

## 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 17:41                           |
| Date Of Accident           | 21/10/2018 22:45                           |
| Exact Location Of Accident | JUNC WOODLADNS AVE 3 & WOODLANDS CENTRE RD |
| Country/State of Loss      | SINGAPORE                                  |

### DETAILS OF OWN VEHICLE

|                             |                               |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SFZ754A                       |
| <b>Insured/Policyholder</b> |                               |
| Name Of Registered Owner    | BRIGHTSTAR CAR RENTAL PTE LTD |
| Co Reg No                   | 201319803H                    |
| Email Address               | NOEMAIL                       |
| Mobile Phone No             | (LOCAL) +65-81450033          |
| Alternative Phone No        | OFFICE-81450033               |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | HYUNDAI            |
| Model  | GETZ1.4 5DRA       |
| 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   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT        |
| Fleet Policy              | NO                                   |
| Policy Number             | 18-MI001503-R01                      |
| Cover Note Number         |                                      |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | ABDUL RAZAK BIN RASHID |
| NRIC No              | S9508723Z              |
| Date Of Birth        | 11/03/1995             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 09/12/2016             |
| Driving Experience   | 1 YEAR AND 10 MONTHS   |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-87505856   |
| Fax Number           |                        |
| Contact Number       | OFFICE-87505856        |
| Email Address        | NOEMAIL                |

|   |   |
|---|---|
| Address   | BLK 305 BUKIT BATOK STREET 31<br>#02-73 |
| Postcode  | 650305                                  |
| 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 - CROSS JUNCTION |
| 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?   | 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)   | 3   |
| Passenger 1   | NAME: : MUHAMMAD HAFEEZ<br>GENDER: : MALE |
| Passenger 2   | NAME: : MUHAMMAD NABIL<br>GENDER: : MALE  |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181022/2004.

#### 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 | SKD8932G               |
| Vehicle Make/Model/Colour   |                        |
| Details Of Properties       |                        |
| Vehicle Category            | PRIVATE CAR            |
| Name of Driver              | JAFF NUREDDI KURNIAWAN |
| NRIC/Passport Number        | S9103263E              |
| Contact Number              | 82972279               |
| Address                     |                        |
| Postcode                    |                        |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name ABDUL RAZAK BIN RASHID

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SFZ754A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name MUHAMMAD HAFEEZ

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SFZ754A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 3**

Name MUHAMMAD NABIL

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SFZ754A

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.
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.



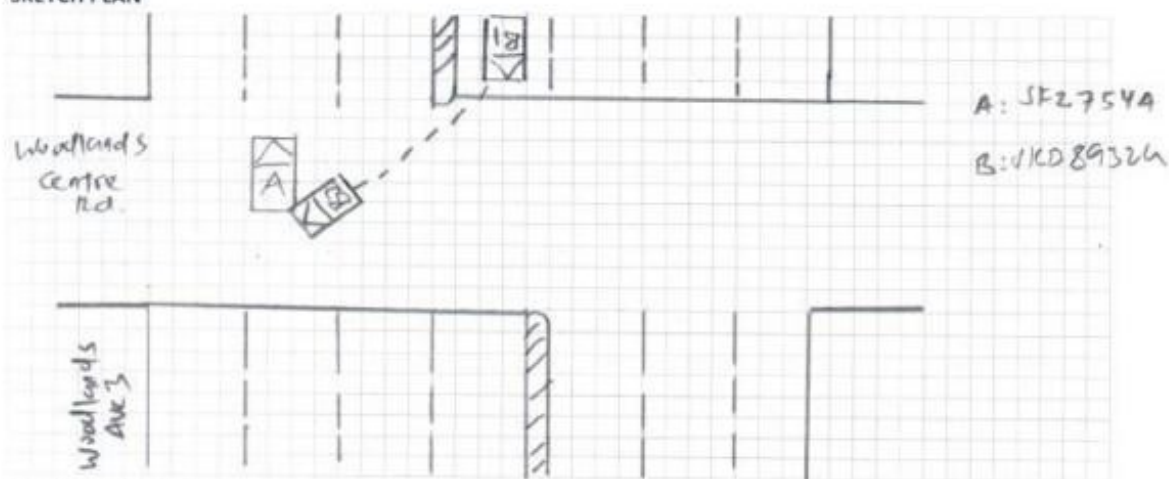
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report #120181022/2024

## 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.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181022/2004

