

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	15/11/2018 16:53
Date Of Accident	14/11/2018 18:35
Exact Location Of Accident	UPPER SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1625A
Insured/Policyholder	
Name Of Registered Owner	MISIR TRANSPORT
Co Reg No	NA
Email Address	ANANDMISIR@YMAIL.COM
Mobile Phone No	(LOCAL) +65-96972577
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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	SD18V03358/VPL/R00
Cover Note Number	25/04/2018 TO 24/04/2019

Driver

Name of Driver	SACHITHANAND MISIR S/O RAMPHER MISIR
NRIC No	S7231786F
Date Of Birth	28/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1997
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96972577
Fax Number	
Contact Number	
E-Mail Address	ANANDMISIR@YMAIL.COM

Address	APT BLK 577 HOUGANG AVE 4 #10-668
Postcode	530577
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	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	
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)	2
Passenger 1	NAME: : SEEMAMISHRA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN & POLICE REPORT NO. T/20181115/2050 DATED 15/11/2018

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	SLU1088M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HEAH KWAN SEEK
NRIC/Passport Number	S9008496H
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFX9317E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver CHIONG WEI ZHONG ALVIN
NRIC/Passport Number S9423614B
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SACHITHANAND MISIR S/O RAMPHER MISIR
Approximate Age
Injuries Sustain BACK & LEG
Injured person in which vehicle? SLN1625A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SEEMAMISHRA
Approximate Age
Injuries Sustain NECK & HEAD
Injured person in which vehicle? SLN1625A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

SKETCH PLAN

*Liberty
Insurance
Vehicle: - SLN 1625 A*

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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.

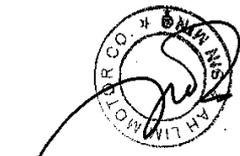
MISIR TRANSPORT
Co Reg No: 53865245A

Policyholder's Signature
Date & Time:

15/11/2018

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

[Signature]



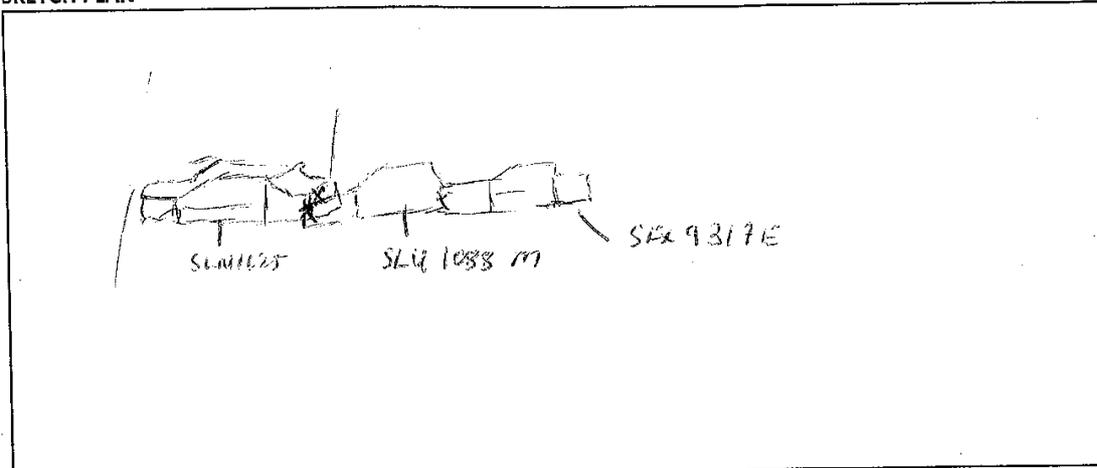
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Ma Li
15/11/2018

Sketch Plan Pg. 2

Date of accident: 14/11/18 Time: 1835 Location: UPPER SERANANG RD
 My Vehicle A: SLN1625A Vehicle B: SLN1088M Vehicle C: SFX 9317E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG UPPER SERANANG RD TOWARD HOUSTON.
 AND IT WAS SLOW TRAFFIC. I SLOW DOWN AND ~~STOP~~ SLOWLY
 I WAS NOT VERY HARD AND WAS A HEAVY IMPACT THAT MY
 WIFE S75729344 SERANA WILLARA AND MY ITALY BLACK PINK
 AS I COME OUT ~~THE~~ SHAW SLN1088M HIT MY BACK
 OF MY CAR AND THE OTHER SFX 9317E HIT THE FRONT
 CAR.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : CHOON HOCK AUTO
 Email address : choonhockautocare@gmail.com
 & myself :
 Email address : choonhockautocare@gmail.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

