

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	09/01/2019 16:09
Date Of Accident	09/01/2019 08:20
Exact Location Of Accident	BLK 16 EUNOS CRES ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG6145K
Insured/Policyholder	
Name Of Registered Owner	NUR SHAFAWATI BINTE MOHAMED SHIS
NRIC No	S8627275Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97212986
Alternative Phone No	OFFICE-97212986

Vehicle Particulars

Manufacturer	BMW
Model	216I GRAN TOURER
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V00223/VPC2/R00
Cover Note Number	

Driver

Name of Driver	MOHAMMED IZWANIZAM BIN MOD NOR
NRIC No	S7806168E
Date Of Birth	06/03/1978
Occupation	INDOOR
Date Of Driving Pass	05/07/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96224947
Fax Number	
Contact Number	OFFICE-96224947
EEmail Address	NOEMAIL

Address	BLK 376A HOUGANG STREET 32 #16-02
Postcode	531376
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO BICYCLIST
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NUR SHAFAWATI BINTE MOHAMED SHIS 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 POLICE REPORT - T/20190109/2031.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

Accident Sketch Plan

SKETCH PLAN


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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:



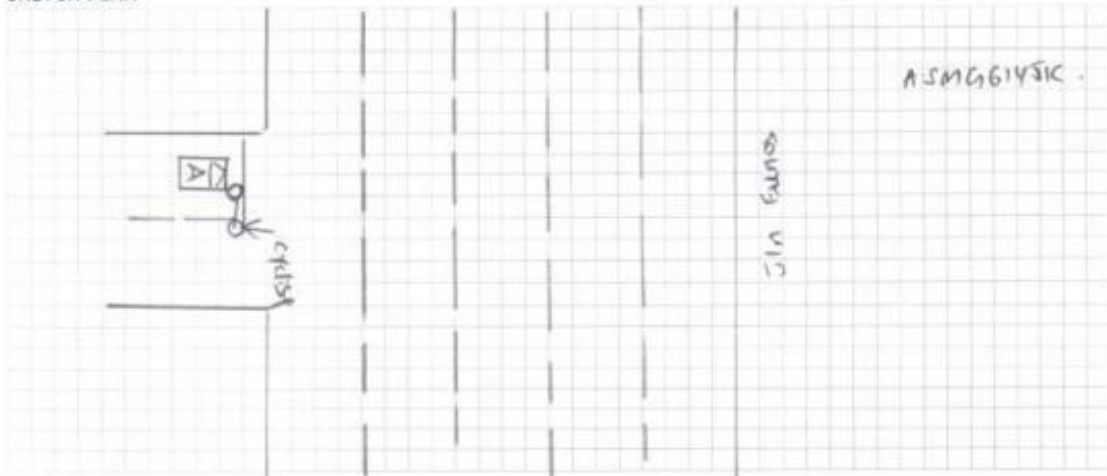
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20190109/2031.

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.:

Police Report



POLICE FORCE



T/20190109/2031

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

1 of 3

Report No. T/20190109/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2019 10:27	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Name of Informant: MOHAMMED IZWANIZAM BIN MOD NOR			Address: APT BLK 376A HOUGANG STREET 32 #16-02 SINGAPORE 531376		
ID Type / ID No.: NRIC NO / S7806168E			Contact No.: Home/Office: Mobile: 96224947		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 06/03/1978	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name
Occupation: ACCOUNT MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 09/01/2019 08:20	Type of Location: Car Park
Location: Along Road 1 JALAN EUNOS				
CARPARK ENTRANCE OF BLK 16 EUNOS				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: MOVING VEHICLE AGAINST - CYCLIST				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMG6145K	Car				Slightly Damaged	1

Details of Person Involved

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

Driver Name	MOHAMMED IZWANIZAM BIN MOD NOR		ID No.	S7806168E
Related Vehicle	SMG6145K (Car)		Contact No.	96224947
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.

Brief Details.
On 09/01/2019 at about 0820hrs, I have just exited carpark gantry of this BLK 16 Jalan Eunus and was waiting for the oncoming vehicle to clear before I join into the main road. After the traffic was clear, I slowly made a left turn into the main road. Suddenly, I felt an impact from the right hand side of my vehicle. I stopped and make a check and realized that one cyclist have collided with the right front bumper of my vehicle. As there was still vehicle at the back, my wife went down to make a check on the cyclist. Based on my wife's observation, there was no physical injuries. When my wife wanted to check on the cyclist more, that is when she realized that the cyclist is a Japanese and they were unable to converse any further. My wife did ask the cyclist whether is he okay, but he told my wife to go. The cyclist then walked off on his own without any assistance.

I wish to inform that due to the language barrier we were unable to get any further detail of the cyclist. There is a small tear on the right front bumper of my vehicle. I like to inform that there is an in-vehicle camera installed which have captured the incident.

Police Report



SINGAPORE
POLICE FORCE



T/20190109/2031

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20190109

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 the certificate with you now, please fax a copy to 65474885 stating the report number as ref

Signature Of Officer Recording The Report:

F/
Sgt 2 KOH YEWEI

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
09/01/2019 10:27

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168



Signature:

SN 085

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo

