

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	03/10/2018 19:07
Date Of Accident	28/09/2018 20:15
Exact Location Of Accident	ALONG WEST COAST HIGHWAY INFRONT OF HAWKER CTR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK5601U
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	JAKESPICES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87153010
Alternative Phone No	OFFICE-87153010

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	CONVEYANCE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00034/VPZ/R03
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARID SEOW ENG HENG
NRIC No	S9324779E
Date Of Birth	17/06/1993
Occupation	INDOOR
Date Of Driving Pass	05/10/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87153010
Fax Number	
Contact Number	OTHERS-87153010
Email Address	JAKESPICES@GMAIL.COM

Address	BLK 437 WOODLANDS STREET 41 #11-358
Postcode	730437
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	2
Was any body injured in the Accident?	NO
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 - SINGAPORE CITY
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

PLEASE REFER TO SKETCH AND POLICE REPORT T/201810022144

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	SKU4071C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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 making 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")

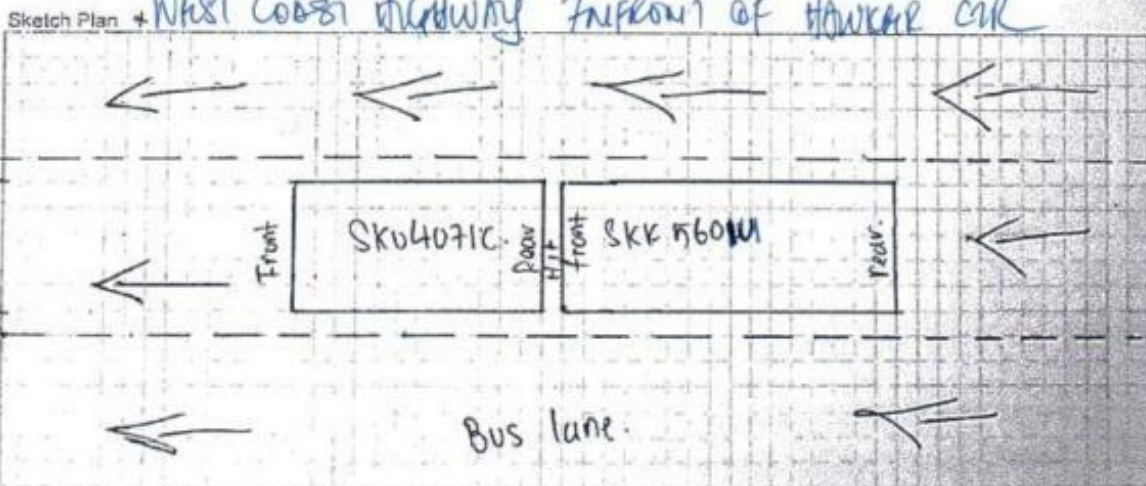
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and

(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 situated outside of Singapore, for one or more of the above Purposes.

 
Policyholder's Signature (Date & Time)

 28th Sept 2018 (1028 hrs).
Driver's Signature (If driver is not the policyholder) / Date & Time

 03/10/2018
Witnessed by Reporting Centre Personnel



Accident Sketch Plan

At about 2015hrs Driver: (Fand Leon ENG HENG) was proceeding to refuel patrol & Conveyance (8KK5601U) while heading to Marang Road had a Accident along West Coast highway near Infront of Seah in marker centre. The accident happen when fand checking for Blind spot suddenly third party vehicle (Infront) (SKU4071C) stops, fand try to Jam Brake Brake. and still went onto hit third party vehicle from the Back of (SKU6071U).

When Both vehicle stop the vehicle fand immediately ask third party vehicle need any medical attention. and they said no need But the third party husband said that his wife had a minor neck sprain. But he say that he will monitor.


Both particular were search taken, picture of incident & contact number were taken.

POLICE REPORT T/2018/002/2144

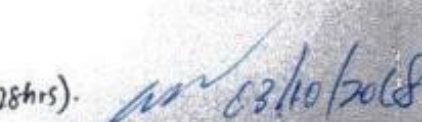
Declaration

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

28th Sept 2018 (1028hrs).


