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 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.

ACCIDENT STATEMENT	
Date Of Report	05/07/2018 12:33
Date Of Accident	04/07/2018 08:30
Exact Location Of Accident	PIE TOWARDS TUAS AT JALAN BAHAR EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKG457Z
Insured/Policyholder	
Name Of Registered Owner	MOHAMED RAFIE BIN MOHAMED SANI
NRIC No	S8608154G
Email Address	FYI_R@LIVE.COM
Mobile Phone No	(LOCAL) +65-91090600
Alternative Phone No	OTHERS-91090600
Vehicle Particulars	
Manufacturer	HONDA
Model	ODESSEY
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	A 80455188 QMX
Cover Note Number	
Driver	
Name of Driver	MOHAMED RAFIE BIN MOHAMED SANI
NRIC No	S8608154G
Date Of Birth	26/03/1986
Occupation	INDOOR
Date Of Driving Pass	29/01/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91090600
Fax Number	
Contact Number	OTHERS-91090600
EMail Address	FYI_R@LIVE.COM

Address	BLK 925 JURONG WEST STREET 92 #04-95
Postcode	640825
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	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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 1 DUKE ROAD , **POSTCODE:** 268914 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-4629999 - **FAX NO**: 64628933
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180704/2202

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGJ5988G
Vehicle Make/Model/Colour	HYUNDAI GETZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SARAVANAN
NRIC/Passport Number	S7705930Z
Contact Number	96314917
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :

DETAILS OF INJURED PERSON 1

Name	MOHAMED RAFIE BIN MOHAMED SANI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKG457Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

05/07/2018

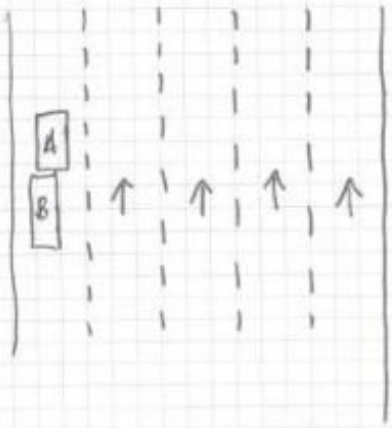
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN PIE TUAS BOUND AT JALAN BAHAR EXIT



A - SKG4572
B - SGJ5988G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PCB RETURN TO POLICE PAPER 7/2018 0904/202

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.:

POLICE REPORT

SINGAPORE POLICE FORCE

T/20180704/2202

Report No. T/20180704/2202

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
04/07/2018 23:43		135

Informant's Particulars

Name of Informant: MOHAMED RAFIE BIN MOHAMED SANI			Address: APT BLK 925 JURONG WEST STREET 92 #04-95 SINGAPORE 640925	
ID Type / ID No.: NRIC NO / S8608154G			Contact No.: Home/Office:	Mobile: 91090600
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 32	Date of Birth: 26/03/1986	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/07/2018 08:30	Type of Location: Expressway

Location:
Along Road 1
PAN ISLAND EXPRESSWAY

PIE TUAS at Jalan Bahar Exit

Weather: Clear	Road Surface: Dry	Road Speed Limit: 20 Km/h
Traffic Flow:	Traffic Control:	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
SGJ5988G	Car	HYUNDAI			Slightly Damaged	1
SKG457Z	Car	HONDA			Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20180704/2202

Report No. T/20180704/2202

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

CONTINUATION OF REPORT

Driver			
Name	MOHAMED RAFIE BIN MOHAMED SANI	ID No.	S8608154G
Related Vehicle	SKG457Z (Car)	Contact No.	91090600
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/07/2018	Date Discharge	04/07/2018
No. of Days granted Medical Leave	06	Degree of Injury	Slight

Brief Details.

On 04/07/2018 at about 0830hrs, I was driving my vehicle (SKG457G) along PIE TUAS at the exit of the Jalan Bahar. While I was queueing to exit at Jalan Bahar, the car (SJN7576S) in front of me jam braked out of a sudden. Therefore I stepped onto my brake. After which , I felt a impact from the rear. I then noticed that another vehicle (SGJ5988G) collided onto my rear. My car's rear bumper was dented, boot was cracked, scratched and had chipped off paint marks. None of us required immediate medical attention. After the incident I felt pain at the back of my neck as such I proceeded to the hospital to make a check and was given 6 days of MC. I suffered whiplash. Both me and the driver had exchanged particulars at scene.

No government property was damaged. No pedestrian was involved. I did not hit onto the car in front of me. I have car camera which have recorded the whole incident.

SINGAPORE POLICE FORCE

T/20180704/2202

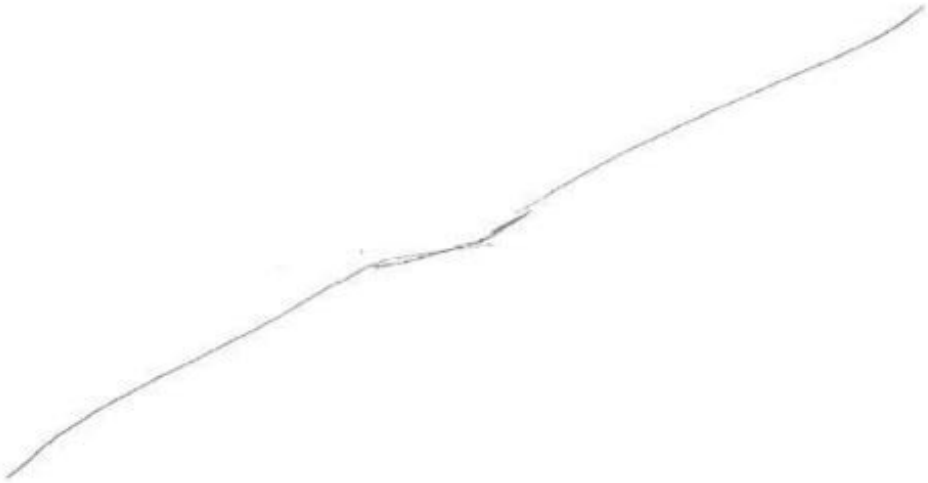
Report No. T/20180704/2202

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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: E / Sgt 3 YUVARANI D/O MAHENDRAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/07/2018 23:43
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp
NP168