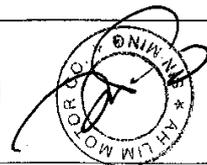
Vehicle SLN 1625 A

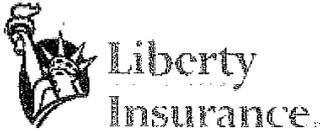
MISIR TRANSPORT
 Co Reg No: 53365245A

Policyholder's Signature
 Date & Time: 19/11/2018

Driver's Signature
 Date & Time: 19/11/2018
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
 Name: Ma Lu
 NRIC/FIN No.: 15/11/2018





Liberty Insurance Pte Ltd
 Registration no. 199002791D
 51 Club Street
 #03-00 Liberty House
 Singapore 069428
 Tel: (65) 6221 8811 Fax: (65) 6225 6890
 Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

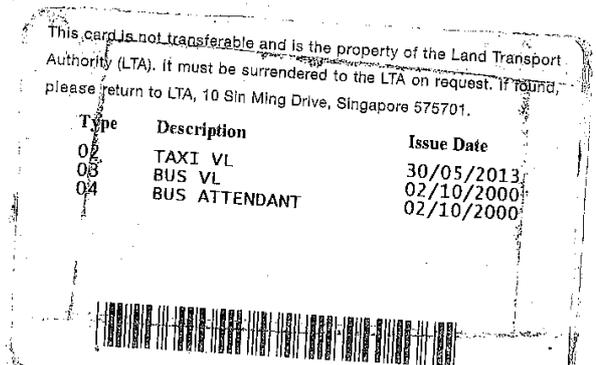
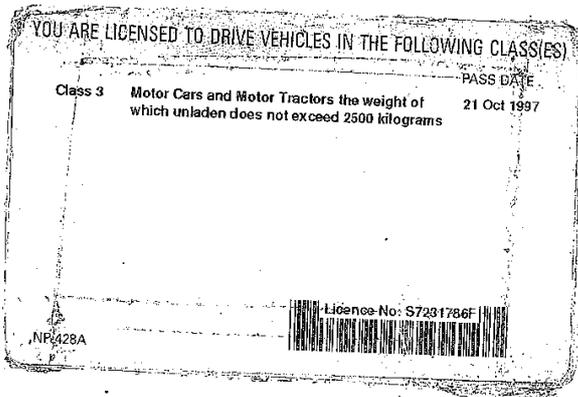
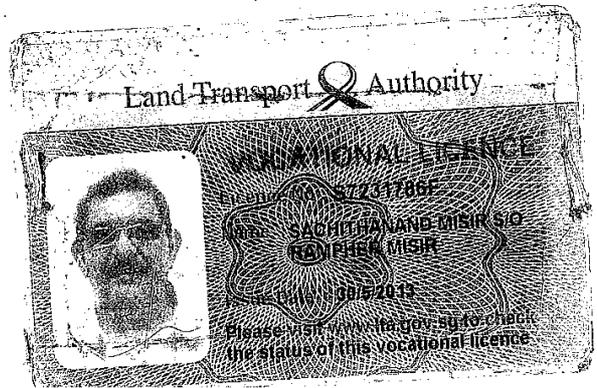
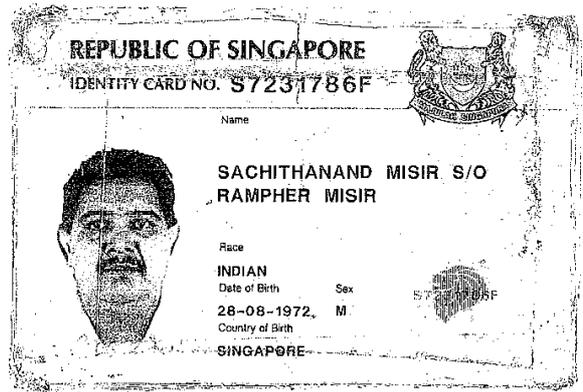
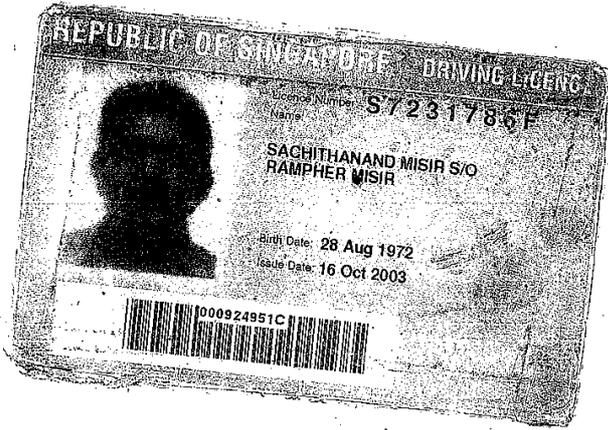
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No.	SD18V03358 /VPL /R00
From	MZ400B
Date Of Issue	09-APR-2018
1.Index Mark and Registration No. of Vehicle:	SLN1625A
2.Chassis number of Vehicle:	KNAFX411MH5705519
3.Name of Policyholder:	MISIR TRANSPORT
4.Effective date of Commencement of Insurance for the purpose of the Act:	25-APR-2018 00:00 AM
5.Date of Expiry of Insurance:	24-APR-2019 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
For Uber/Grabcar Usage :	SACHITHANAND MISIR S/O RAMPHER MISIR
For Social, domestic & pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder.	
<p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>	
7.Limitations as to use*:	
<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes.</p>	
8.Policy does not cover:	
<p>A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.	
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, Uber/Grabcar Extension (Geographical Area: Singapore only)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Section II (Singapore) S\$1500, Section II (Outside Singapore) S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	
PRODUCER NAME:	CHOO KOK KEONG

