

## 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	19/02/2019 14:02
Date Of Accident	18/02/2019 18:45
Exact Location Of Accident	RIVER VALLEY RD TWDS NATHAN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2048D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL RAHIM BIN ALI
NRIC No	S0225630D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93361709
Alternative Phone No	OFFICE-93361709

### Vehicle Particulars

Manufacturer	HONDA
Model	EDIX 2.0 A
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MS001531
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD FIRDAUS BIN SELAMAT
NRIC No	S8209030D
Date Of Birth	21/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	09/10/2007
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90121643
Fax Number	
Contact Number	OFFICE-90121643
Email Address	NOEMAIL

Address	BLK 864 WOODLANDS STREET 83 #10-200
Postcode	730864
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (including own vehicle) involved in the accident	2
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: : - 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	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190219/2056.

#### 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	SJH6876P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ASRI
NRIC/Passport Number	
Contact Number	81274127

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### DETAILS OF INJURED PERSON 1

Name MUHAMMAD FIRDAUS BIN SELAMAT

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJJ2048D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
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:

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

Sketch Plan

Küche Vestib.

A: 877 7048 D  
B: 874 6876 P.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refc to police report - 7/22/90 219/2056.

## 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



**SINGAPORE  
POLICE FORCE**



T/20190219/2056

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

1 of 3

Report No. T/20190219/2056

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/02/2019 12:37		Vide Report No.:		Station Diary No.: 63	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD FIRDAUS BIN SELAMAT			Address: APT BLK 864 WOODLANDS STREET 83 #10-200 SINGAPORE 730864		
ID Type / ID No.: NRIC NO / S8209030D			Contact No.: Home/Office: Mobile: 90121643		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 21/03/1982	Type of Informant: Driver		
Race: Indonesian			Language: English		Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/02/2019 18:45	Type of Location: Straight Road
Location: Along Road 1 RIVER VALLEY ROAD				
Along River Valley Road towards Nathan Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SJH6876P	Car	TOYOTA	WISH	Silver	Slightly Damaged	0
SJJ2048D	Car	HONDA	EDIX	White	Slightly Damaged	1

## Details of Person Involved

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



# Police Report



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T/20190219/2056

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/20190219/2056

## CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD FIRDAUS BIN SELAMAT	ID No.	S8209030D
Related Vehicle	SJJ2048D (Car)	Contact No.	90121643
Hospital/Clinic	ACCESS MEDICAL TOA PAYOH	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	18/02/2019	Date Discharge	18/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

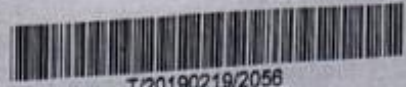
On the 18/02/2019 at about 1845hrs I was driving my GOJEK vehicle SJJ2048D along River Valley Road. I had a passenger at the rear seat. As I was nearing Nathan Road, I slowed down as the vehicle in front signaled right. However a vehicle at my rear suddenly hit me on my rear of my vehicle.

I stopped my vehicle and made a check. The rear vehicle front part had hit on my rear part of my vehicle. Due to the impact my left knee had hit the front dash board area and my head hit onto the steering wheel. I did not require immediate medical attention as there was no bleeding. The other male malay driver was not injured. We exchanged our contact numbers and shortly left the scene. As I felt slight pain uneasiness due to the accident, I went to the Clinic to see a doctor and was given 3 days of MC. My car is installed with a CCTV, however the incident was not recorded.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20190219/2056

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/20190219/2056

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 /  
Staff Sgt TEO HENG HENG, ROBIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
19/02/2019 12:37

Officer In Charge Of Case:

TP / AEIT /  
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH  
Contact No.: 65476204

Classification Of Case:

Authentication Stamp  
NP158



Signature:

SN 085

Singapore Police Force



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





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