

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	18/02/2019 20:00
Date Of Accident	05/02/2019 14:05
Exact Location Of Accident	PIE (CHANGI) BEFORE LORNIE RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS7582K
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Insured/Policyholder

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	TOYOTA
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	AHMAD JAMALUDDIN BIN M ASARI
NRIC No	S8210902A
Date Of Birth	09/04/1982
Occupation	INDOOR
Date Of Driving Pass	26/07/2012
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98552459
Fax Number	
Contact Number	OFFICE-98552459
Email Address	NOEMAIL

Address	BLK 939 JURONG WEST STREET 91 #07-415
Postcode	640939
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 (including own vehicle) involved in the accident	3
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SLZ7814T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKH1743K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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 AHMAD JAMALUDDIN BIN M ASARI
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SKS7582K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN


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6. The 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 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: 01/11


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

PIE towards Changi

A = SKS 482K
B = SLZ 781AT
C = SKH 743K

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:

GHARNG "SketchPlanForm_V1"

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

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

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20190205/2087

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Report No. T/20190205/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
05/02/2019 22:37

Video Report No.:

Station Diary No.:
79

Informant's Particulars

Name of Informant:
AHMAD JAMALUDDIN BIN M ASARI

Address:
APT BLK 939 JURONG WEST STREET 91 #07-415
SINGAPORE 640939

ID Type / ID No.:

NRIC NO / S8210902A

Contact No.:

Mobile: 98552459

Home/Office:

Email:

Nationality:

SINGAPORE CITIZEN

Sex:

Male

Age:

36

Date of Birth:

09/04/1982

Type of Informant:

Driver

Language:

Institution / School Name:

Race:

Boynese

Occupation:

GRAB DRIVER

Driving Licence Information:

Class: 2B,3

Date of Expiry:

General Information

Type of
Accident:

Injury
Attended by Police

Drink
Drive:
No

Date/Time of
Accident:
05/02/2019 14:05

Type of Location:
Straight Road

Location:

Along Road 1/

PAN ISLAND EXPRESSWAY

Towards Channel before Lornie exit

Weather:

Clear

Road Surface:

Dry

Road Speed Limit:

Traffic Flow:

One Way

Traffic Control:

Not Controlled

Traffic Volume:

Heavy

Type of Collision:

Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:

No

Vehicle No.	Vehicle Type	Damage	No of Passenger
SKH1743K	Car	No Damage	0
SKS7592K	Car	Slightly Damaged	3
SLZ7814T	Car	Seriously Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20190205/2087

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Name	Alagu serval Rajendran	ID No.	S7151204Z
Related Vehicle	SKH1743K (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
Name	AHMAD JAMALUDDIN BIN M ASARI	ID No.	S8210902A
Related Vehicle	SKS7582K (Car)	Contact No.	98552459
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	05/02/2019	Date Discharge	05/02/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Name	Su Wei Jlang	ID No.	S8321826F
Related Vehicle	SL27814T (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

Brief Details:

On 05/02/2019 at around 1455hrs, I was driving my car (registration number SKS7582K) along with 3 passengers on the PIE towards Changi before Lorris exit on the most right lane where an accident happened involving 3 vehicles. I saw the brake lights of the car (registration number SKH1743K) in front of me turn on. Upon seeing the brake lights, I slowly pressed the brake of my car to avoid collision and I managed to brake in time. However, another car (registration number SL27814T) had hit the rear of my car causing a dent on my rear bumper and resulting my car to hit onto the car ahead of me. I fell unconscious for a few seconds due to the impact which caused my body to fling against the seat belt. The airbag of the car behind was activated and was seriously damaged. I sustained pain to the back of my

Police Report



**SINGAPORE
POLICE FORCE**



T/20190205/2087

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Report No. T/20190205/2087

Police Station Of Origin:

Jurong West N.P.C



700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

neck, my shoulders, my hip and my right knee. I then went to Mount Alvernia Hospital and was given 5 days of medical leave from 05/02/2019 to 09/02/2019. All 3 of my passengers did not sustain any injuries. When I came back to consciousness, I saw that my belongings in my car had been thrown around in the car and that Traffic Police had already arrived at the scene. No government property damage and no ambulance at scene. There is in-car camera in my car.

