

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 | 07/03/2019 13:07 |
| Date Of Accident | 06/03/2019 20:40 |
| Exact Location Of Accident | KJE EXITING INTO OLD WOODLANDS ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SLN2644M |
| Insured/Policyholder | |
| Name Of Registered Owner | ZAINAB BTE ARIFFIN |
| NRIC No | S1232519C |
| Email Address | MDALIF283@OUTLOOK.COM |
| Mobile Phone No | (LOCAL) +65-98502967 |
| Alternative Phone No | OTHERS-94874651 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | CIVIC |
| 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? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | A 80452597 QMY |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | MOHAMMAD ALIF BIN JAFAR |
| NRIC No | S9009890Z |
| Date Of Birth | 28/03/1990 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/09/2012 |
| Driving Experience | 6 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98502967 |
| Fax Number | |
| Contact Number | OTHERS-94874651 |
| E Mail Address | MDALIF283@OUTLOOK.COM |

| | |
|---|--|
| Address | BLK 337 JURONG EAST AVENUE 1 #06-1558 |
| Postcode | 600337 |
| 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 | NO 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 | 1 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| 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: : FRIEND GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | JURONG WEST NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2689999 - FAX NO: 62672438 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190307/2003

Attachment(s)

| | |
|---|-------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH THE POLICE OFFICER |
| Was there any audio recorded? | NO |

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:

And 7/3/19

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

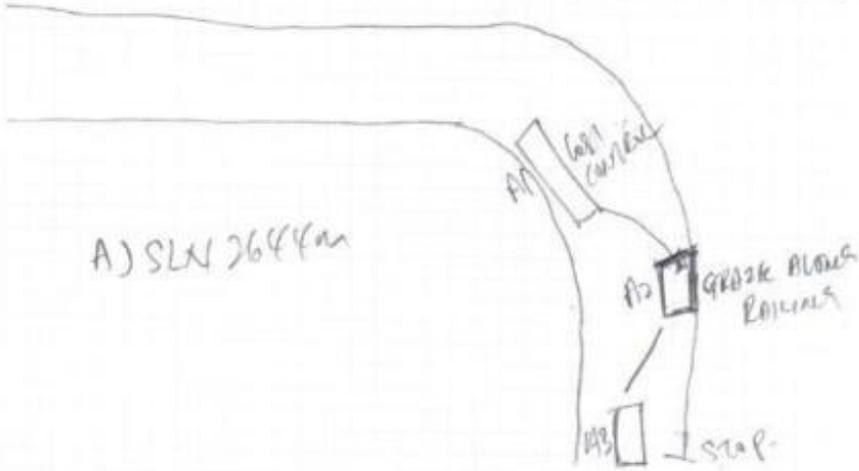
07/03/2019

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

Accident Sketch Plan

SKETCH PLAN

KJE FYTHING OLD WOODBALS ROAD-



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pol REFKA to police report?

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

[Signature]
7/3/19.
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]
07/03/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190307/2003

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

1 of 3

Report No: T/20190307/2003

REPORT OF A TRAFFIC ACCIDENT

| | | |
|---|------------------------------------|-----------------------|
| Date/Time Report Made 07/03/2019 00 41 | Video Report No L/20190306/0142 | Station Diary No 8 |
|---|------------------------------------|-----------------------|

| Informant's Particulars | | | |
|---|-----------|--|-----------------------------|
| Name of Informant MOHAMMAD ALIF BIN JAAFAR | | Address APT BLK 337 JURONG EAST AVENUE 1 #06-1558 SINGAPORE 600337 | |
| ID Type / ID No NRIC NO / S9009890Z | | Contact No Home/Office Mobile: 94874651 | |
| Nationality SINGAPORE CITIZEN | | Email | |
| Sex Male | Age 28 | Date of Birth 28/03/1990 | Type of Informant Driver |
| Race Javanese | | Language | Institution / School Name |
| Occupation SAFETY COORDINATOR | | Driving Licence Information Class: 3 | Date of Expiry |

| General Information of the Accident | | | | |
|---|-----------------------------------|-----------------------------------|---|------------------------------------|
| Type of Accident | Non-injury Government Property | Drink Drive No | Date/Time of Accident 06/03/2019 20 40 | Type of Location Bend |
| Location Along Road 1 KRANJI EXPRESSWAY EXIT INTO OLD WOODLANDS ROAD | | | | |
| Weather Clear | | Road Surface Dry | Road Speed Limit | |
| Traffic Flow | | Traffic Control Not Controlled | Traffic Volume No Traffic | |
| Type of Collision Moving Vehicle Against - Road Divider/Kerb/Railings | | | | Anyone conveyed by ambulance No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|-------|-------|-------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SLN2644M | Car | HONDA | CIVIC | White | Seriously Damaged | 1 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

POLICE REPORT



SINGAPORE
POLICE FORCE

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



Report No. T/201903072003

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|--------------------------------|
| Driver | | | |
| Name | MOHAMMAD ALIF BIN JAFAR | ID No | S9009890Z |
| Related Vehicle | SLN2644M (Car) | Contact No | 94874551 |
| 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.

On the 06/03/18 at about 2040hrs, I was driving my car (SLN2644M) along KJE exiting into Old Woodlands Road. I then noticed that there were debris on the road surface thus, I changed lane to avoid the debris. As I was changing lane, my car suddenly skidded and I lost control and collided onto the railings on the left. The left side of my car then went up the railing which caused my vehicle to overturn onto the right. After a few moments, my car landed back. I then alighted from my car and called for Police assistance. I then made a check on my vehicle and notice that the right side of my vehicle was severely damaged due to my vehicle was overturn on my right.

I wish to state that I have a in-car camera installed and I have forward the footage to TP IO Afq. I also wish to state that the railings on the left side was damaged.

POLICE REPORT



SINGAPORE
POLICE FORCE

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



T/20190307/2003

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Report No. T/20190307/2003

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 J / Sgt 1 CHEW WEI XIANG | Signature Of Informant |
| Signature Of Interpreter: Not applicable | Date/Time: 07/03/2019 00:41 |
| Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No. 65476172 | Classification Of Case SN 126 |
| Authentication Stamp NP188 | Singapore Police Force |

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9009890Z



Name
MOHAMMAD ALIF BIN JAFAR

Race
JAVANESE

Date of birth
28-03-1990

Country of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9009890Z**

Name
MOHAMMAD ALIF BIN JAFAR

Birth Date: **28 Mar 1990**

Issue Date: **18 Sep 2012**

0021067268



2283350

IDENTITY CARD No. **S9009890Z**



Date of issue
12-11-2008

Address
**APT BLK 337 JURONG EAST AVENUE 1
#06-156B
SINGAPORE 600337**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

16 Sep 2012

NP 425A

Licence No. **S9009890Z**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



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