Witnessed by Reporting Centre Personnel

POLICE REPORT

10/3/2018

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**SINGAPORE
POLICE FORCE**



T/20181002/2144

1 of 3

Report No. T/20181002/2144

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2018 17:54	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD FARID SEOW ENG HENG			Address: APT BLK 437 WOODLANDS STREET 41 #11-358 SINGAPORE 730437	
ID Type / ID No.: NRIC NO / S9324779E			Contact No.: Home/Office: Mobile: 87153010	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 25	Date of Birth: 17/06/1993	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2018 20:15	Type of Location: Straight Road
Location: Along Road 1 WEST COAST HIGHWAY INFRONT HAWKER CENTRE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKK5601U	Car				Seriously Damaged	0
SKU4071C	Car					0

Details of Person Involved

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

POLICE REPORT

10/3/2018

WhatsApp Image 2018-10-02 at 5.57.27 PM.jpeg



**SINGAPORE
POLICE FORCE**



T/20181002/2144

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Report No. T/20181002/2144

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

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD FARID SEOW ENG HENG	ID No.	S9324779E
Related Vehicle	NIL	Contact No.	87153010
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHIN WEE SHIN	ID No.	S7144796C
Related Vehicle	NIL	Contact No.	97386242
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.

ON THE ABOVE MENTIONED DATE & LOCATION @ ABT 2015HRS,

I WAS DRIVING ON A STRAIGHT ROAD OF LANE 2 OF 3. AS I WAS GOING STRAIGHT, I NEVER NOTICE THAT THE VEHICLE IN FRONT OF ME STOPPED. I APPLIED MY BRAKES BUT YET I COLLIDED ONTO THE CAR IN FRONT.
I APPROACHED THE DRIVER AND CHECKED ON HIM. WE EXCHANGED CONTACT DETAILS AND TOOK SOME PHOTOGRAPHS.

NO ONE WAS INJURED AND BOTH THE VEHICLES WERE DAMAGED.

THATS ALL

POLICE REPORT

10/3/2018

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**SINGAPORE
POLICE FORCE**

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



T/20181002/2144

3 of 3

Report No. T/20181002/2144

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 Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP169

Signature Of Informant:

Date/Time:
02/10/2018 17:54

Classification Of Case:



