Contact Number

EMail Address

## Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 29/08/2018 12:42

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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 nereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid	ACCIDENT STATEMENT	
	29/08/2018 12:36	
Date Of Report	23/08/2018 13:15	
Date Of Accident  Exact Location Of Accident	DORSET ROAD & KAMPONG JAVA RD	
	SINGAPORE	
Country/State of Loss	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJE2316G	
Insured/Policyholder		
Name Of Registered Owner	JCM RENTAL PTE LTD	
Co Reg No	0	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97470703	
Alternative Phone No	OFFICE-97470703	
Vehicle Particulars		
	MITSUBISHI	
Manufacturer	LANCER-1.6 (A)	
Model  Exact Purpose for which vehicle was being	used at	
time of accident		
Are you claiming under your own insurance for repair to your vehicle?		
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.	
	THIRD PARTY	
Type Of Coverage	NO	
Fleet Policy	A 28958730 TMC	
Policy Number		
Cover Note Number		
Driver	ADULLAHSIRAJ BIN MOHAMED	
Name of Driver	S7032569A	
NRIC No	28/09/1970	
Date Of Birth	OUTDOOR	
Occupation	15/07/2008	
Date Of Driving Pass	10 YEARS AND 1 MONTH	
Driving Experience	MALE	
Gender	(LOCAL) +65-97470703	
Mobile Number	1	
Fax Number	OFFICE-97470703	
Contact Number	CONTROL CONTROL OF CON	

NOEMAIL

Address

636C SENJA ROAD #02-335

Postcode

S673636

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - RENTAL

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

JURONG EAST NEIGHBOURHOOD POLICE CENTRE

Police Station Address Police Station Contact

ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY:

TEL NO: 1800-8999999 - FAX NO: 66655791

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACHED POLICE REPORT

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

QX1197G

Vehicle Make/Model/Colour

SALOON

Details Of Properties Vehicle Category

GOVERNMENT

Name of Driver

TAN YONG YUAN

NRIC/Passport Number

S8805907G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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
- 4 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 Centra established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available irpon application by
- 7. By the leagment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 Dessural information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) evolved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law illims, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
  - (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) agrin, in sterling 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
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawrers/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.
- (a) 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 Signatur Date & Time 24/08/18

(If driver is not th

IDAC BUKIT BATOK (VAC) 511 Bukit Batok Street 23 Singapore 659545 Tel: 6560 3312 Fax: 6569 0722

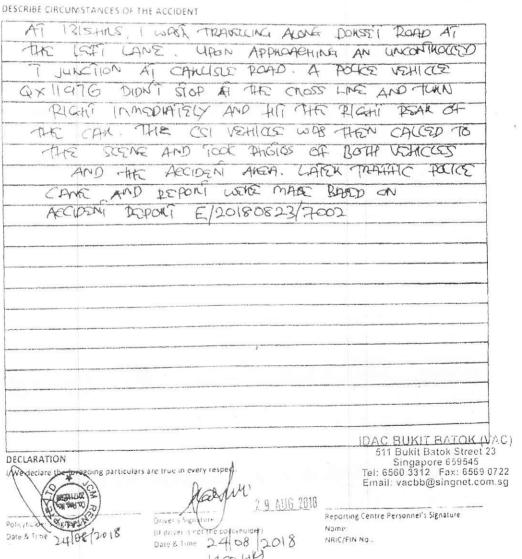
Email: vacbb@singnet.com.sg

Reporting Centre Personnel's Signature Name

NRIC/FIN NO

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SKETCH PLAN A : SITE 2316 G PORSET ROAD B & X 1197G. C : TOXI (not involved, supped at



Scanned with CamScanner





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

1 of 3 Report No. T/20180823/2097

Date/Time Report Made: 23/08/2018 15:47		Made:	Vide Report No.: E/20180823/0072	Station Diary No.:
Informa	nt's Partic	culars		MERCADANE
Name of ABDULL ID Type	Informant	BIN MOHAMED	Contact No.:	.D #02-335 SINGAPORE 673636
Nationality: SINGAPORE CITIZEN			Home/Office: Email:	Mobile: 97470703
Sex: Male	Age: 47	Date of Birth: 28/09/1970	Type of Informant; Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: SALES MANAGER		1	Driving Licence Information: Class: 2B,3	Date of Expiry:
eneral Ir		2000	The state of the s	Date of Expiry:
Type of	normation	of the Accident Ion-Injury	Drink Date/Tim	ne of

General Information Type of Accident:	Non-Injury Government Vehicle	LHIIK	Date/Time of Accident:	Type of Location Straight Road	
KAMPONG JA	NVA ROAD g Java Rd X Carlisle Rd mber: 18		23/08/2018 13:15		
Sunny	-	Road Surface; Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:	
Type of Collisio	on:	The second section of the second section of the second section of the second section s		Light	
Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Madai	Ing some outside to		
QX1197G	Car		iniodel	Color	Condition	No of Passenge
					Slightly	0
SJE2316G Car				Damaged		
STATE OF THE STATE					Slightly	0
					Damaged	

Details of Person Laval	
Details of Person involved  Any Pedestrian Involved: No	The state of the s
My redestran involved: No	The state of the s
No. of Pedestrians Injured: NIL	A page 1
The state of the s	e of Pedestrian Crossing: NA





Police Station Of Origin: Jurong East N.P.C

Report No. T/20180823/2097

92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

CONTINUATION OF REPORT

Name	TAN YONG YUAN		ID No.	S8805907G
Related Vehicle	QX1197G (Car)		Contact No	. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date		harge. NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury NIL	
Driver		WED.		S7032569A
Name	ABDULLAHSIRAJ BIN MOHAMED		ID No.	57032303A
Related Vehicle	\$JE2316G (Car)		Contact No	97470703
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL Date		harge NIL	
No. of Days gran	ited Medical Leave NIL	Degree o	f Injury   NIL	

#### Brief Details.

On 23/08/2018 at about 1315hrs along Dorset Rd, I was driving straight on the left lane when I suddenly felt a bang from a car who was exiting from Carlisle Road.

Police incident E/201808:23/0072 created and in charge case is Dylan Ma tel 65476251. There was no witness, no injuries sustained by either party and I do not have in-car camera. I am making this report as informed by the officer in charge. I do not know the estimated damage; however, it is a rental vehicle from Ride Now Pte. Ltd.





T/20180823/2097

3 of 3 Report No. T/20180823/2097

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

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: D / Sgt 2 OW WOAN TING	Signature Of Informant:
Signature Of Interpretur: Not applicable	Date/Time: 23/08/2018 15:47
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
NP168 SIGNATURE	

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