

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 13:46
Date Of Accident	17/02/2019 17:10
Exact Location Of Accident	JUNC BEDOK NORTH RD & BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT791B
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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	COROLLA ALTIS 1.6 AUTO
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	RAZMI BIN RAHIM
NRIC No	S8615505B
Date Of Birth	15/06/1986
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85004453
Fax Number	
Contact Number	OFFICE-85004453
Email Address	NOEMAIL

Address	BLK 603C PUNGGOL ROAD #02-734
Postcode	823603
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	RAINING
Road Surface	WET

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?	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: : MOHD YUSOF GENDER: : MALE
Passenger 2	NAME: : NAUFAL IZZY GENDER: : MALE
Passenger 3	NAME: : NOOR HUDHA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20190218/2064.

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	TREE
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category GOVERNMENT

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 RAZMI BIN RAHIM

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? SJT791B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name MOHD YUSOF

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? SJT791B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name NAUFAL IZZY

Approximate Age

Injuries Sustain HEAD

Injured person in which vehicle? SJT791B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name NOOR HUDHA

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? SJT791B

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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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.

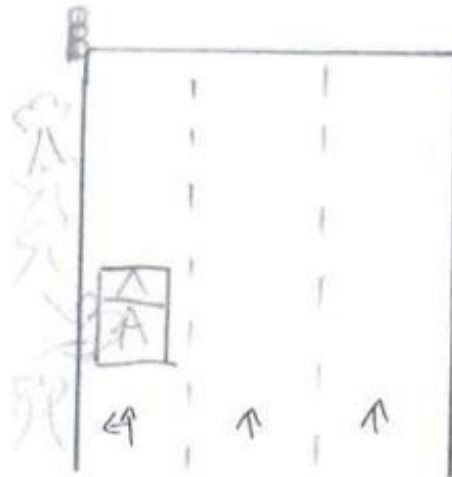

Policyholder's Signature
Date & Time:


18/2/19
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



A: SJT 791B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report NO: 6/20190218/2064

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**



G/20190218/2064

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POLICE REPORT (NP299)

Report No. G/20190218/2064

Police Station Of Origin
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Date/Time Report Made 18/02/2019 13:39	Vide Report No.	Station Diary No. 47
Name Of Informant RAZMI BIN RAHIM	Address APT BLK 603C PUNGGOL ROAD #02-734 SINGAPORE 823603	
ID Type / ID No. NRIC NO / S8615505B	Contact No. Home/Office	Mobile 85004453
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF EMPLOYED	Sex Male	Age 32
Institution/School Name	Date of Birth 15/06/1986	Race Malay
Date/Time Of Incident 17/02/2019 17:10	Location Of Incident BEDOK NORTH ROAD SINGAPORE WAITING TO TURN LEFT INTO BEDOK NORTH AVE 3	

Brief details.

On 17/02/2019 at about 1710hrs, I was driving a tribecar with VRN:SJT791B along Bedok North Road, at the junction of Bedok North Ave 3. The road conditions were quite bad as the road surface was wet and it was raining heavily. I was waiting in idle as the traffic light ahead was still red when suddenly a large tree branch fell and hit onto the front and rear windshield as well as the left door area of the car. I immediately turned around and checked for my 3 passengers and discovered that my nephew who was seated behind me had sustained some scratches and cuts on his head and was dripping blood. The other passengers

Signature Of Officer Recording The Report: G / Sgt 3 MOHAMAD AKMAL BIN MOHD ROSLAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2019 13:39
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / ASP GABRIEL GOH SHYUE SIAN Contact No.: 62447200	Classification Of Case:

Authentication Stamp



Police Report



**SINGAPORE
POLICE FORCE**



G/20190218/2064

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190218/2064

had also sustained some minor cuts due to the broken windshield and passenger windows. I informed tribecar of the matter and was advised by them to lodge a Police Report for insurance claims purposes. The car was also towed by tribecar's towing crew. I also wish to state that I did not hit onto any vehicle, nor was hit by any vehicle. That is all.

Signature Of Officer Recording The Report: G / Sgt 3 MOHAMAD AKMAL BIN MOHD ROSLAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2019 13:39
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / ASP GABRIEL GOH SHYUE SIAN Contact No.: 62447200	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



Accident Photo



Accident Photo



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