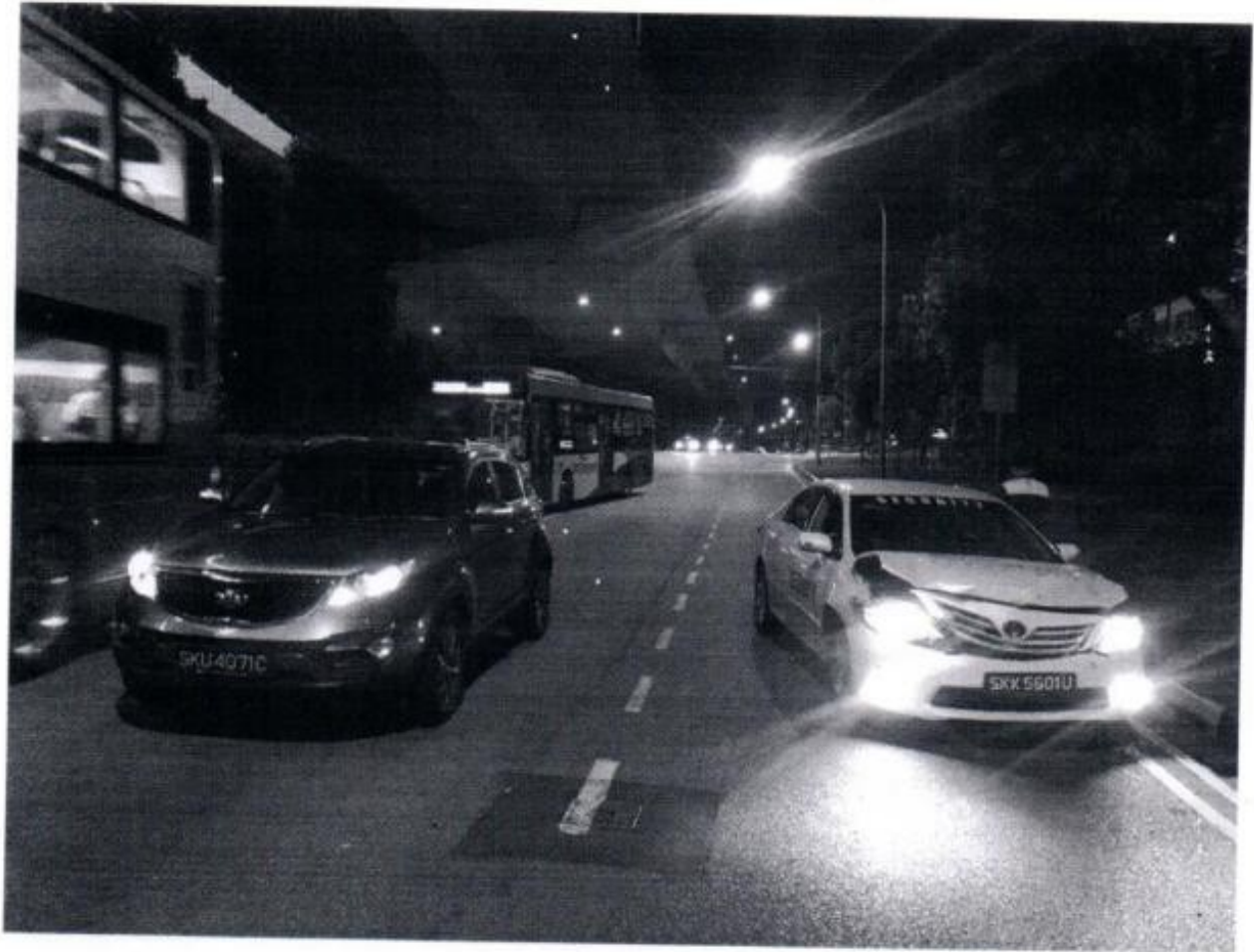
**SINGAPORE
POLICE FORCE**

Signature:

ACCIDENT SCENE

10/3/2018

