

## 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	11/05/2019 13:50
Date Of Accident	08/05/2019 14:50
Exact Location Of Accident	PIE TWDS TUAS NEAR CLEMENTI EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE6711Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROHAIZA BINTE ALAP
NRIC No	S7500855D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91093008
Alternative Phone No	OFFICE-91093008

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 X (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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA459415/1
Cover Note Number	

### Driver

Name of Driver	MOKHTAR BIN ARIFF
NRIC No	S1110038D
Date Of Birth	12/01/1955
Occupation	INDOOR
Date Of Driving Pass	21/09/2011
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91093008
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	SINGAPORE
Postcode	
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

Type Of Accident	COLLISION - HEAD TO REAR
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)	5
Passenger 1	NAME: : ALIFF GENDER: : MALE
Passenger 2	NAME: : BERTHA RIAULYNA GENDER: : FEMALE
Passenger 3	NAME: : ANITA VRISTIANA GENDER: : FEMALE
Passenger 4	NAME: : ROHAIZA BINTE ALAP GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	<b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20190509/2173

#### 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	SJP7911Y
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	MOKHTAR BIN ARIFF
Approximate Age	64
Injuries Sustain	
Injured person in which vehicle?	SLE6711Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	BERTHA RIAULYNA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLE6711Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	ANITA VRISTIANA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLE6711Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 4

Name	ROHAIZA BINTE ALAP
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLE6711Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	

Postcode

DETAILS OF INJURED PERSON 5

Name	ALIFF
Approximate Age	1
Injuries Sustain	
Injured person in which vehicle?	SLE6711Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

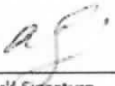
#### IMPORTANT NOTICE


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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:

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

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

I am fully aware that my insurer may have a 14-day period for me to decide on filing an Own Damage Claim.

Date of Accident 08/05/2019

[illegible]

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

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



# SINGAPORE POLICE FORCE



T/20190509/2173

1 of 4

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20190509/2173

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/05/2019 18:21	Vide Report No.:	Station Diary No.: 169
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**Informant's Particulars**

Name of Informant: MOKHTAR BIN ARIFF			Address: APT BLK 106B CANBERRA STREET #07-463 SINGAPORE 752106		
ID Type / ID No.: NRIC NO / S1110038D			Contact No.: Home/Office: Mobile: 91093008		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 12/01/1955	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/05/2019 14:50	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  towards Tuas, near Clementi Exit 26				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SJP7911Y	Van				Slightly Damaged	2
SLE6711Z	Car				Seriously Damaged	4

**Details of Person Involved**

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



# SINGAPORE POLICE FORCE



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Police Station Of Origin:  
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11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20190509/2173

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Mohamed Samsudin	ID No.	S1474974H
Related Vehicle	SJP7911Y (Van)	Contact No.	NIL
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
<b>Driver</b>			
Name	MOKHTAR BIN ARIFF	ID No.	S1110038D
Related Vehicle	SLE6711Z (Car)	Contact No.	91093008
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/05/2019	Date Discharge	08/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	Rohaiza Binte Alap	ID No.	S7500855D
Related Vehicle	SLE6711Z (Car)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/05/2019	Date Discharge	08/05/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Passenger</b>			
Name	Anita Vristiana	ID No.	B9447351
Related Vehicle	SLE6711Z (Car)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/05/2019	Date Discharge	08/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight





**SINGAPORE  
POLICE FORCE**



T/20190509/2173

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Report No. T/20190509/2173

**CONTINUATION OF REPORT**

Passenger			
Name	Bertha Riaulyna	ID No.	B9293536
Related Vehicle	SLE6711Z (Car)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/05/2019	Date Discharge	08/05/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

On 08/05/2019 at about 1450 hours, I was driving my vehicle, SLE 6711Z along PIE towards Tuas. I was driving on lane 1 at about 70 km/h. While I am nearing to Clementi Exit 26, I noticed that the traffic start to slow down thus, I started to slow down. As my vehicle was stationery, I noticed that my car was being rear ended. I immediately made a check and realized that there was one white van, SJP7911Y that had rear ended me. When i asked him about the accident, he informed that he was unable to brake in time. At the point of time, my 4 passengers and I did not require any medical attention. However, we had visited the doctor and were given medical leaves. I would like to mention that I will be bringing my 8 month old son to the doctor as a precaution. I am lodging this report for insurance purposes.



**SINGAPORE  
POLICE FORCE**



T/20190509/2173

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Report No. T/20190509/2173

**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:  
A /  
Sgt 2 MUHAMMAD NASRUL BIN RADZUAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/05/2019 18:21

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

Classification Of Case:

Authentication Stamp  
NP168

Singapore Police Force