

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 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. 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	11/10/2018 17:09
Date Of Accident	11/10/2018 09:55
Exact Location Of Accident	CARPARK BESIDE BLK 147 POTONG PASIR AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK5216X
Insured/Policyholder	
Name Of Registered Owner	MOHD NAZIR BIN SAMSUDDIN
NRIC No	S1592478J
Email Address	ROYTES7863@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90703172
Alternative Phone No	OFFICE-90703172

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00519611
Cover Note Number	

Driver

Name of Driver	SHAIK ISMAIL BIN SYED AHMAD
NRIC No	S1282643E
Date Of Birth	14/04/1956
Occupation	INDOOR
Date Of Driving Pass	06/06/1980
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90884481
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 143 POTONG PASIR AVENUE 2 #09-14
Postcode	350143
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQV1206 (MOTORCYCLE)
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)	2
Passenger 1	NAME: : MOHD NAZIR BIN SAMSUDDIN GENDER: : MALE

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

REFER TO POLICE REPORT NO: T/20181011/2107. STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

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	SDD128Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAM CHEE SIONG
NRIC/Passport Number	S7119733F

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JQV1206
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
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 SHAIK ISMAIL BIN SYED AHMAD
Approximate Age
Injuries Sustain BACK PAIN AND OTHER INJURIES
Injured person in which vehicle? SGK5216X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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.

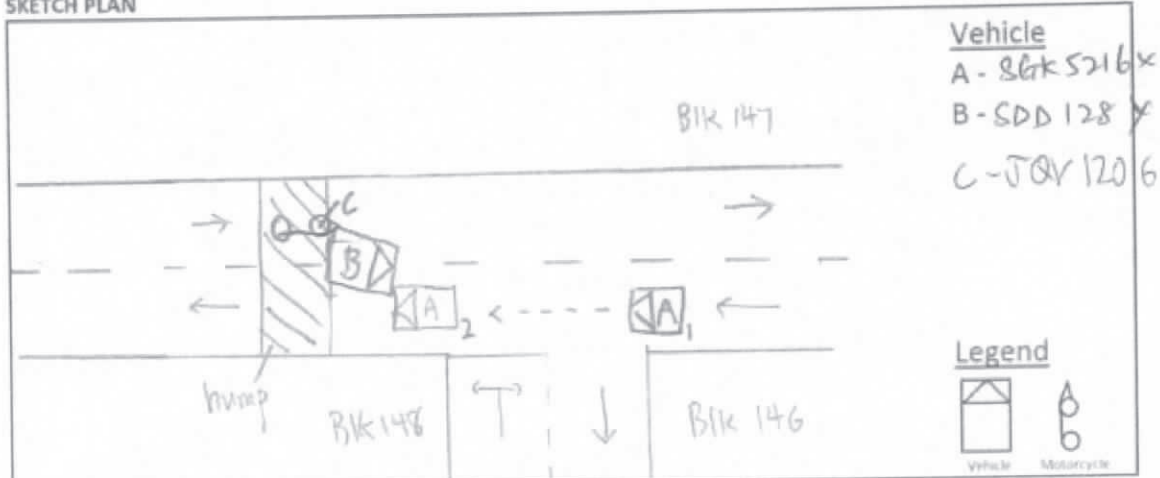
Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: T/20181011/2107

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within this stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181011/2107

1 of 3

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

Report No. T/20181011/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2018 14:53		Vide Report No.: E/20181011/0081		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHAIK ISMAIL BIN SYED AHMAD			Address: 143 POTONG PASIR AVENUE 2 #09-14 SINGAPORE 350143		
ID Type / ID No.: NRIC NO / S1282643E			Contact No.: Home/Office: Mobile: 90884481		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 14/04/1956	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: SECURITY OFFICER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/10/2018 09:55	Type of Location:
Location: Along Road 1 POTONG PASIR AVENUE 1				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDD128Y	Car					0
SGK5216X	Car					1



SINGAPORE
POLICE FORCE



T/20181011/2107

2 of 3

Report No. T/20181011/2107

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

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG POTONG PASIR AVE 1 AND WAS GOING STRAIGHT. AS I WAS GOING STRAIGHT AND WAS APPROACHING THE HUMP, A CAR(SDD128Y) THAT WAS FROM THE ONCOMING LANE OF THE ROAD SUDDENLY FILTERED INTO MY LANE. I COULD NOT STOP IN TIME AND COLLIDED INTO THE CAR. POLICE CAME.I HAVE FOOTAGE OF THE INCIDENT FROM MY IN-CAR CAMERA.

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181011/2107

3 of 3

Report No. T/20181011/2107




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

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 / MUHAMMAD SYUKRI BIN ABU BAKAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/10/2018 14:53
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:  SINGAPORE POLICE FORCE
Authentication Stamp NP168	Signature: 

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1282643E**



Name
SHAIK ISMAIL BIN SYED AHMAD

Race
INDIAN

Date of birth
14-04-1956

Sex
M

Country of birth
SINGAPORE

S1282643E


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1282643E**

Name
SHAIK ISMAIL BIN SYED AHMAD


Birth Date: **14 Apr 1956**

Issue Date: **16 Oct 2015**




SG 50

3660347



HRIC No. **S1282643E**



Date of issue
21-12-2004

Address
**APT BLK 143 POTONG PASIR AVENUE 2
#09-14
SINGAPORE 350143**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	15 Dec 1982
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	06 Jun 1980

NP 428A

Licence No: **S1282643E**