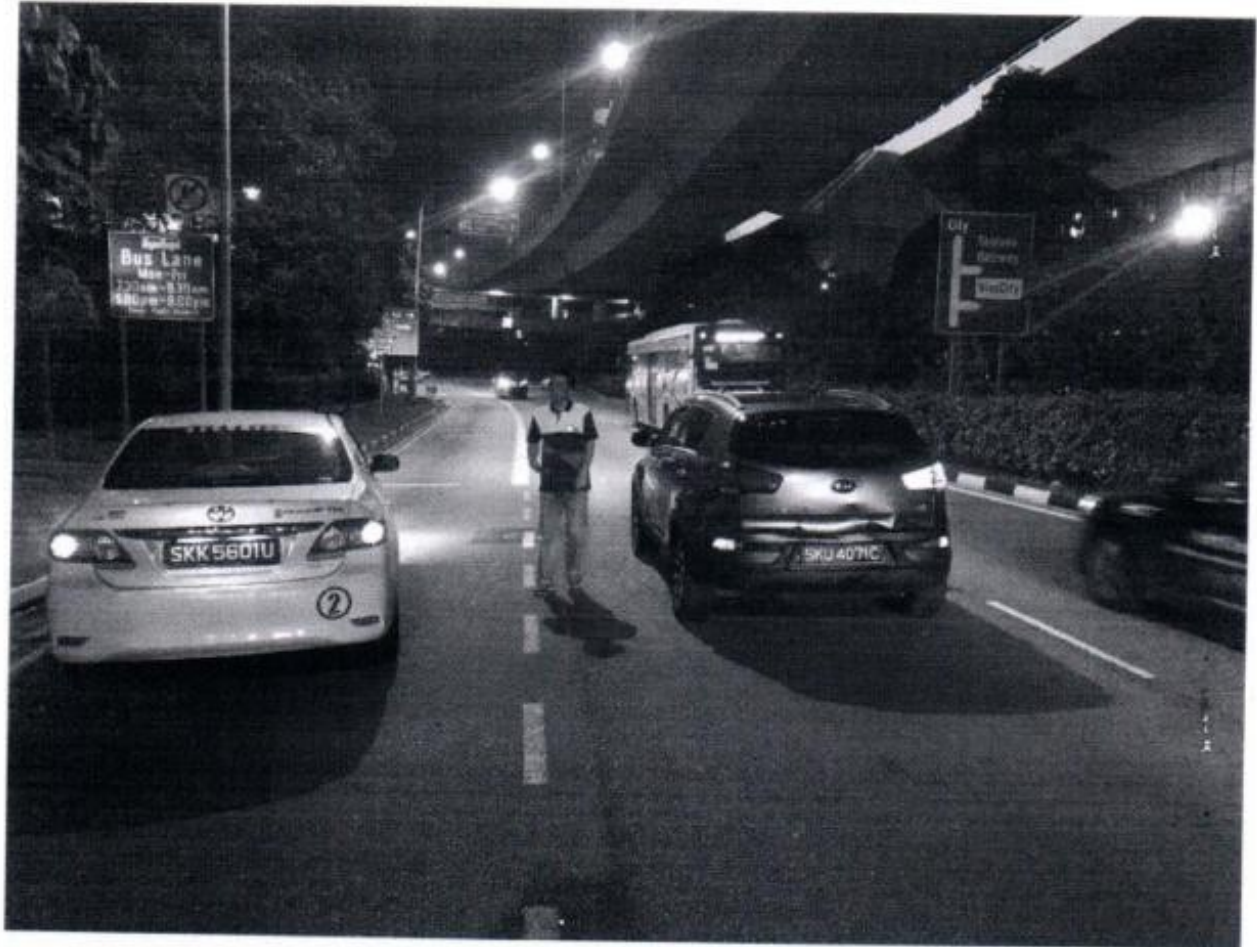
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ACCIDENT SCENE