Police Report

 SINGAPORE POLICE FORCE		 7 50 9921 341 82	
Police Station Of Origin Jurong West N.P.O. 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999		Report No. T/2019/05/2087	
CONTINUATION OF REPORT			
Sketch Plan Informant is not able to provide sketch plan			
<p>IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you can't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.</p>			
Signature Of Officer Recording The Report J/ Sgt 1 IBRAHIM BIN ROBLI		Signature Of Informant	
Signature Of Interpreter Not applicable		Date/Time 05/32/2019 22:37	
Officer in Charge Of Case TP/GIT/ Staff Sgt YAN MING GUAN, DANIEL Contact No: 65476852		Classification Of Case	
Authentication Stamp			

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



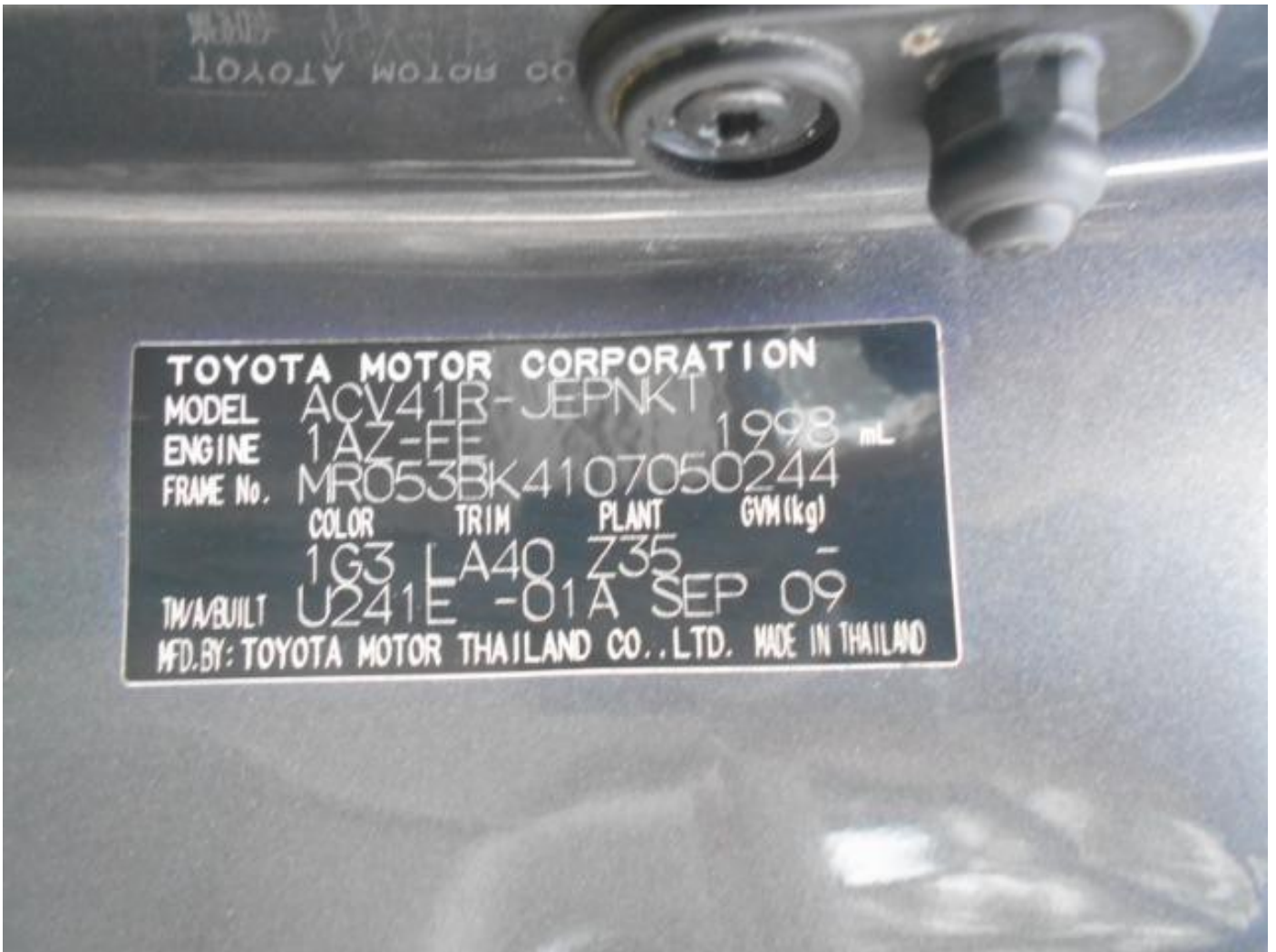
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Accident Photo

