

## 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	31/12/2018 11:38
Date Of Accident	30/12/2018 10:40
Exact Location Of Accident	JUNC XILIN AVE & UPP CHANGI RD EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4666L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MAHMOOD SHAH BIN ALI AKBAR SHAH
NRIC No	S1100920D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81125669
Alternative Phone No	OFFICE-81125669

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29078572QMY
Cover Note Number	

### Driver

Name of Driver	MAHMOOD SHAH BIN ALI AKBAR SHAH
NRIC No	S1100920D
Date Of Birth	15/06/1955
Occupation	INDOOR
Date Of Driving Pass	06/04/1984
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81125669
Fax Number	
Contact Number	OFFICE-81125669
EEmail Address	NOEMAIL

Address	202 LOYANG AVENUE #04-05
Postcode	509059
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : JAMILAH BINTE MOHAMED AYUB GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181230/7003.

#### 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	SHD3682X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

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

DETAILS OF INJURED PERSON 1	
Name	JAMILAH BINTE MOHAMED AYUB
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLN4666L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

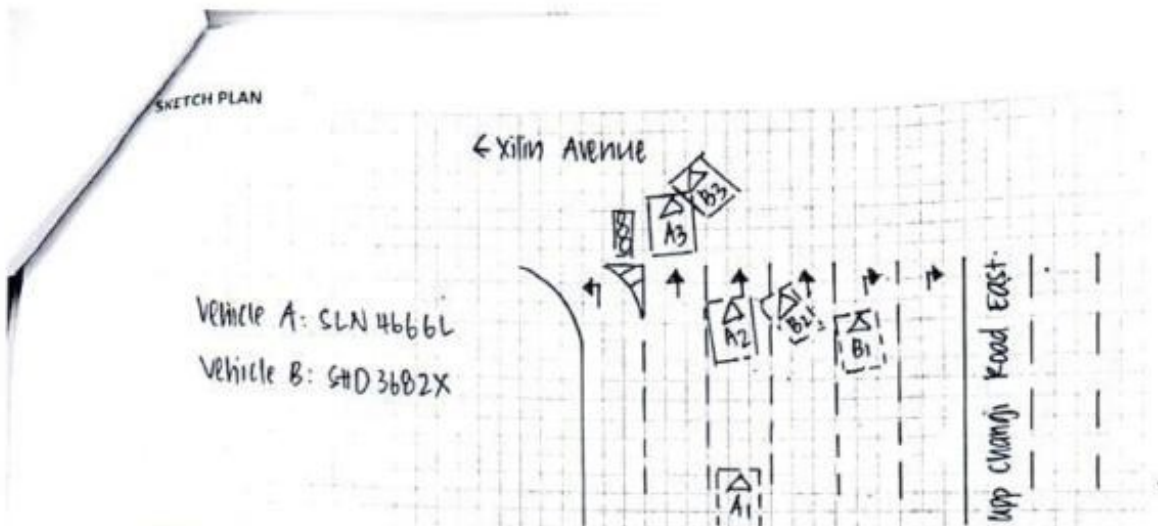
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

# Accident Sketch Plan



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

## 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.:

Scanned by CamScanner



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181230/7003

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No: T/20181230/7003

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2018 14:20	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: MAHMOOD SHAH BIN ALI AKBAR SHAH			Address: 202 LOYANG AVENUE #04-05 SINGAPORE 509059		
ID Type / ID No.: NRIC NO / S1100920D			Contact No.: Home/Office: Mobile: 81125669		
Nationality: SINGAPORE CITIZEN			Email: mahmood.shah@halliburton.com		
Sex: Male	Age: 63	Date of Birth: 15/06/1955	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Oil & Gas Industry - Service Leader			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/12/2018 10:40	Type of Location: X-Junction
Location:  SIMEI AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One 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
SHD3682X	Car				Seriously Damaged	0
SLN4666L	Car	HONDA	VEZEL 1.5X CVT	Green	Seriously Damaged	2

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN4666L	MSIG INSURANCE (SINGAPORE) PTE. LTD.	8VPCP1791940	04/05/2018	03/05/2019

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181230/7003

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20181230/7003

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	JAMILAH BINTE MOHAMED AYUB	ID No.	S1398979F
Related Vehicle	SLN4666L (Car)	Contact No.	91801910
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/12/2018	Date Discharge	30/12/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
<b>Driver</b>			
Name	MAHMOOD SHAH BIN ALI AKBAR SHAH	ID No.	S1100920D
Related Vehicle	SLN4666L (Car)	Contact No.	81125669
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 30/12/2018, AT ABOUT 10.40HR, I WAS DRIVING MY VEHICLE - SLN4666L, ALONG UPPER CHANGI ROAD EAST, HEADING IN THE DIRECTION OF BEDOK. APPROACHING THE JUNCTION OF UPPER CHANGI ROAD EAST & XILIN AVENUE, I WAS TRAVELLING STRAIGHT ON LANE 4. SUDDENLY, VEHICLE NUMBER - SHD3682X, FILTERED FROM LANE 2 TO LANE 3 ABRUPTLY. I KEPT MY VEHICLE TOWARDS LANE 5, BUT THE SAID VEHICLE CONTINUED TO FILTER ONTO LANE 4, FOLLOWED BY LANE 5 AND COLLIDED ONTO MY VEHICLE'S FRONT RIGHT PORTION. THE GREAT IMPACT DEPLOYED MY VEHICLE'S AIRBAGS AND MY WIFE, WHO WAS MY PASSENGER, WAS INJURED. SHE WAS SUBSEQUENTLY CONVEYED TO CHANGI GENERAL HOSPITAL.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181230/7003

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20181230/7003

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
LEE GUANG HUI  
Contact No.: 65476138

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
30/12/2018 14:20

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**





**Accident Photo**



Accident Photo



Accident Photo





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