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10/3/2018

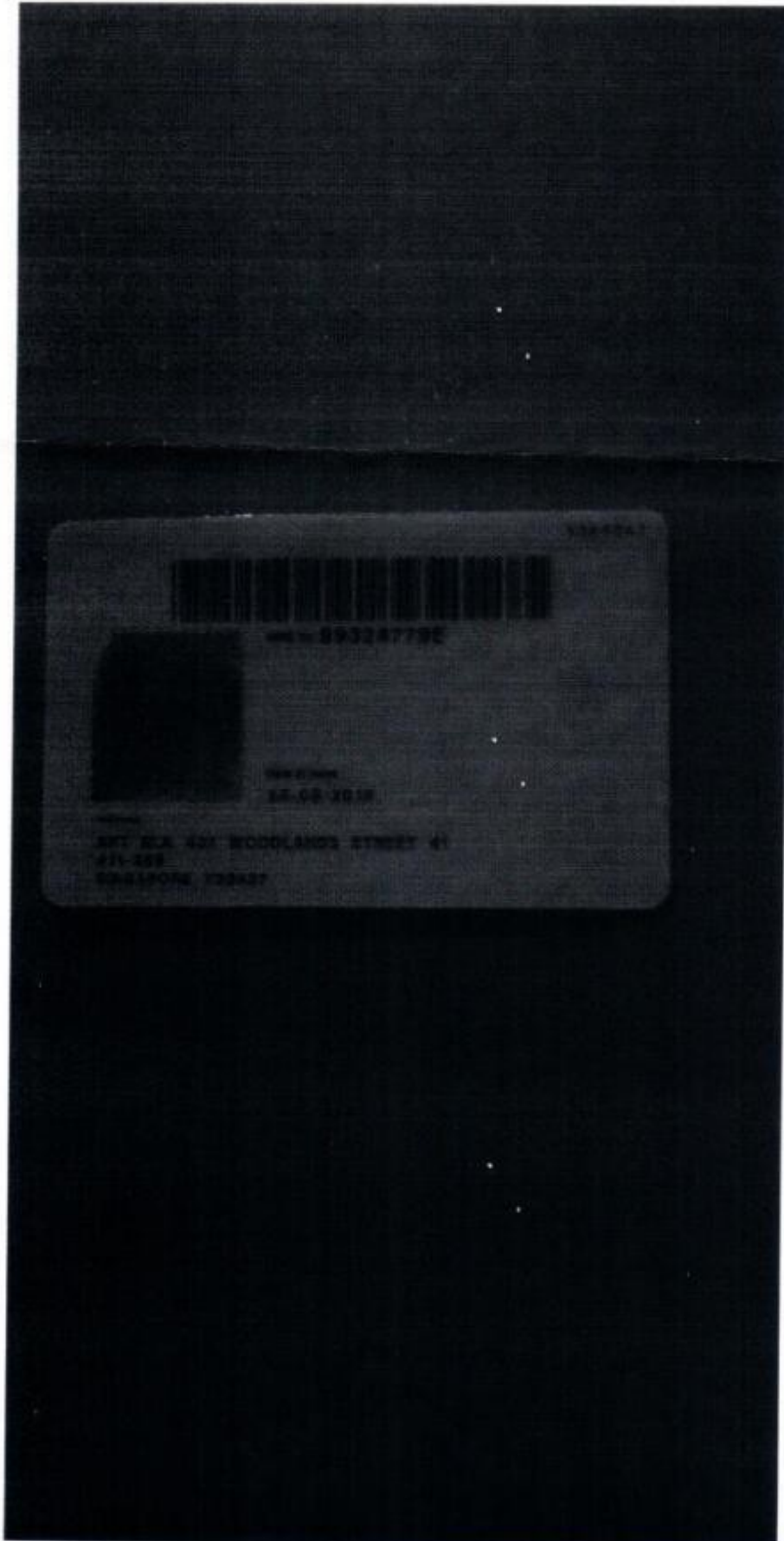
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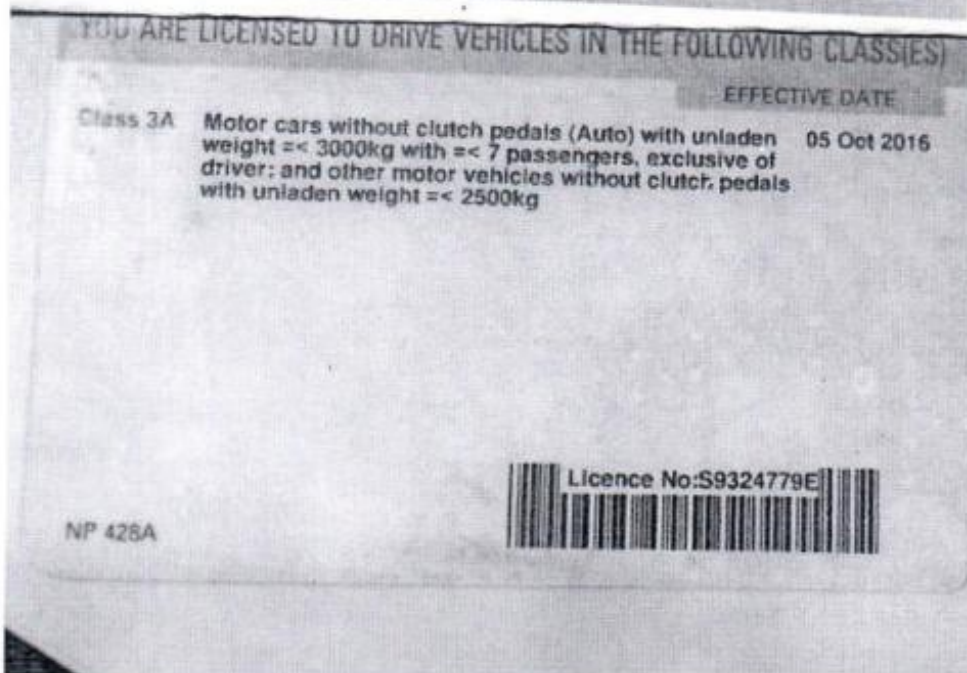


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1/1

10/3/2018

Farid Driving License.jpg



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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