

## 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	08/11/2018 18:44
Date Of Accident	07/11/2018 17:10
Exact Location Of Accident	PIE (TUAS) NEAR CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR4742C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
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	MUHAMMAD ADISUFRI BIN ABDUL RAHMAN
NRIC No	S8905432Z
Date Of Birth	14/02/1989
Occupation	INDOOR
Date Of Driving Pass	09/03/2012
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84289995
Fax Number	
Contact Number	OFFICE-84289995
Email Address	NOEMAIL

Address	BLK 306 SERANGOON AVENUE 2 #02-62
Postcode	550306
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 - HEAD TO REAR
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 50 SERANGOON AVE 2 #01-02 , <b>POSTCODE:</b> 556129 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4880999 - <b>FAX NO:</b> 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181107/2159.

#### 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	FZ6456X
Vehicle Make/Model/Colour	HONDA WAVE
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	YAP NYET LEONG
NRIC/Passport Number	S6982661Z
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

## Accident Sketch Plan

### SKETCH PLAN

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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.



08 NOV 2018

Driver's Signature  
(If driver is not the policyholder)

08 NOV 2018

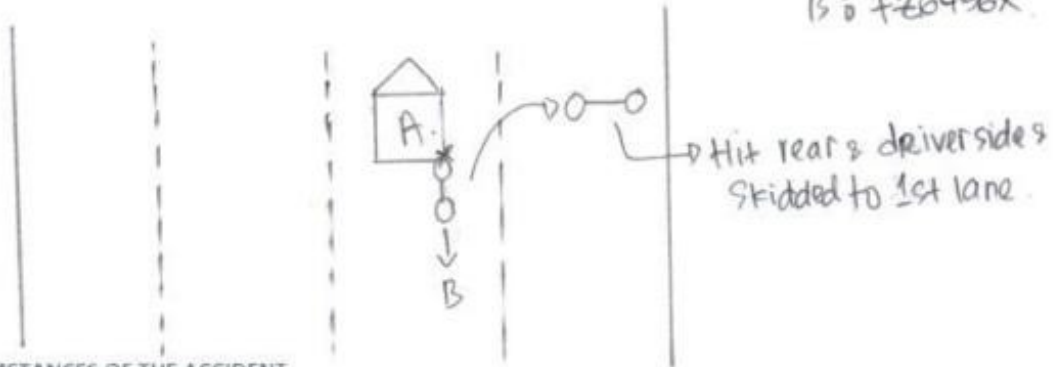
Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

A: SJR4

B: F26456X



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

# Refer to police report No: T /2018/1107/2154#

## DECLARATION

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

Policyholder's Signature  
Date: 08 NOV 2018

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 08 NOV 2018

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181107/2159

1 of 3

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20181107/2159

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2018 22:07		Vide Report No.: D/20181107/0091		Station Diary No.: 101	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD ADISUFRI BIN ABDUL RAHMAN			Address: APT BLK 306 SERANGOON AVENUE 2 #02-62 SINGAPORE 550306		
ID Type / ID No.: NRIC NO / S8905432Z			Contact No.: Home/Office: Mobile: 84289995		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 14/02/1989	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Prison officer			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/11/2018 17:10	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Tuas, near Clementi Exit.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FZ6456X	Motorcycle				Slightly Damaged	1
SJR4742C	Car	MITSUBISHI	Lancer		Slightly Damaged	1

## Police Report



SINGAPORE  
POLICE FORCE



T/20181107/2159

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

2 of 3

Report No. T/20181107/2159

CONTINUATION OF REPORT

### Brief Details.

On 7 November 2018 at about 1710hrs, I was driving along lane 2 of PIE towards Tuas. When the vehicle in front of me changed lane, I noticed a vehicle tire was laying on lane 2 causing obstruction. I checked my blind spots on both sides but it was not safe to change lane. Thus, I slow down my vehicle intending to stop before the vehicle tire. Suddenly, I felt an impact from the rear and noticed a motorcycle skidded on my right. I immediately alight to make a check and on the rider and pillion. My younger brother then called 995 for medical assistance. Traffic police and ambulance was at scene to assist.

Subsequently, both rider and pillion was conveyed by the ambulance but I am unsure to which hospital. I am lodging this traffic accident report as advised by the traffic police.

I wish to state that I am only contactable after 1830hrs due to work.



# Police Report



SINGAPORE  
POLICE FORCE



T/20181107/2159

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

3 of 3

Report No. T/20181107/2159

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:

F /

Sgt 2 TOH RUI YUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/11/2018 22:07

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**





Accident Photo



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