

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	16/02/2019 15:09
Date Of Accident	16/02/2019 05:10
Exact Location Of Accident	JUNCTION OF EUNOS LINK AND UBI AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP2253X
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD ALAMI MUSA
NRIC No	S1197417A
Email Address	ISMAMUSA@NTU.EDU.SG
Mobile Phone No	(LOCAL) +65-91125586
Alternative Phone No	OFFICE-91125586

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT-1.2 XG (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-001534
Cover Note Number	

Driver

Name of Driver	MOHAMMAD ALAMI MUSA
NRIC No	S1197417A
Date Of Birth	07/07/1956
Occupation	INDOOR
Date Of Driving Pass	06/04/1981
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91125586
Fax Number	
Contact Number	OFFICE-91125586
EEmail Address	ISMAMUSA@NTU.EDU.SG

Address	5 KURAU PLACE
Postcode	S426831
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
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.	YES
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	MARINE PARADE NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

LETTER OF STATEMENT / REFER TO POLICE T/20190216/2032 On the above mentioned date and time, I was driving along Eunos Link towards Hougang in the 2nd lane. Subsequently, I believe there was a heavy vehicle hit on the back of my vehicle. My vehicle was swayed to the right side and hit a Trans Cab Taxi. When I stopped my vehicle and made a check. However, there was no vehicle other than the Trans Cab Taxi at the accident scene. I then suspected the other vehicle that hit my back had driven away. I wish to state that there is no in-back camera install in my vehicle. I believe there was CCTV at the lamppost at my accident scene.

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	SHB7555P
Vehicle Make/Model/Colour	CHEVROLET /EPICA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
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
Vehicle Make/Model/Colour
Details Of Properties HIT AND RUN
Vehicle Category NA/UNKNOWN
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

IMPORTANT NOTICE

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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 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.
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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