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 4

Report No. T/20181022/2004

## REPORT OF A TRAFFIC ACCIDENT

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>22/10/2018 03:26 | Vide Report No.:<br>J/20181021/0270 | Station Diary No.:<br>27 |
|--|-------------------------------------|--------------------------|

| Informant's Particulars                      |            |   |                              |
|--|------------|---|------------------------------|
| Name of Informant:<br>ABDUL RAZAK BIN RASHID |            | Address:<br>APT BLK 305 BUKIT BATOK STREET 31 #02-73 SINGAPORE 650305 |                              |
| ID Type / ID No.:<br>NRIC NO / S9508723Z     |            | Contact No.:<br>Home/Office: Mobile: 87505856                         |                              |
| Nationality:<br>SINGAPORE CITIZEN            |            | Email:  |                              |
| Sex:<br>Male                                 | Age:<br>23 | Date of Birth:<br>11/03/1995  | Type of Informant:<br>Driver |
| Race:<br>Malay                               |            | Language:   | Institution / School Name:   |
| Occupation:<br>GRAB DRIVER                   |            | Driving Licence Information:<br>Class: 3,4 Date of Expiry:            |                              |

| General Information of the Accident   |                               |   |  |                                 |
|---|-------------------------------|---|--|---------------------------------|
| Type of Accident:   | Injury<br>Government Property | Drink Drive:<br>No                          | Date/Time of Accident:<br>21/10/2018 22:45 | Type of Location:<br>X-Junction |
| Location:<br>Junction of Road 1 and Road 2<br>WOODLANDS AVENUE 3<br>WOODLANDS CENTRE ROAD |                               |   |  |                                 |
| Weather:<br>Clear   |                               | Road Surface:<br>Dry                        | Road Speed Limit:                          |                                 |
| Traffic Flow:   |                               | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Moderate                |                                 |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear                              |                               |   | Anyone conveyed by ambulance:<br>No        |                                 |

| Details of Vehicle Involved |      |      |       |       |           |                 |
|-----------------------------|------|------|-------|-------|-----------|-----------------|
| Vehicle No.                 | Type | Make | Model | Color | Condition | No of Passenger |
| SFZ754A                     | Car  |      |       |       |           | 2               |
| SKD8932G                    | Car  |      |       |       |           | 0               |

| Detail of Person Involved       |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181022/2004

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 4

Report No. T/20181022/2004

CONTINUATION OF REPORT

|                                   |                         |                  |   |
|-----------------------------------|-------------------------|------------------|---|
| Driver                            |                         |                  |   |
| Name                              | ABDUL RAZAK BIN RASHID  |                  | ID No. S9508723Z  |
| Related Vehicle                   | SFZ754A (Car)           |                  | Contact No. 87505856  |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL |                  | Class of Driving Licence & Expiry Date<br>Class: 3,4<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                     | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | 03                      | Degree of Injury | NIL   |
| Driver                            |                         |                  |   |
| Name                              | JAFF NUREDDI KURNIAWAN  |                  | ID No. S9103263E  |
| Related Vehicle                   | SKD8932G (Car)          |                  | Contact No. 82972279  |
| Hospital/Clinic                   | NIL                     |                  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>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 21/10/2018 at about 2245hrs, I was involved in a traffic accident at junction of Woodlands Avenue 3 and Woodlands Centre Road vide to J/20181021/0270. Subsequently a traffic police officer arrived at scene and advised me to lodge a traffic accident report.

I was traveling on the second lane and there were 2 other passenger in my vehicle at the point of time. There was a traffic light at the junction and it showed Green. As I was going straight and the traffic light was green for vehicle travelling straight, I maintain my travelling speed. There was a vehicle (SKD 8932G) opposite of my direction making a right turn. I slowed down my vehicle as the other vehicle was slowing down. Suddenly, he dashed through the junction while my vehicle was driving through. I did not anticipate that the vehicle dash through as such I did stop my vehicle in time.

The other vehicle (SKD 8932G) collided to my rear bumper. The impact resulted my vehicle swift towards the traffic light at the junction. Eventually crashed into the traffic light. After the collision, the driver from the other vehicle approached to us to make a check on us and told me that he was in a rush and have to go off. He then left his contact number to us. He also mentioned that he did not see my car while he was turning. After leaving the contact number to us, he then drove off.

Nobody was injured at the point of time. After the accident, my friend and I went for check up at Mount Alvernia Hospital and was given 3 days of MC from 22/10/2018 to 24/10/2018. My friends particulars as follows

- 1) Muhammad Hafeez S9205899I Hp: 87663904
- 2) Muhammad Nabil S9632863Z Hp: 92707524

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181022/2004

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20181022/2004

CONTINUATION OF REPORT



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181022/2004

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999




CONTINUATION OF REPORT

4 of 4  
Report No. T/20181022/2004

## 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:<br>E /<br>Sgt 2 XIA XUE<br> | Signature Of Informant:<br>          |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>22/10/2018 03:26   |
| Officer In Charge Of Case:<br>TP / AEIT /<br>SI ANG YI TING, STEPHANIE<br>Contact No.: 65476414   | Classification Of Case:<br>ST 168<br> |
| Authentication Stamp<br>NP168   | SIGNATURE  |

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

