

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	10/04/2019 14:09
Date Of Accident	09/04/2019 17:30
Exact Location Of Accident	BUKIT TIMAH EXPRESS WAY TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8405C
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Insured/Policyholder

Name Of Registered Owner	MOHAMMED YAKOOB KAMAL BATCHA
NRIC No	S7570926I
Email Address	EMAUTOSOLUTION@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-93865685
Alternative Phone No	OFFICE-93865685

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 RSZ (A)
Exact Purpose for which vehicle was being used at time of accident	
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 CAR

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00012716
Cover Note Number	

Driver

Name of Driver	MOHAMMED YAKOOB KAMAL BATCHA
NRIC No	S7570926I
Date Of Birth	15/08/1975
Occupation	INDOOR
Date Of Driving Pass	01/09/1998
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93865685
Fax Number	
Contact Number	OFFICE-93865685
Email Address	EMAUTOSOLUTION@SINGNET.COM.SG

Address	APT BLK 9 ST. GEORGE'S ROAD #11-276 S'320009
Postcode	
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to sketch plan

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	GBD4747H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MOHAMMED YAKOOB KAMAL BATCHA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJH8405C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN


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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:

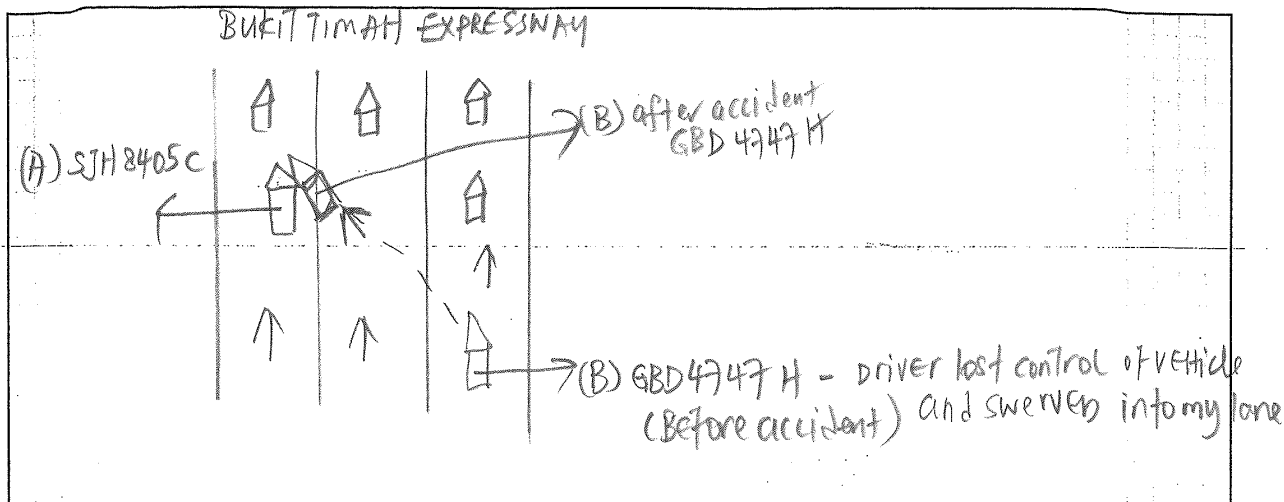

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan Pg. 2

SKETCH PLAN

Date: 09/04/19 Time: 17:30hrs Location: Bukit Timah Expressway
 My Vehicle A: SJH 8405 C Vehicle B: GBD 4747 H Vehicle C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* ATTACHED police report ATTACHED *

Report No: T/20190410/2053

() Claim OD / TP at Ah Lim Motor ☒ Claim OD / TP at other workshop () Reporting Only

Remarks : Please forward a copy of my efile accident report to

My workshop :

Email Address :

& Myself :

Email Address :

EM SOLUTION PTE LTD

160 Sin Ming Drive

#03-18/19 Sin Ming Autocity

Singapore 575722


Tel: 6456 0226 Fax: 6458 4500

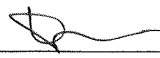
Email: emautosolution@singnet.com.sg

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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



Witnessed by Reporting Centre
 Personnel

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20190410/2053

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20190410/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2019 11:07		Vide Report No.: E/20190409/0102		Station Diary No.: 55
Informant's Particulars				
Name of Informant: MOHAMMED YAKOOB KAMAL BATCHA		Address: APT BLK 9 ST. GEORGE'S ROAD #11-276 SINGAPORE 320009		
ID Type / ID No.: NRIC NO / S7570926I		Contact No.: Home/Office: Mobile: 93865685		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 43	Date of Birth: 15/08/1975	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: SALES MANAGER		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/04/2019 17:30	Type of Location:
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY TOWARDS WOODLANDS Lamp Post Number: 1171S12				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD4747H	Lorry	NISSAN		Silver		0
SJH8405C	Car	HONDA	STREAM 1.8 RSZ A	Silver	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20190410/2053

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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20190410/2053

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH8405C	FWD Singapore Pte. Ltd	PNPV2018-00012716	25/09/2018	24/09/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MAIAH MOHAMMAD RIPON		ID No.	G2526331L
Related Vehicle	GBD4747H (Lorry)		Contact No.	85085970
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
Driver				
Name	MOHAMMED YAKOUB KAMAL BATCHA		ID No.	S7570926I
Related Vehicle	SJH8405C (Car)		Contact No.	93865685
Hospital/Clinic	FINEST HEALTH MEDICAL CENTRE		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	10/04/2019		Date Discharge	10/04/2019
No. of Days granted Medical Leave		03	Degree of Injury	Slight

Brief Details.

On 09/04/2019 at about 1730hrs, I was driving my car reg. no. SJH8405C along BKE towards Woodlands. I was driving on the third lane, when a pick-up lorry reg. no. GBD4747H which was on the first lane, suddenly turn to the left and collided head onto the right side of my car. The collision caused my car to go to the left, hitting the barrier in the process. The collision also caused the lorry to turn and stopped against the flow of traffic.

Traffic police and ambulance came down to scene but no one was conveyed. Both my car and the lorry was towed away by EMAS. I suffered shoulder and back pain due to the accident. I received 3 days of Medical Leave.



**SINGAPORE
POLICE FORCE**



T/20190410/2053

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Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 3
Report No. T/20190410/2053

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: E / Staff Sgt MUHAMMAD FARIS BIN SUPARLI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/04/2019 11:07
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp NP168	SN 168

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

