAN

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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.
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

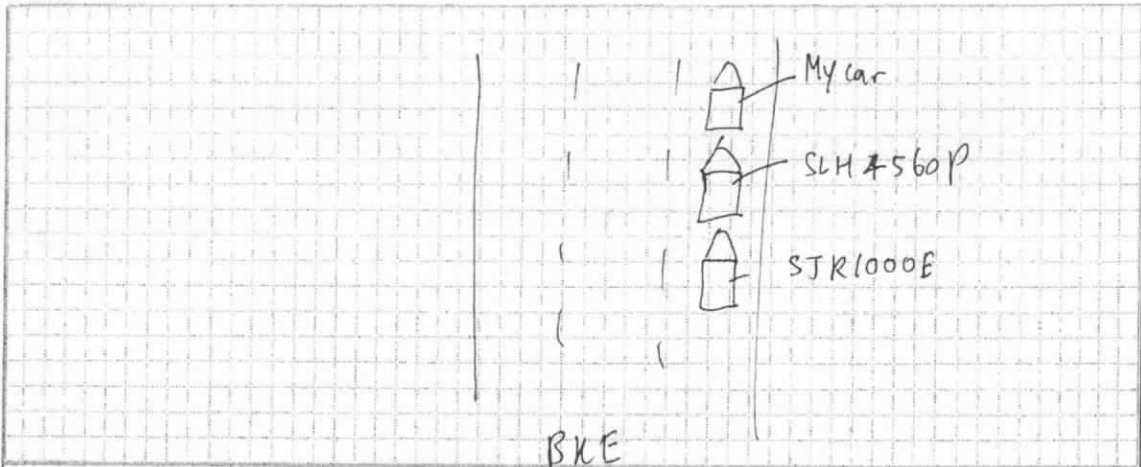
Reporting Centre Personnel's Signature
Name:
NRIC / Fin No.:

Sketch Plan Pg. 2

woodlands



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide **within 21 days** of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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.:

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**SINGAPORE
POLICE FORCE**



T/20180628/2192

1 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20180628/2192

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2018 20:25	Vide Report No.: J/20180628/0191	Station Diary No.: 126
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Informant's Particulars

Name of Informant: RAHIMAN BIN ABDUL RAHIM			Address: APT BLK 268 BUKIT BATOK EAST AVENUE 4 #05-248 SINGAPORE 650268	
ID Type / ID No.: NRIC NO / S1704460E			Contact No.: Home/Office:	Mobile: 92977335
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 53	Date of Birth: 01/06/1965	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: driver			Driving Licence Information: Class: 2A,3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/06/2018 18:15	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY				
Towards Woodlands Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SJR1000E	Car				Slightly Damaged	0
SLH3200K	Car				Slightly Damaged	3
SLH4560P	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20180628/2192

2 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20180628/2192

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAHIMAN BIN ABDUL RAHIM	ID No.	S1704460E
Related Vehicle	SLH3200K (Car)	Contact No.	92977335
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2A,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 28/06/2018 at around 1815hrs, I was driving my vehicle, SLH3200K, along Bukit Timah Expressway. The traffic was heavy. While I was at a stationary position, the vehicle behind me, SLH3200K, hit me from the rear. My wife was seated at the front left passenger seat. My wife injured herself due to the impact and was conveyed Ng Teng Fong Hospital. My wife's injuries are: Numbness of neck, shoulder and waist area. As I am lodging the report now, my wife is at Ng Teng Fong seeking treatment for her injuries. The vehicle that hit me from the rear is SLH4560P. The impact happened as the driver behind me did not manage to apply its brakes on time. The vehicle which was behind SLH4560P, which was SJR1000E, started the chain collision. I did not collide with any cars that was ahead of me. Traffic police came to scene and I handed over to him my SD card. The damages to my vehicle are: Scratches and dents on rear bumper. This is not the first time such an incident has happened.



**SINGAPORE
POLICE FORCE**



T/20180628/2192

3 of 3

Report No. T/20180628/2192

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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 14

J /
Sgt 2 FATHULLAH HARUN BIN NOORADZAN

Signature :

Signature Of Interpreter
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
28/06/2018 20:25

Classification Of Case:



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

1/O: NORASHIKIN.
65476439.

Ref: Report No: #J/20180628/0191

I, ISKANDAR SS T03406
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of TP HQ
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 B² One "Sandisk" 32 GB micro SD card. (White)
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from RAHIMAN B¹ ABDUL RAHIM... S1704460E
(Name, NRIC or Passport No. / Rank and No.)

of 268, Bukit Batok East Ave 4 #05-24B
(Address / Police Station / NPC / NPP)

on 28.06.2018 at 1930hrs.
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

(Signature)
RAHIMAN S1704460E
(Name, NRIC or Passport No. / Rank and No.)

Received by:

(Signature)
ISKANDAR T03406
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: _____