Accident Photo

Accident Photo

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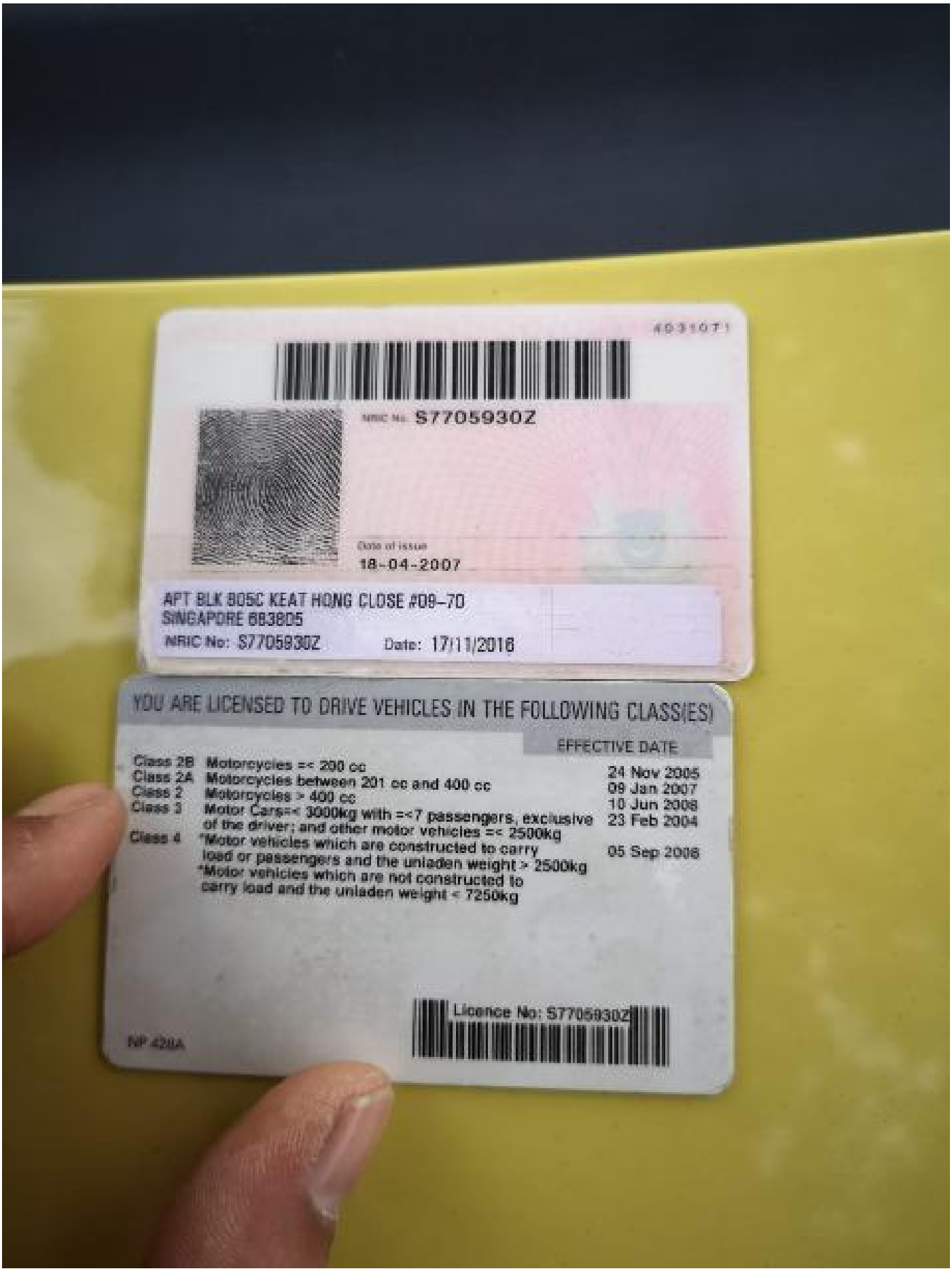

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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: S065S0020G / 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 : MA04180866O4 Vehicle Registration No: SKG 4572

Name(as shown in NRIC) : MOHAMAD RAFIE BIN MOHAMAD NRIC/FIN/Passport No : S8608154C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 91090600

Email Address : _____

Date of Accident : 04/07/2018 Time of Accident : 08:30

Place of Accident : PIE Towards Tuas At Jalan Boon Lay Exit

Insurance Company : MSIG

(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:

Insured Vehicle Number Is SKG4572

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rafi Mohamad
NRIC/FIN No.
Date: 05/07/2018

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.: M400017739

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 : 1711AU880P6604-01 Vehicle Registration No: SKG 457Z

Name(as shown in NRIC) : MOHAMAD RAFIK BIN MOHAMAD SAALI NRIC/FIN/Passport No : S8604154G

(*Vehicle Driver / Vehicle Owner)(*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 91090600

Email Address : _____

Date of Accident : 04/07/2018 Time of Accident : 08:30

Place of Accident : DIH TOWARDS TUAS AT JALAN BATU NAM

Insurance Company : MSIG

(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:

INSURED & DRIVER NAME IS MOHAMAD RAFIK BIN MOHAMAD SAALI

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROZI WAHAB
NRIC/FIN No:
Date: 12/07/2018