

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	10/09/2018 14:16
Date Of Accident	08/09/2018 10:20
Exact Location Of Accident	BUKIT PANJANG RD SLIP RD INTO BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE5351Y
Insured/Policyholder	
Name Of Registered Owner	CARZ WORLD PTE LTD
Co Reg No	20120222ZZ
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91786189

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	REPORTING ONLY
Vehicle Category	MOTOR TRADE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVL000000011-00-000
Cover Note Number	

Driver

Name of Driver	HARIZ FAHMI BIN MOHAMED NAFIS
NRIC No	S9203432A
Date Of Birth	08/02/1992
Occupation	INDOOR
Date Of Driving Pass	24/11/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91786189
Fax Number	
Contact Number	
Email Address	AMIHARIZ02@GMAIL.COM

Address	BLK 485 SEGAR ROAD #04-516
Postcode	670485
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

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	DRIZZLING
Road Surface	OILY

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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180910/7006

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	
Vehicle Make/Model/Colour	
Details Of Properties	RAILING DIVIDER
Vehicle Category	GOVERNMENT
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	HARIZ FAHMI BIN MOHAMED NAFIS
Approximate Age	
Injuries Sustain	NECK,BACK & KNEE
Injured person in which vehicle?	SKE5351Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

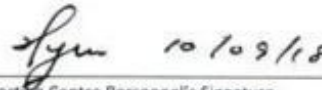
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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. 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.

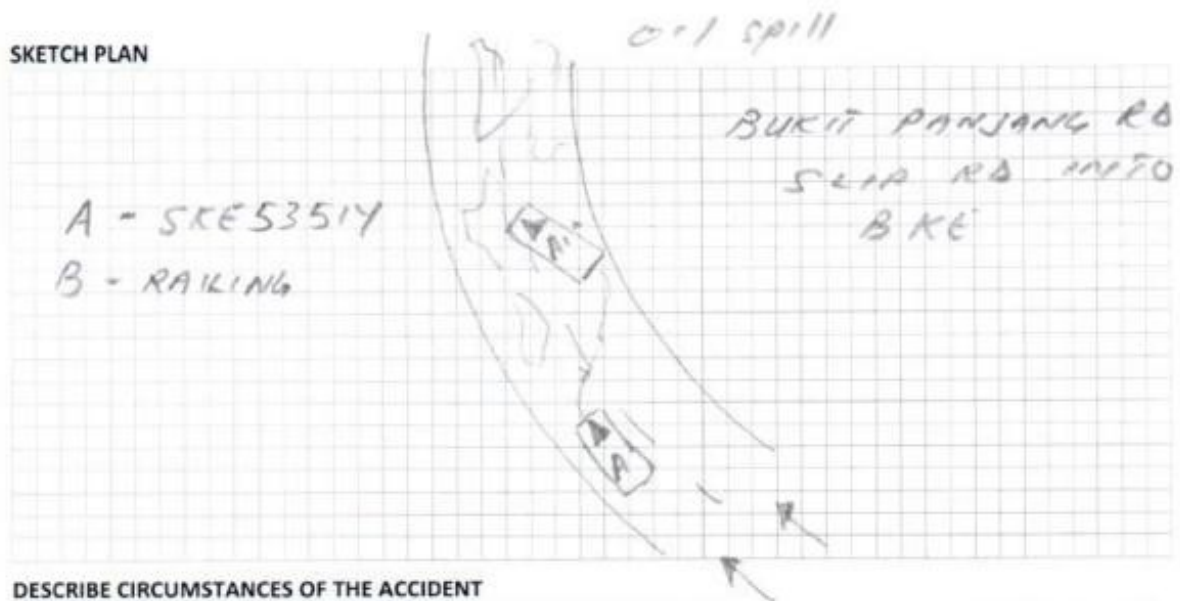

Policyholder's Signature
Date & Time:


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/2018091017006

DECLARATION

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



Policyholder:
Date & Time:

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

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180910/7006

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180910/7006

CONTINUATION OF REPORT

Driver			
Name	HARIZ FAHMI BIN MOHAMED NAFIS	ID No.	S9203432A
Related Vehicle	SKE5351Y (Car)	Contact No.	94593937
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was travelling on the right most lane of Bukit Panjang Road towards BKE and a silver/grey BMW cut into my lane without signalling and did not pick up speed, forcing me to change lane and overtake from the left of his vehicle. After passing his car, nearing to the bend, i felt my a strong pull on my steering wheel to the right and that's when I realised that my car had lost it's grip causing me to loose control and ram into the rails. I had tried to counter steer but to no avail. As my car end up facing the right direction, i moved off to a safer straight road to avoid a pile up as it was a bend. After stopping, a few mins later there was another accident that occurred at somewhat the same spot i spun.

There was an off duty police officer that assisted me to call the LTA marshall (Aetos) and EMAS. A while later an Aetos officer came to assist me. He came to informed me there was an oil spill and checked if it was from my car. However, the plate number and colour of bumper wasn't of my vehicle. After looking at the roads, we realised there was a trail of oil spill. That's when the aetos office said it could be someone had and accident there before me that caused the oil spill. The oil spill could be seen on the right lane of the dual carriage all the way to the merging lane.

I did not feel any pain upon impact, however, I am experiencing pain on my neck, whole of my back, and my knee.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180910/7006

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 406885
Tel No: 65470000

1 of 3
Report No. T/20180910/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2019 12:38		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HARIZ FAHMI BIN MOHAMED NAFIS			Address: APT BLK 485 SEGAR ROAD #04-516 SINGAPORE 670485		
ID Type / ID No.: NRIC NO / S9203432A			Contact No.: Home/Office: Mobile: 94583937		
Nationality: SINGAPORE CITIZEN			Email: amihariz02@gmail.com		
Sex: Male	Age: 26	Date of Birth: 08/02/1992	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 08/09/2018 10:20	Type of Location: Bend
Location: BUKIT PANJANG ROAD				
Weather: Drizzling		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKE5351Y	Car					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180910/7006

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No: T/20180910/7006

CONTINUATION OF REPORT

Driver			
Name	HARIZ FAHMI BIN MOHAMED NAFIS	ID No.	S9203432A
Related Vehicle	SKE5351Y (Car)	Contact No.	94583937
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details

I was travelling on the right most lane of Bukit Panjang Road towards BKE and a silver/grey BMW cut into my lane without signalling and did not pick up speed, forcing me to change lane and overtake from the left of his vehicle. After passing his car, nearing to the bend, i felt my a strong pull on my steering wheel to the right and that's when i realised that my car had lost it's grip causing me to loose control and ram into the rails. I had tried to counter steer but to no avail. As my car end up facing the right direction, i moved off to a safer straight road to avoid a pile up as it was a bend. After stopping, a few mins later there was another accident that occurred at somewhat the same spot i spun.

There was an off duty police officer that assisted me to call the LTA marshal (Aetos) and EMAS. A while later an Aetos officer came to assist me. He came to informed me there was an oil spill and checked if it was from my car. However, the plate number and colour of bumper wasn't of my vehicle. After looking at the roads, we realised there was a trail of oil spill. That's when the aetos office said it could be someone had an accident there before me that caused the oil spill. The oil spill could be seen on the right lane of the dual carriage all the way to the merging lane.

I did not feel any pain upon impact, however, I am experiencing pain on my neck, whole of my back, and my knee.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408885
Tel No: 65470000



T/20180910/7008

3 of 3

Report No. T/20180910/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIS /
KASMAWATI BTE SAMIAN
Contact No.: 65476179

Authentication Stamp
NP155

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required

Date/Time:
10/09/2018 12:36

Classification Of Case: