

## 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	02/10/2018 15:21
Date Of Accident	01/10/2018 09:50
Exact Location Of Accident	ALONG JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4153E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942833

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D DX TURBO MT 2WD 4DR (M)
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	29004183
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SYARAFUDDIN BIN ABDUL SAMAD
NRIC No	S9036923G
Date Of Birth	05/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	12/05/2011
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81858894
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 476 SEMBAWANG DRIVE #01-307
Postcode	750476
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
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)	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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO. T/20181002/2067 :- ON THE ABOVE MENTIONED DATE AND LOCATION @ ABT 0950HRS. I WAS DRIVING ON A STRAIGHT ROAD ON LANE 1 OF 3. I WAS WAITING FOR THE TRAFFIC LIGHT SIGNAL TO CHANGE GREEN. SUDDENLY A LORRY COLLIDED ON MY VAN FROM THE BACK. AFTER THE HIT, I APPROACHED THE DRIVER AND NOTED DOWN HIS PARTICULARS AND TOOK SOME PHOTOGRAPHS OF THE DAMAGED VEHICLE. I WAS BROUGHT OVER TO SGH AND MY VAN WAS TOWED TO TRAFFIC. I GOT DISCHARGE ON THE SAME DAY WITH 7 DAYS OF MEDICAL LEAVE. THAT'S ALL.

#### 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	GBF3639H
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	VEH B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG KOK KHIM
NRIC/Passport Number	S1608809I
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage FRONT PORTION  
No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name MUHAMMAD SYARAFUDDIN BIN ABDUL SAMAD  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? GBG4153E  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address (DRIVER)  
Postcode

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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:

GBC 4153 F



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



Police Report



SINGAPORE  
POLICE FORCE



T:021819022967

1 of 2

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

Report No: T:021819022967

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2018 13:20		Video Report No.:	Station Diary No.
<b>Informant's Particulars</b>			
Name of Informant: MUHAMMAD SYARAFUDDIN BIN ABDUL SAMAD		Address: APT BLK 476 SEMBAWANG DRIVE #01-307 SINGAPORE 750476	
ID Type / ID No.:		Contact No.:	
NRIC NO / S9036803G		Home/Office: Mobile: 81858894	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 05/10/1990	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name
Occupation: DELIVERY 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: 01/10/2018 09:50	Type of Location: Straight Road
Location: Along Road 1 JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF3639H	Lorry				Slightly Damaged	0
GBG4153E	Van				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20181002/2067

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Report No. T/20181002/2067

CONTINUATION OF REPORT

Driver		ID No.	S9036923G
Name	MUHAMMAD SYARAFUDDIN BIN ABDUL SAMAD	Contact No.	81858894
Related Vehicle	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Driver		ID No.	S16088091
Name	NG KOK KHIM	Contact No.	NIL
Related Vehicle	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE & LOCATION @ ABT 0950HRS.

I WAS DRIVING ON A STRAIGHT RD ON A LANE 1 OF 3.I WAS WAITING FOR THE TRAFFIC LIGHT SIGNAL TO CHANGE GREEN.SUDDENLY A LORRY COLLIDED ON MY VAN FROM THE BACK. AFTER THE HIT,I APPROACHED THE DRIVER AND NOTED DOWN HIS PARTICULARS AND TOOK SOME PHOTOGRAPHS OF THE DAMAGED VEHICLE.

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I GOT DISCHARGED ON THE SAME DAY WITH 7 DAYS OF MEDICAL LEAVE.  
THATS ALL

Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20181002/2067

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Report No. T/20181002/2067

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:  
TP /  
YOGENDRAN S/O RAJASAKARAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/10/2018 13:20

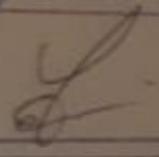
Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Authentication Stamp  
NP168

Signature: 

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



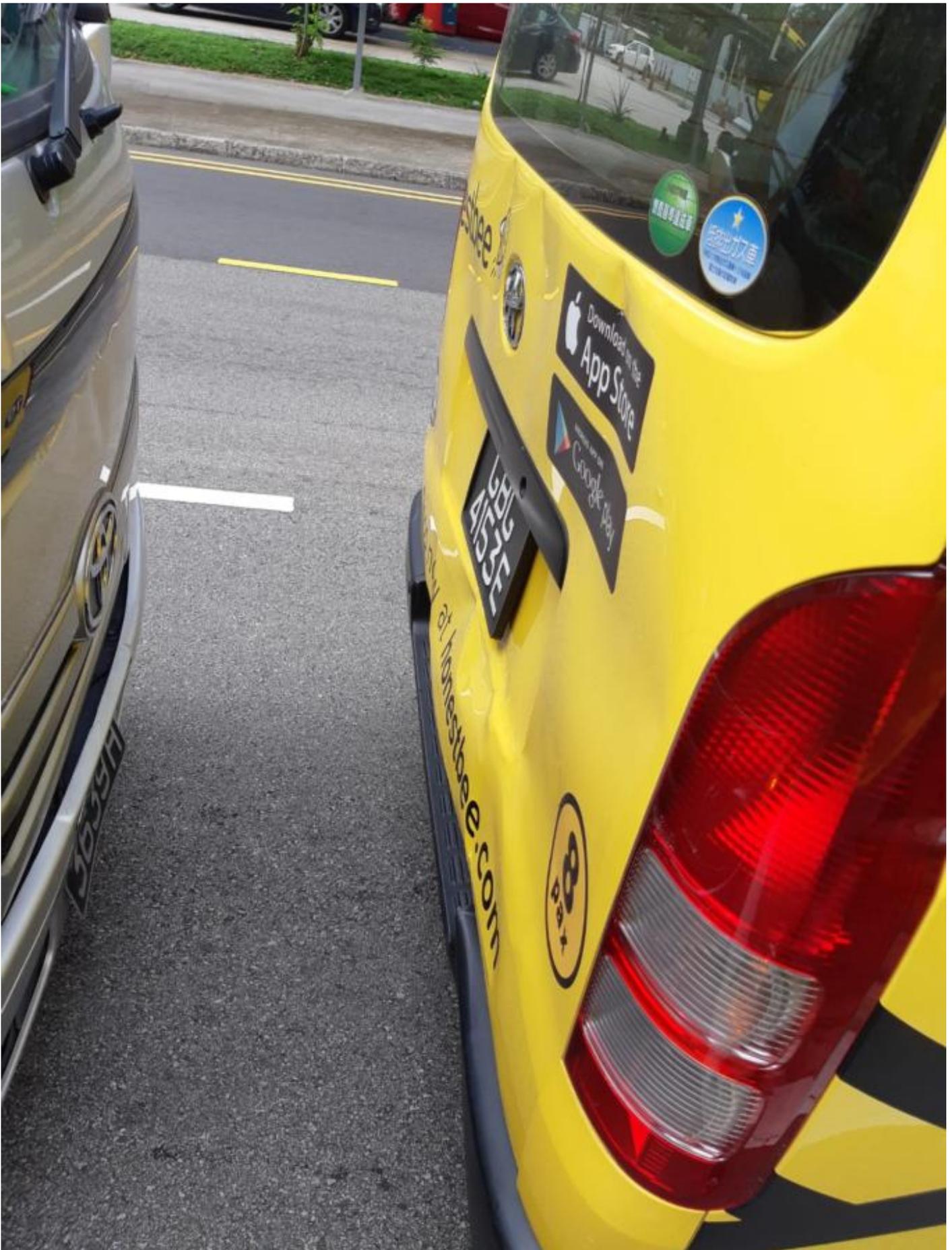
Accident Photo



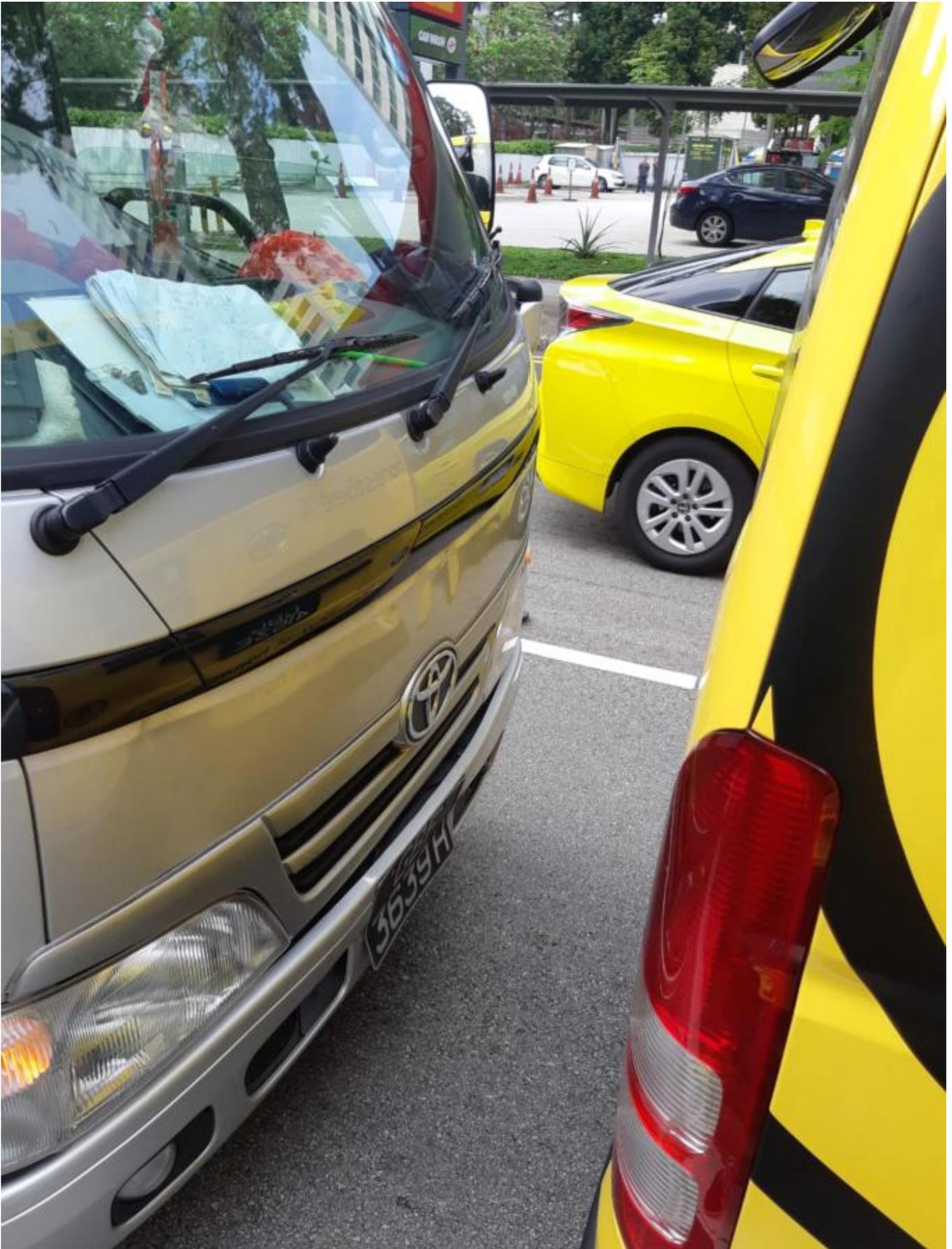
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9036923G



Name  
**MUHAMMAD SYARAFUDDIN BIN  
ABDUL SAMAD**

Race  
**MALAY**

Date of birth  
**05-10-1990**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**

S9036923G

5438529



NRIC No. S9036923G



Date of issue  
**18-03-2015**

Address  
**APT BLK 476 SEMBAWANG DRIVE  
#01-307  
SINGAPORE 750476**

SINGAPORE

License Number: S9036923G

Name  
**MUHAMMAD SYARAFUDDIN BIN  
ABDUL SAMAD**

Birth Date: 05 Oct 1990

Issue Date: 24 Aug 2009



0017772618

PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Vehicle Description	Pass Date
Class 2B	Motorcycles <= 200 CC	24 Aug 2009
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	12 May 2011

S9036923G

S / No. 9000140699

License No: S9036923G

CLASS 3 ~ 12 MAY 2011