

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	15/10/2018 10:35
Date Of Accident	14/10/2018 01:30
Exact Location Of Accident	TUAS CHECKPOINT VIA DUCT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF3292P
Insured/Policyholder	
Name Of Registered Owner	MOHAMED FUHAD BIN ISMAIL
NRIC No	S7622549D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82454648
Alternative Phone No	HOME-82454648

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A

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 PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00502847
Cover Note Number	

Driver

Name of Driver	MOHAMED FUHAD BIN ISMAIL
NRIC No	S7622549D
Date Of Birth	21/07/1976
Occupation	INDOOR
Date Of Driving Pass	22/11/2001
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82454648
Fax Number	
Contact Number	HOME-82454648
Email Address	NOEMAIL

Address 333 BUKIT BATOK STREET 32 #04-241 SINGAPORE 650333

Postcode

Was driver an employee of the Insured's Company NO

If NO, Relationship of the Driver with the Insured OWNER

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? NO

Number of vehicles involved in the accident 3

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) 7

Passenger 1 NAME: : SPOUSE

GENDER: : FEMALE

Passenger 2 NAME: : DAUGHTER

GENDER: : FEMALE

Passenger 3 NAME: : DAUGHTER

GENDER: : FEMALE

Passenger 4 NAME: : SON

GENDER: : MALE

☐ Passenger 5 NAME: : RELATIVE

GENDER: : FEMALE

Passenger 6 NAME: : SON

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JURONG NPP

Police Station Address ROAD: 158 YUNG LOH ROAD #01-58 , POSTCODE: 610158 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT/ SKETCH PLAN

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 SKC295U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver KENNETH
NRIC/Passport Number S7619113A
Contact Number 90999887
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMA4191X
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)

DETAILS OF INJURED PERSON 1

Name MOHAMED FUHAD
Approximate Age
Injuries Sustain
Injured person in which vehicle? SGF3292P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name RAFIDAH
Approximate Age
Injuries Sustain
Injured person in which vehicle? SGF3292P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name NADIRAH
App roximate Age
Injuries Sustain
Injured person in which vehicle? SGF3292P
Were seat belts worn?
Was this injured conveyed to hospital by
amb ulance?
Address
Postcode

SKETCH PLAN

SKC295U SAF3292P SMA4191X

B → A

WAS CRASH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT DATED 14/10/2018

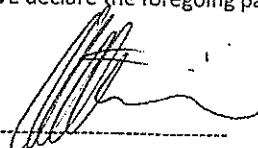
Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

<input type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input checked="" type="checkbox"/>	- Claim OD/TP at other workshop

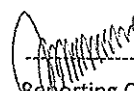
DECLARATION

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



Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time



Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

SKETCH PLAN


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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.

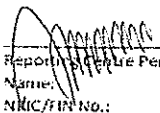

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Person's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



J/20181014/7017

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20181014/7017

was experiencing neck pain and semi conscious. My nephew happened to be at the same queue take over the wheel and drove us to the hospital. My eldest daughter experiencing pain at the jaw cause of the hard impact against the seat. My mother in law is still warded in Ng Teng Fong Hospital. My spouse and my 3 kids been send for check up and was given 3 days medical leave. I was kept at the observation ward for few hours before been discharge and given 3 days medical leave with an open date appointment. My car had a rear and front damage due to the impact.

Subjects Involved			
Suspect			
Person Name	Kenneth Woon Wei Ren		
ID Type	NRIC NO	ID No	S7619113A
Gender	Male	Age	42
Race	Chinese	Language	English
Address	Jurong East St 31 #04-138 SINGAPORE 600328	Mobile No	90999887
Victim			
Person Name	MOHAMED FUHAD BIN ISNIN		
ID Type	NRIC NO	ID No	S7622549D
Gender	Male	Age	42
Race	Javanese	Language	English
Occupation	Sales Consultant	Address Type	
Address	APT BLK 333 BUKIT BATOK STREET 32 #04-241 SINGAPORE 650333	Mobile No	82454648

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/10/2018 14:07
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



J/20181014/7017

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20181014/7017

Is Informant A Victim?	Yes		
Person Name	Rafidah Binte Ishak		
ID Type	NRIC NO	ID No	S7826152H
Gender	Female	Age	40
Race	Malay	Language	English
Occupation	Housewife	Address	Bukit Batok st 32 #04-241 SINGAPORE 650333
Mobile No	82914521	Relation To Informant	Spouse
Person Name	Nadirah Nur Syairah Binte Mohamed Fuhad		
ID Type	NRIC NO	ID No	T0611781Z
Gender	Female	Age	12
Race	Malay	Language	English
Occupation	Student	Address	Bukit Batok St 32 #04-241 SINGAPORE 650333
Mobile No	82914521	Relation To Informant	Daughter
Person Name	Nadra Nur Zahrah Binte Mohamed Fuhad		
ID Type	NRIC NO	ID No	T1126457Z
Gender	Female	Age	6
Race	Malay	Language	English

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/10/2018 14:07
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE



J/20181014/7017

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20181014/7017

Occupation	Student	Address	Bukit Batok St 32 #04-241 SINGAPORE 650333
Mobile No	82914521	Relation To Informant	Daughter
Person Name: Mohamed Fatriz Rizqi Bin Mohamed Fuhad			
ID Type	NRIC NO	ID No	T1332666A
Gender	Male	Age	4
Race	Malay	Language	English
Occupation	Student	Address	Bukit Batok St 32 #04-241 SINGAPORE 650333
Relation To Informant	Son		
Person Name: Mohamed Fariz Rifqi Bin Mohamed Fuhad			
ID Type	NRIC NO	ID No	T1800136A
Gender	Male	Age	0
Race	Malay	Language	English
Address	Bukit Batok St 32 #04-241 SINGAPORE 650333	Mobile No	82454648
Relation To Informant	Son		
Person Name: Halimah Binte Hamid			
ID Type	NRIC NO	ID No	S0150575J
Gender	Female	Age	64

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/10/2018 14:07
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20181014/7017

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20181014/7017

Race	Malay	Language	English
Occupation	Housewife	Address	Hougang St 52 #05-16 SINGAPORE 530535
Mobile No	97542780	Relation To Informant	Mother In Law
Person Name MOHAMED FUHAD BIN ISNIN (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

14/10/2018 14:07

Classification Of Case: