

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	18/04/2019 16:02
Date Of Accident	17/04/2019 15:30
Exact Location Of Accident	KAKI BUKIT AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW1412A
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SHAHRIN BIN ABDUL JALIL
NRIC No	S7245046I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96450009
Alternative Phone No	OFFICE-96450009

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM SUNROOF 1.8L A
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT110136
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AJIZ BIN MUHAMAD SAHRIN
NRIC No	S9625177G
Date Of Birth	23/07/1996
Occupation	OUTDOOR
Date Of Driving Pass	13/05/2015
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96450009
Fax Number	
Contact Number	OFFICE-96450009
Email Address	NOEMAIL

Address	BLK 669 JALAN DAMAI #12-55
Postcode	410669
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	CHAIN 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	3
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)	2
Passenger 1	NAME: : SHANMUGA S/O THURINAVOKARSU GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT- T/20190417/7032.

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	FBA2319P
Vehicle Make/Model/Colour	CB400
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ABDUL RASHID BIN ABDUL HAMID
NRIC/Passport Number	S9137976G
Contact Number	87530544

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKS7702G
Vehicle Make/Model/Colour MERCEDES BENZ
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver EUGENE KOH YEW KIAT
NRIC/Passport Number G2054801R
Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name MUHAMMAD AJIZ BIN MUHAMAD SAHRIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLW1412A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SHANMUGA S/O THURINAVOKARSU
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLW1412A
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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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.

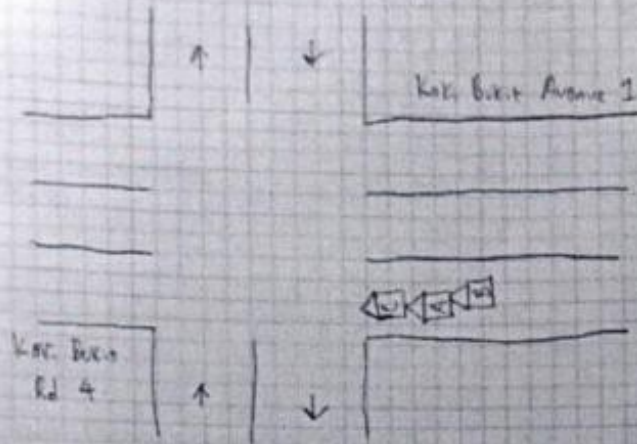
Policyholder's Signature
Date & Time

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

Reporting Centre Person's Signature
Name
NRIC/FIN No.

Accident Sketch Plan

SKETCH PLAN



A SW 10/2A
DISKS 72026
C FBR 13/19P


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

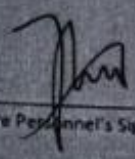
Refer to attached police report.

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/TIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190417/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190417/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2019 21:10	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD AJIZ BIN MUHAMAD SAHRIN			Address: APT BLK 669 JALAN DAMAI #12-55 SINGAPORE 410669		
ID Type / ID No.: NRIC NO / S9625177G			Contact No.: Home/Office: Mobile: 96450009		
Nationality: SINGAPORE CITIZEN			Email: muhdajiz10@gmail.com		
Sex: Male	Age: 22	Date of Birth: 23/07/1996	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Vehicle Information: Of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/04/2019 15:30	Type of Location: X-Junction
Location: BEDOK RESERVOIR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA2319P	Motorcycle				Slightly Damaged	1
SKS7702G	Car	MERCEDES BENZ			Seriously Damaged	1
SLW1412A	Car	HONDA	STREAM		Seriously Damaged	2

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190417/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190417/7032

CONTINUATION OF REPORT

Passenger			
Name	SHANMUGA S/O THURINAVOKARSU		ID No. S9604475E
Related Vehicle	SLW1412A (Car)		Contact No. 93248224
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	17/04/2019	Date Discharge	17/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	MUHAMMAD AJIZ BIN MUHAMAD SAHRIN		ID No. S9625177G
Related Vehicle	SLW1412A (Car)		Contact No. 96450009
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	17/04/2019	Date Discharge	17/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON 17/04/2019 AT ABOUT 15:30HR, I WAS DRIVING MY VEHICLE - SLW1412A, ALONG KAKI BUKIT AVENUE 1. AS THERE WAS A PEDESTRIAN CROSSING AT THE TRAFFIC LIGHT, FRONT MOTORCYCLE - FBA2319P, BRAKED. I IMMEDIATELY STOPPED AS WELL, WITHOUT HAVING CONTACT WITH THE MOTORCYCLE. ABOUT 1-2 SECONDS LATER, VEHICLE NUMBER - SKS7702G, HIT ONTO MY STATIONARY VEHICLE'S REAR PORTION. THE GREAT IMPACT CAUSED MY VEHICLE TO PROPEL FORWARD AND HIT ONTO THE FRONT MOTORCYCLE.

MY PASSENGER & I THEN SEEK MEDICAL ATTENTION AT INTEMEDICAL 24 HR CLINIC, AND WERE ENTITLED TO 5 DAYS MEDICAL LEAVE RESPECTIVELY.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190417/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190417/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
17/04/2019 21:10

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