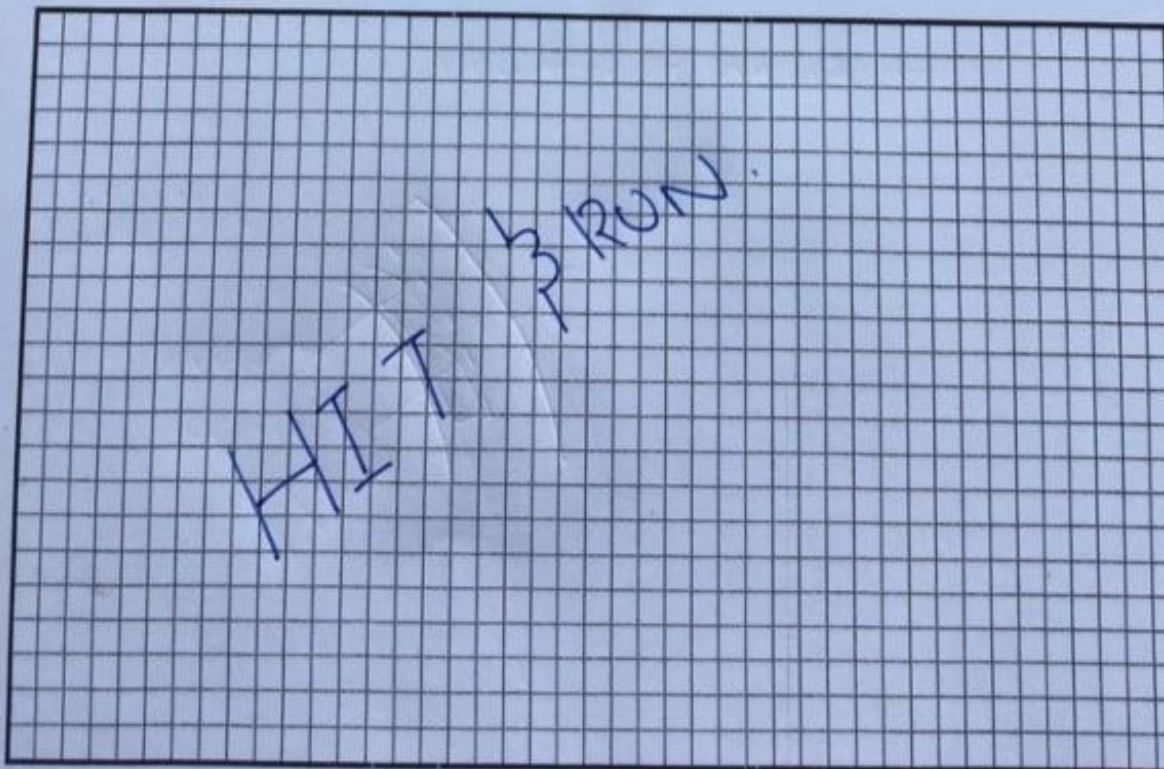
Mohamed Salfullah S/O Syed
Masood

Witnessed by Reporting Centre
Personnel


Policyholder's Signature / Date & Time

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

Sketch Plan




**SINGAPORE
POLICE FORCE**


T/20190216/2032

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No. T/20190216/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2019 09:48		Vide Report No.:	Station Diary No.: 22
Informant's Particulars			
Name of Informant: MOHAMMAD ALAMI MUSA		Address: 5 KURAU PLACE SINGAPORE 426831	
ID Type / ID No.: NRIC NO / S1197417A		Contact No.: Home/Office: Mobile: 91125586	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 07/07/1956	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: AMBASSADOR		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 16/02/2019 05:10	Type of Location: Straight Road
Location: EUNOS LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving of three vehicles were hit			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB7555P	Trans Cab Taxi	CHEVROLET	EPICA 2.0DSL AT ABS D/AB 2WD 4DR	Red	Seriously Damaged	0
SJP2253X	Car	SUZUKI	SWIFT 1.5 AT ABS AIRBAG 2WD	Grey	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190216/2032

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Police Station Of Origin:
Marine Parade N.P.C.
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20190216/2032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP2253X	EQ INSURANCE COMPANY LTD.	DMPPHQ18-001534	16/03/2018	15/03/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMMAD ALAMI MUSA	ID No.	S1197417A
Related Vehicle	NIL	Contact No.	91125586
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 the above mentioned date and time, I was driving along Eunos Link towards Hougang in the 2nd lane. Subsequently, I believe there was a heavy vehicle hit on the back of my vehicle. My vehicle was swayed to the right side and hit onto a Trans Cab Taxi. When I stopped my vehicle and made a check. However, there was no vehicle other than the Trans Cab Taxi at the accident scene. I then suspected the other vehicle that hit my back had driven away.

I wish to state that there is no in-back camera install in my vehicle. I believe there was CCTV at the lamppost at my accident scene.

Sketch Plan #4



SINGAPORE
POLICE FORCE



T/20190216/2032

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3

Report No. T/20190216/2032

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:
G /
Sr Staff Sgt TEH WAI HAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/02/2019 09:48

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE



TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
Fax: 65474749

CASE CARD

REPORT NO.: 6/20190216/0084
Traffic Accident along Fernix Link x Ubi Ave 3,
involving vehicles: 8JP7753X,
on 16/02/19 at about 0810 am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

You are required to be present at Traffic Police on _____
at about _____ am/pm to see the Investigation Officer to assist in the
investigation to the traffic accident.

2. Please bring along your :-

- a) Identity card/Passport/Work Permit
- b) Driving Licence/Vocational Licence
- c) Vehicle Insurance/Medical Certificate
- d) Any video footage
- e) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name: _____

