

## 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	29/10/2018 14:09
Date Of Accident	27/10/2018 16:20
Exact Location Of Accident	BKE TWDS WOODLANDS B4 DAIRY FARM RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG9142K
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD FAIRUS BIN HAMID
NRIC No	S8303995G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97538175
Alternative Phone No	OTHERS-97538175
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V11802/VPE/R00
Cover Note Number	
Driver	
Name of Driver	MOHAMAD FAIRUS BIN HAMID
NRIC No	S8303995G
Date Of Birth	25/01/1983
Occupation	INDOOR
Date Of Driving Pass	25/09/2002
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97538175
Fax Number	
Contact Number	OTHERS-97538175
EEmail Address	NOEMAIL

Address	BLK 313A SUMANG LINK #10-107
Postcode	821313
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	AFTER RAIN
Road Surface	WET

#### 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)	7
Passenger 1	NAME: : NOR NADIYA BINTE ABDUL SALIM GENDER: : FEMALE
Passenger 2	NAME: : NUR NABILA BINTE ABDUL SALIM GENDER: : FEMALE
Passenger 3	NAME: : ABDUL SALIM BIN SAIMON GENDER: : MALE
Passenger 4	NAME: : NUR SYAFA'AH BINTE MOHAMAD FAIRUS GENDER: : FEMALE
Passenger 5	NAME: : NAPISAH BINTE AHMAD GENDER: : FEMALE
Passenger 6	NAME: : NUR SYUHAI DAH BINTE MOHAMAD FAIRUS GENDER: : FEMALE

#### 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

PLS REFER TO THE POLICE REPORT: T/20181028/7008

**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 SLW5439Y  
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 OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number GBG5722G  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
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 MOHAMAD FAIRUS BIN HAMID  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLG9142K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name NOR NADIYA BINTE ABDUL SALIM  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLG9142K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

**DETAILS OF INJURED PERSON 3**

Name	NUR NABILA BINTE ABDUL SALIM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLG9142K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**DETAILS OF INJURED PERSON 4**

Name	ABDUL SALIM BIN SAIMON
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLG9142K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 5**

Name	NUR SYAFA'AH BINTE MOHAMAD FAIRUS
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLG9142K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 6**

Name	NAPISAH BINTE AHMAD
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLG9142K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 7**

Name	NUR SYUHAI DAH BINTE MOHAMAD FAIRUS
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLG9142K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident 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.
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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 (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.:

# Accident Sketch Plan

## SKETCH PLAN

BKE TOWARDS WOODLANDS BEFORE DAIRY FARM RD EXIT.

VEH. A - SLG 9142K

VEH. B - SLW 5439Y

VEH. C - GBB 5722G



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

## 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:

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

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20181028/7008

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

4 of 5

Report No. T/20181028/7008

### CONTINUATION OF REPORT

#### Brief Details.

On 27th october 2018 and about 4.20pm, I, Mohamad Fairus Bin Hamid was driving vehicle no. SLG9142K was travelling on BKE towards woodlands before dairy farm road exit. The traffic was slow moving. As the front vehicle slowing down, i followed suit to a total stop position. Suddenly vehicle no. SLW5439Y bang onto my vehicle rear portion. I then realised I was involved in a 3 cars collision. The last vehicle carplate is GBG5722G. My wife, Noor Nadiya Binte Abdul Salim (X3838892D/S8524229F) and sister in law, Nur Nabilah Binte Abdul Salim (S9222291H) were conveyed by ambulance to Ng Teng Fong hospital. My wife was given 2 days m.c.

The following day on the 28th October 2018 afternoon, both my parent-in-law and I reported to 24hr clinic for pain due to yesterday road traffic accident. Both Abdul Salim Bin Saimon (S1376576F) and Napisah Bte Ahmad (S2164015H) were given 3 days m.c with effect from 28th October 2018 while I'm given 2 days m.c with effect from 29th October 2018 by the doctor.



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181028/7008

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

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Report No: T/20181028/7008

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2018 22:50	Vide Report No.: J/20181027/0160	Station Diary No.:
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Informant's Particulars				
Name of Informant: MOHAMAD FAIRUS BIN HAMID		Address: APT BLK 313A SUMANG LINK #10-107 SINGAPORE 821313		
ID Type / ID No.: NRIC NO / S8303995G		Contact No.: Home/Office: Mobile: 97538175		
Nationality: SINGAPORE CITIZEN		Email: gemz2one@gmail.com		
Sex: Male	Age: 35	Date of Birth: 25/01/1983	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: Electronics engineer (general)		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/10/2018 16:20	Type of Location: Straight Road
Location:  BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG5722G	Van	TOYOTA		Grey		1
SLG9142K	Car	KIA	Cerato-K3	Black	Seriously Damaged	7
SLW5439Y	Car	MITSUBISHI	Atrage	Grey	Totally Damaged	3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181028/7008

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

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Report No: T/20181028/7008

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBG5722G		unknown		
SLG9142K	LIBERTY INSURANCE PTE LTD	SH18V11802	14/09/2018	17/10/2019
SLW5439Y		unknown		

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHAMAD FAIRUS BIN HAMID		ID No.	S8303995G
Related Vehicle	SLG9142K (Car)		Contact No.	97538175
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/10/2018		Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight	
Passenger				
Name	Noor Nadiya Binte Abdul Salim		ID No.	S8524229F
Related Vehicle	SLG9142K (Car)		Contact No.	90685341
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/10/2018		Date Discharge	27/10/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight	
Passenger				
Name	Nur Nabilah Binte Abdul Salim		ID No.	S9222291H
Related Vehicle	SLG9142K (Car)		Contact No.	92380067
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/10/2018		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	

# Police Report



**SINGAPORE  
POLICE FORCE**



T/2018/028/7008

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

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Report No. T/2018/028/7008

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	Abdul Salim Bin Saimon	ID No.	S1376576F
Related Vehicle	SLG9142K (Car)	Contact No.	82651041
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/10/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	Nur Syafa'ah Binte Mohamad Fairus	ID No.	T1338814D
Related Vehicle	SLG9142K (Car)	Contact No.	NIL
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
<b>Passenger</b>			
Name	Napisah Bte Ahmad	ID No.	S2164015H
Related Vehicle	SLG9142K (Car)	Contact No.	87004036
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/10/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	Nur Syuhaidah Binte Mohamad Fairus	ID No.	T1535254F
Related Vehicle	NIL	Contact No.	NIL
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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181028/7008

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Report No. T/20181028/7008

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#### Brief Details.

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The following day on the 28th October 2018 afternoon, both my parent-in-law and I reported to 24hr clinic for pain due to yesterday road traffic accident. Both Abdul Salim Bin Saimon (S1376576F) and Napisah Bte Ahmad (S2164015H) were given 3 days m.c with effect from 28th October 2018 while I'm given 2 days m.c with effect from 29th October 2018 by the doctor.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181028/7000

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

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Report No. T/20181028/7000

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
YUS MASTARI / KHAZALI  
Contact No.: 65476214

Authentication Stamp  
NP162

Signature Of Informant:

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

Date/Time:  
28/10/2018 22:50

Classification Of Case:

Identification Card


**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S8303995G**

Name:  
**MOHAMAD FAIRUS BIN HAMID**


Birth Date: 25 Jan 1983  
Issue Date: 05 Aug 2003



 000720220K

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8303995G**




Name:  
**MOHAMAD FAIRUS BIN HAMID**


**محمد فيروس بن حميد**


Race:  
**MALAY**

Date of birth: **25-01-1983** Sex: **M**

Country of birth:  
**SINGAPORE**







Identification Card





Identification Card