PLSLI-I09-APR-18

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Driver's Particulars Pg. 2





**SINGAPORE
POLICE FORCE**



T/20181115/2050

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 4

Report No. T/20181115/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2018 12:52		Vide Report No.:		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: SACHITHANAND MISIR S/O RAMPHER MISIR			Address: APT BLK 577 HOUGANG AVENUE 4 #10-668 SINGAPORE 530577		
ID Type / ID No.: NRIC NO / S7231786F			Contact No.:		Mobile: 96972577
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 28/08/1972	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2018 18:35	Type of Location:
Location: Along Road 1 UPPER SERANGOON ROAD Junction of Upper Serangoon Road and Lim Ah Pin Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFX9317E	Car				Seriously Damaged	1
SLN1625A	Car				Slightly Damaged	1
SLU1088M	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20181115/2050

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20181115/2050

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHONG WEI ZHONG, ALVIN	ID No.	S9423614B
Related Vehicle	SFX9317E (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
Driver			
Name	SACHITHANAND MISIR S/O RAMPHER MISIR	ID No.	S7231786F
Related Vehicle	SLN1625A (Car)	Contact No.	96972577
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	SEEMA MISHRA	ID No.	S7572734H
Related Vehicle	SLN1625A (Car)	Contact No.	83665370
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20181115/2050

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20181115/2050

CONTINUATION OF REPORT

Driver			
Name	HEAH KWAN SEEK		ID No. S9008496H
Related Vehicle	SLU1088M (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/11/2018 at about 1835hrs, I was driving one red Kia Cerato Forte K3 (SLN1625A) at the junction of Upper Serangoon and Lim Ah Pin Road. It was heavy traffic at that time.

When I stopped my vehicle, I felt a strong impact coming from the rear of my vehicle. My wife (Seema Mishra) was the only passenger in my vehicle at that time. She was in a state of shock and felt slight giddiness and headache. I saw that one copper Range Rover (SLU1088M) had collided into the rear of my vehicle. Within moments, I felt an equally strong impact coming from the rear. I then came out of my vehicle and made a check. My rear bumper dented inwards and my boot was unable to close as well.

My vehicle was the front most vehicle of 3-vehicle collision. The last vehicle was one black Toyota (SFX9317E) with one passenger in it. My wife and I did not require medical attention at that time. My wife then proceeded to Sengkang General Hospital to seek medical treatment due to feeling nauseous and suffering slight headache and giddiness. She was subsequently granted 3 days of medical leave from 15/11/2018 to 17/11/2018. I sought medical treatment today at Island Family Clinic (Sengkang) located at Blk 279 Sengkang East Avenue #01-05, after waking up with a stiff neck and suffering from headache and giddiness as well. I was subsequently granted 3 days of medical leave as well from 15/11/2018 to 17/11/2018.

There is a dashcam in my vehicle and it recorded a sudden surge forward caused by the collision from the rear however I do not have a rear-facing camera.



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T/20181115/2050

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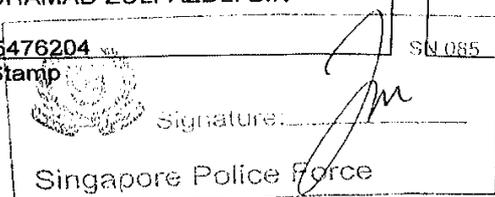
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CONTINUATION OF REPORT

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 LIM ENJIE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/11/2018 12:52
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168 	SN 085

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



scene



scene



scene



scene



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