10 Danial

Contact: _____

65476252

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



Accident Photo



Accident Photo



Accident Photo



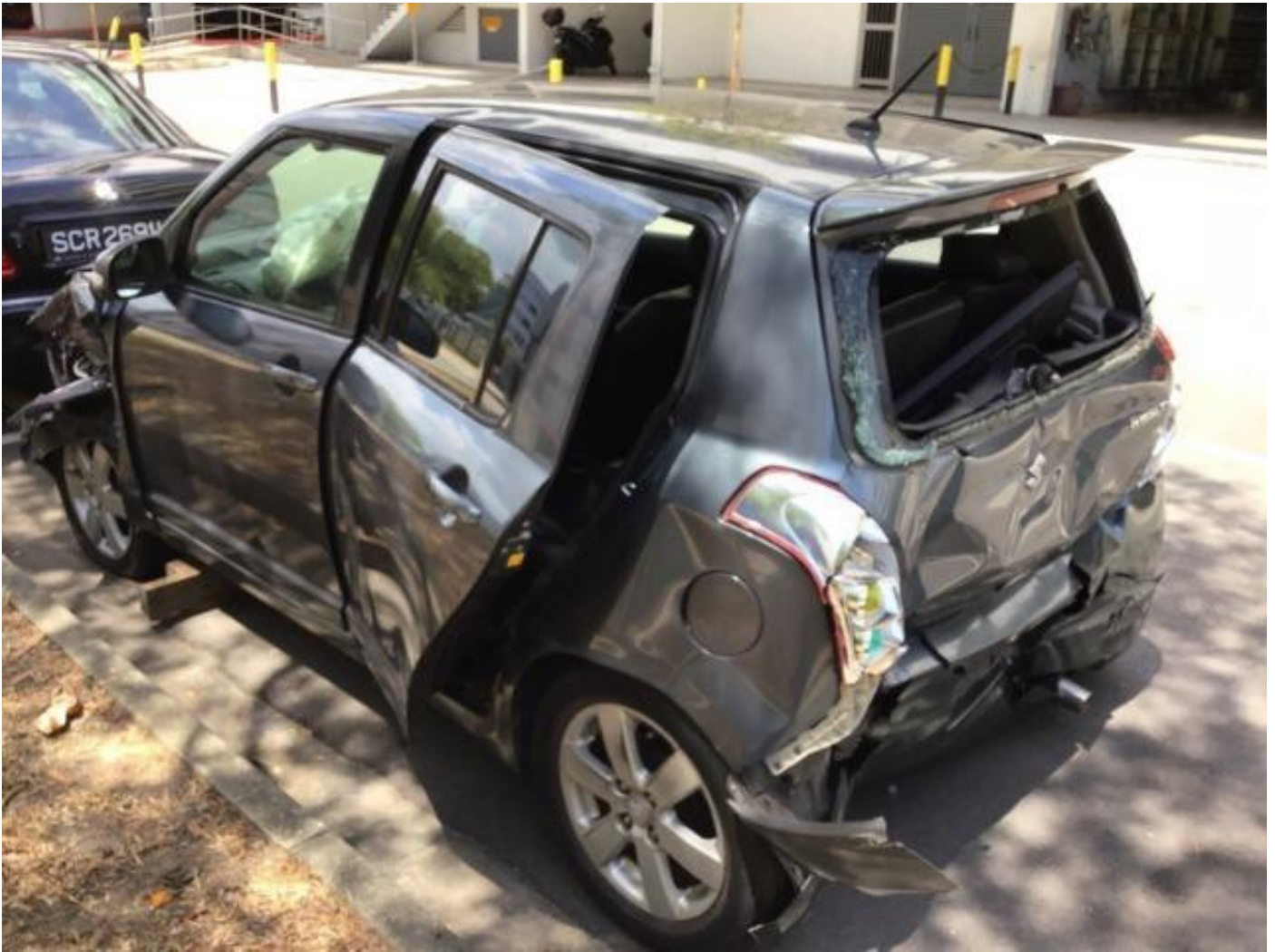
Accident Photo



Accident Photo



Accident Photo





Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1197417A



Name
MOHAMMAD ALAMI MUSA

Race
MALAY

Date of birth
07-07-1956

Sex
M

Country/Place of birth
SINGAPORE

S1197417A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1197417A**
Name:
MOHAMMAD ALAMI MUSA

Birth Date: **07 Jul 1956**
Issue Date: **28 Mar 2003**

000333795E



Identification Card

