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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	15/04/2019 10:18
Date Of Accident	14/04/2019 13:25
Exact Location Of Accident	KITCHENER LINK TWDS SERANGOON RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB5538E
Insured/Policyholder	
Name Of Registered Owner	AZLIN BINTE ABDUL AZIZ
NRIC No	S7510619Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98282650
Alternative Phone No	OFFICE-98282650
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A80468760QMY
Cover Note Number	

Driver

Name of Driver MOHAMMAD RAZALI BIN MAHMAD

NRIC No S7345147G
Date Of Birth 31/12/1973
Occupation OUTDOOR
Date Of Driving Pass 23/06/1997

Driving Experience 21 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98282650

Fax Number

Contact Number OFFICE-98282650

EMail Address NOEMAIL

BLK 304A ANCHORVALE LINK Address

#05-150

Postcode 541304

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident Weather Conditions **DRIZZLING** Road Surface WET

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

Number of Passengers (Including Driver)

ambulance?

YES

NO

4

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME:

GENDER: : MALE

Passenger 2

NAME:

GENDER: : FEMALE

Passenger 3

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 SENGKANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE, POSTCODE: Police Station Address

545025, COUNTRY: SINGAPORE

TEL NO: 1800 - 3438999 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190414/2080.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Remarks/ Reasons: VIDEO FOOTAGE WITH TRAFFIC POLICE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKV4539R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Accident Sketch Plan

SKETCH PLAN

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 interested parties.
- 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:
 - 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:
 - 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 Personne

nature

NRIC/FIN No.:

Accident Sketch Plan

CH PLAN			
Ki-Howard Gal	(A)	A: SUB B: SK	5538 E , 4519 R
RIBE CIRCUMSTANCES OF THE	ACCIDENT		
Uter to police report.			
ARATION eclare the foregoing particulars are t	true in expect.		
Dider's Signature Dri	iver's Signature driver is not the policyholder)	Reporting Centre P	ersonne 's Signature

Police Report





2 Sengkang Square #01-02 SINGAPORE

1 of 3 Report No. T/20190414/2080

545025 Tel No: 1800-343 8999

Sengkang N.P.C

Police Station Of Origin:

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2019 17:21	Vide Report No.: A/20190414/0105	Station Diary No.:
	A/20130414/0103	122

THO ME	110 1120 10 11 121		A/20190414/0103	122		
Informa	nt's Partici	ulars				
MOHAN		ALI BIN MAHMAD	Address: APT BLK 304A ANCHORVA 541304	LE LINK #05-150 SINGAPORE		
ID Type / ID No.: NRIC NO / S7345147G			Contact No.: Home/Office:	Mobile: 90258905		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age:	Date of Birth: 31/12/1973	Type of Informant:			
Race: Indian			Language: English	Institution / School Name:		
Occupation: Assisatant Engineer		r	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/04/2019 13:25	Type of Location Straight Road	
	LINK				
Weather: Road Drizzling Dry		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance:	

Details of Vehicle Involved					THE REAL PROPERTY.	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKV4539R	Car					0
SLB5538E	Car					3

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

Police Report





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 2 of 3 Report No. T/20190414/2080

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Driver	I Statement	STREET		CATALOG SERVI		940000000000000000000000000000000000000
Name	MOHAMMAD RAZA	ALI BIN MA	HMAD	ID No		S7345147G
Related Vehicle	NIL			Conta	ict No.	90258905
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 14/04/2019 at about 1327hrs, I was driving my vehicle SLB5538E along Kitchener Link heading towards Serangoon Road. It started to drizzle but the road surface was dry. It was a dual carriage way and I noticed a Grab vehicle SKV4539R which stopped at the side with the hazard light on as he was alighting his passengers.

As such, I overtook his vehicle and had my left signal on as I was initiating a left turn. After ensuring that there was no oncoming vehicle and safe to move, all of a sudden, the aforesaid Grab vehicle then move off from the side on my left and knocked onto the front left side of the vehicle.

I then alighted my vehicle to assess the damages and took photographs. However, the driver was not apologetic and insisted he had an in car camera. Subsequently, the driver drove off.

Traffic Police came down reference A/20190414/0105 under TP IO Rizwan , 65476185 and I does not have any details of the grab driver.

There was no injuries and no government property damaged.

The whole accident is captured on my in car camera.

Police Report





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

3 of 3 Report No. T/20190414/2080

CONTINUATION OF REPORT

Sketch Plan

TP/GIT/

NP168

Contact No.: 65476202

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Singapore Police Force

Authentication Stamp Signature.

Informant is not able to provide sketch plan

//3	
Signature Of Officer Recording The Report: F / Staff Sgt CHEE SI WEI, FELIX	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2019 17:21
Officer In Charge Of Case:	Classification Of Case:

SNUG

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.

























