

## 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	11/12/2018 16:57
Date Of Accident	10/12/2018 17:30
Exact Location Of Accident	ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE4865B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OPTIMA WERKZ PTE LTD
Co Reg No	201212455W
Email Address	SHARON@OW.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64849919

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AQUA HYBRID 1.5S A

Exact Purpose for which vehicle was being used at time of accident

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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD18V07597/VPZ/R01
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HEDIR BIN MAHMOOD
NRIC No	S8409386F
Date Of Birth	15/04/1984
Occupation	INDOOR
Date Of Driving Pass	16/07/2013
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82992888
Fax Number	
Contact Number	
Email Address	MD.HEDIR@YAHOO.COM.SG

Address	BLK 261A PUNGGOL WAY #04-345
Postcode	821261
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	
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: : MUHAMMAD SYAFIQ BIN SAAD GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NPP
Police Station Address	ROAD: 461 TAMPINES ST 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20181211/2098

#### 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	SLR630U
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG MINGSHEN, KENNIE
NRIC/Passport Number	S8128820H
Contact Number	96959981
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name MUHAMMAD HEDIR BIN MAHMOOD

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLE4865B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name MUHAMMAD SYAFIQ BIN SAAD

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLE4865B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**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:

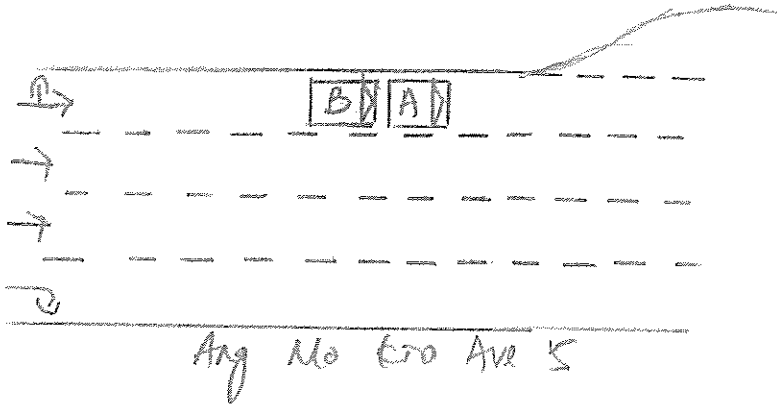
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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.:

Sketch Plan Pg. 2



A = SLZ 4865B

B = SLR 630U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20181211/2098

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)

Reporting Centre Personnel's Signature  
Name:

SKETCH PLAN

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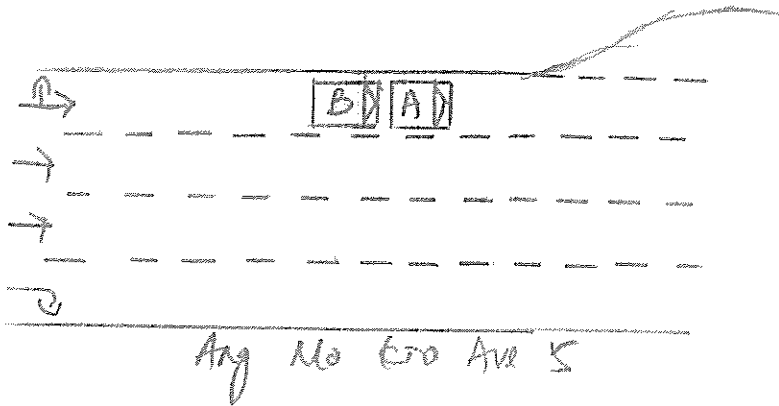
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  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
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  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
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- (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.: \_\_\_\_\_

Sketch Plan Pg. 2



A = SLR 4865B

B = SLR 630U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2018/211/2098

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)

Reporting Centre Personnel's Signature  
Name:



**SINGAPORE  
POLICE FORCE**



T/20181211/2098

1 of 3

Report No. T/20181211/2098

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 11/12/2018 16:42	Video Report No.	Station Diary No. 33
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**Informant's Particulars**

Name of Informant: MUHAMMAD HEDIR BIN MAHMOOD	Address: APT BLK 261A PUNGGOL WAY #04-345 SINGAPORE 821261
ID Type / ID No. NRIC NO / S8409386F	Contact No. Home/Office Mobile: 82992388
Nationality: SINGAPORE CITIZEN	Email:

Sex: Male	Age: 34	Date of Birth: 15/04/1984	Type of Informant: Driver
Race: Javanese	Language:	Institution / School Name:	
Occupation: TECHNICIAN	Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

**General Information of the Accident**

Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2018 17:30	Type of Local
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Location:  
Along Road 1  
ANG MO KIO AVENUE 5

Weather: Clear	Road Surface: Dry	Road Speed Limit
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Pass
SLE4865B	Car	TOYOTA		White		1
SLR630U	Car	MAZDA		Grey		0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20181211/2098

2 of 3

Report No. T/20181211/2098

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

**CONTINUATION OF REPORT**

<b>Driver</b>		<b>ID No.</b>	
Name	MUHAMMAD HEDIR BIN MAHMOOD	S8409386F	
<b>Related Vehicle</b>		<b>Contact No.</b>	
SLE4865B (Car)		82992388	
<b>Hospital/Clinic</b>		<b>Class of Driving Licence &amp; Expiry Date</b>	
CHANGI GENERAL HOSPITAL		Class: 2B, 2A, 3 Date of Expiry: NIL	
<b>Date Treatment</b>		<b>Date Discharge</b>	
10/12/2018		10/12/2018	
<b>No. of Days granted Medical Leave</b>		<b>Degree of Injury</b>	
03		NIL	
<b>Passenger</b>			
<b>Name</b>		<b>ID No.</b>	
MUHAMMAD SYAFIQ BIN SA'AD		S9117786B	
<b>Related Vehicle</b>		<b>Contact No.</b>	
SLE4865B (Car)		87257906	
<b>Hospital/Clinic</b>		<b>Class of Driving Licence &amp; Expiry Date</b>	
CHANGI GENERAL HOSPITAL		Class: NIL Date of Expiry: NIL	
<b>Date Treatment</b>		<b>Date Discharge</b>	
10/12/2018		10/12/2018	
<b>No. of Days granted Medical Leave</b>		<b>Degree of Injury</b>	
03		NIL	

**Brief Details.**

On the date, time and location mentioned above, I V1 (SLE4865B) was travelling on the extreme left while at the junction, I had stop and was about to prepare to move off. As the traffic light turned green before I had move off, I felt an impact from the rear. There was only 1 impact. After, I realise that V2 (SLR630U) had collided onto the rear of my vehicle.

After the accident, both particulars, and went for our own medical treatment.

No mechanical fault. There is CCTV in both vehicles.



**SINGAPORE  
POLICE FORCE**



T/20181211/2098

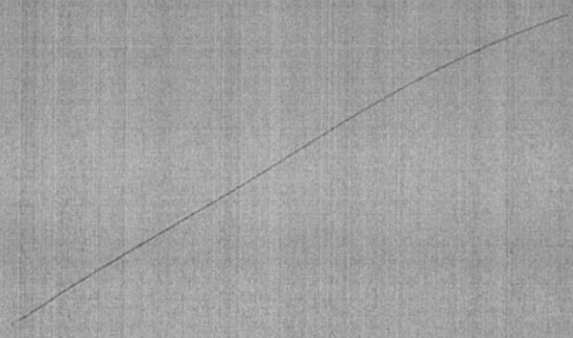
Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

3 of 3  
Report No. T/20181211/209

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:

Sgt 2 GOH JUN KIAT JASON

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/12/2018 16:42

Officer In Charge Of Case:  
/ AEIT /  
Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Officer In Charge Of Case:

SIGNATURE

Authentication Stamp