

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	05/11/2018 17:19
Date Of Accident	03/11/2018 00:00
Exact Location Of Accident	JUNC OF BUKIT PANJANG RING RD & FAJAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ7399J
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD18V12323/VPZ/R00
Cover Note Number	

Driver

Name of Driver	ELRENO BIN SUBARI
NRIC No	S8505638G
Date Of Birth	03/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92288194
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 486 SEGAR ROAD #05-530
Postcode	670486
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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?	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	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	SHA7859T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN WUNG CHYE
NRIC/Passport Number	S1547434C
Contact Number	97588123
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ELRENO BIN SUBARI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGZ7399J
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: 3/11/2018


NAZAKUDDIN MASHRUDDIN

Driver's Signature

(If driver is not the policyholder)

Date & Time: 3 NOV 2018

 05/11/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181103/2031

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3
Report No. T/20181103/2031

CONTINUATION OF REPORT

Driver			
Name	ELRENO BIN SUBARI	ID No.	S8505638G
Related Vehicle	SGZ7399J (Car)	Contact No.	92288194
Hospital/Clinic	MY FAMILY CLINIC (SEGAR)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/11/2018	Date Discharge	03/11/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	TAN WUNG CHYE	ID No.	S1547434C
Related Vehicle	NIL	Contact No.	97588123
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 03/11/2018 at around 0000hrs I was driving my rental vehicle registration number SGZ7399J along Bukit Panjang Ring Road towards Fajar Road when suddenly one taxi registration number SHA7859T just drive across my vehicle turning to the right from the opposite direction towards Bangkit Road. I could not stop on time eventually my car hit on the Taxi right front bumper. I wish to state that upon driving my car traffic light was green. My car suffered dent on the right rear bumper. The taxi suffered slight dent on the right front bumper. I wish to said taxi during the accident the taxi driver seems to fine no visible injuries were found on him. Traffic Police and Ambulance was also at scene. I was advised to lodge a Police report vide J/20181103/0004. The taxi driver was being conveyed to NTFH.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/2018/103/2031

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8529599

1 of 3
Report No. T/2018/103/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2018 09:42	Victim Report No.:	Station Diary No. : 18
--	--------------------	---------------------------

Informant's Particulars

Name of Informant: ELRENO BIN SUBARI		Address: APT BLK 486 SEGAR ROAD #05-530 SINGAPORE 670488	
ID Type / ID No NRIC NO / S85058380		Contact No. Home/Office Mobile: 92288194	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 03/03/1985	Type of Informant: Driver
Race: Javanese		Language: English	Institution / School Name:
Occupation: Police officer		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: 03/11/2018 09:00	Type of Location: X-Junction
Location: Along Road 1 BUKIT PANJANG RING ROAD FAJAR ROAD Junction of Bukit Panjang Ring Road and Fajar Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SG27395J	Car				Slightly Damaged	0
SH47858T	Taxi				Seriously Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20181103/0031

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 877738
Tel No: 1800-8929899

2 of 3
Report No. T/20181103/0031

CONTINUATION OF REPORT

Driver			
Name	ELRENO BIN SUBARI	ID No.	S8505638G
Related Vehicle	SGZ7300J (Car)	Contact No.	92288194
Hospital/Clinic	MY FAMILY CLINIC (SEGAR)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/11/2018	Date Discharge	03/11/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	TAN WUNG CHYE	ID No.	S1547434C
Related Vehicle	NIL	Contact No.	97588123
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 03/11/2018 at around 0000hrs I was driving my rental vehicle registration number SGZ7389J along Bukit Panjang Ring Road towards Fajar Road when suddenly one taxi registration number SHA7859T just drive across my vehicle turning to the right from the opposite direction towards Bangkit Road. I could not stop on time eventually my car hit on the Taxi right front bumper. I wish to state that upon driving my car traffic light was green. My car suffered dent on the right rear bumper. The taxi suffered slight dent on the right front bumper. I wish to said taxi during the accident the taxi driver seems to fine no visible injuries were found on him. Traffic Police and Ambulance was also at scene. I was advised to lodge a Police report vide J/20181103/0004. The taxi driver was being conveyed to NTFH.

Police Report



SINGAPORE
POLICE FORCE



T/20181103/2031

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-08 SINGAPORE 677738
Tel No: 1800-8929699

3 of 3

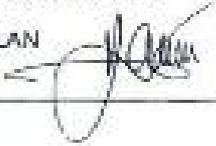
Report No. T/20181103/2031

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: J / Sgt 2 YASMIN BINTE MAZLAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/11/2018 09:42
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDLIAN	Classification Of Case:
Contact No. 65476394 Authentication Stamp: NP168 	SY 113

Singapore Police Force

Identification Card

