

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	15/09/2018 14:52
Date Of Accident	13/09/2018 18:20
Exact Location Of Accident	SLE TWDS CTE B4 WOODLANDS AVE 12 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA6163A
Insured/Policyholder	
Name Of Registered Owner	SHA'ARI, HAMZAH
NRIC No	S0071506I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82624882
Alternative Phone No	OFFICE-82624882

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MT/00459614
Cover Note Number	-

Driver

Name of Driver	MOHAMAD GHAZALI BIN HAMZAH
NRIC No	S7824664B
Date Of Birth	25/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2002
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83662494
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 645 AMK AVE 6 #09-4987
Postcode	560645
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	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?	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)	3
Passenger 1	NAME: : SHA'ARI, HAMZAH GENDER: : MALE
Passenger 2	NAME: : ANUAR BIN SHA'ARI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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?	NO
Was there any audio recorded?	NO

Details of Witness 1

Name	SHAFIEE
Phone Number	83786535
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGJ3805P
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver YEO EVANS ALEX
NRIC/Passport Number
Contact Number 91093102
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SHA'ARI, HAMZAH
Approximate Age
Injuries Sustain NECK N BACK
Injured person in which vehicle? SJA6163A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ANUAR BIN SHA'ARI
Approximate Age
Injuries Sustain NECK , BACK, LEFT KNEE
Injured person in which vehicle? SJA6163A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name MOHAMAD GHAZALI BIN HAMZAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJA6163A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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 (c) 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.

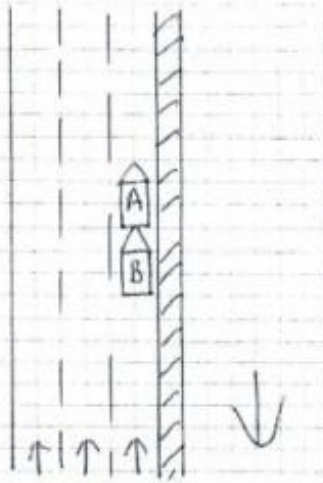
 14-9-18
Policyholder's Signature
Date & Time:


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



Veh. A : SSA 6163A
Veh. B : SGJ 3805P.



SLE Towards CTE
B4 Woodland Ave 12 Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer To Police Report!
Report NO. : T/20180914/2132

DECLARATION

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

 14-9-2018 

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180914/2132

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20180914/2132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2018 17:54	Vide Report No.: J/20180913/0182	Station Diary No.: 71
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Informant's Particulars

Name of Informant: MOHAMAD GHAZALI BIN HAMZAH		Address: APT BLK 645 ANG MO KIO AVENUE 6 #09-4987 SINGAPORE 560645	
ID Type / ID No.: NRIC NO / S7824664B		Contact No.:	Mobile: 83662494
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 25/08/1978	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/09/2018 18:20	Type of Location: Straight Road
Location: Along Road 1 Travelling Toward Road 2 SELETAR EXPRESSWAY MANDAI ROAD BEFORE WOODLANDS AVENUE 12 EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SGJ3805P	Car	MITSUBISHI	LANCER 1.6 M	Black	Seriously Damaged	0
SJA6163A	Car	HONDA	STREAM 1.8 A	Black	Seriously Damaged	2

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180914/2132

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 3

Report No. T/20180914/2132

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD GHAZALI BIN HAMZAH	ID No.	S7824664B
Related Vehicle	SJA6163A (Car)	Contact No.	83662494
Hospital/Clinic	KHOO TECK PHUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/09/2018	Date Discharge	13/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	HAMZAH BIN SHA'ARI	ID No.	S0071506I
Related Vehicle	SJA6163A (Car)	Contact No.	82624882
Hospital/Clinic	KHOO TECK PHUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/09/2018	Date Discharge	13/09/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 13/09/2018 at about 6.20pm , along Seletar Expressway towards the direction of Mandai Road before Woodlands Ave 12 exit, whilst I was driving my family's car SJA6163A in lane 1 with my father Hamzah Bin Sha'ari and my uncle Anuar Bin Sha'ari hp 94216090 as my passengers.
At that moment, traffic volume was heavy due to peak hours and all vehicles are slow moving. Suddenly , a m/car SGJ3805P collided into the rear of my car and due to the impact my vehicle was jolted forward and nearly hit onto the front vehicle. I managed to brake in time as I had maintain a safety distance. The said accident was witnessed by a motorcyclist, Shafiee hp 83786535 whom assisted my passengers to the center barrier and called for the police. At the point of impact, all three of us was at dazed. Ambulance was also at scene. My father was then conveyed to KTPH as his blood pressure was high and also he complains of neck and back pain. I then stayed behind with my Uncle and waited for traffic police arrival. My vehicle sustained rear bumper dented, rear door jammed, rear seat dislodged, inner door cover dislodged and broken exhaust. The other vehicle front bonnet and bumper dented, and it has to be towed. Traffic police was at scene ref to J/20180913/0182. My father was given 4 days of medical leave. I also had seek medical treatment from KTPH for neck, back and left knee pain and was given 3 days of medical leave and I was given a follow up review for my injuries. My uncle also had seek a treatment from a clinic and was also advised to go for further check up such as X-ray at any hospitals.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180914/2132

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20180914/2132

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:
G /
SI MOHAMAD NASRUN BIN ABDUL RASIAID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/09/2018 17:54

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RAZIZ BIN TAHAR
Contact No.: 65476200

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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