## 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 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

<ol><li>By the lodgement of this report to the insurers, you hereby cons aforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/05/2019 14:58
Date Of Accident	16/05/2019 19:00
Exact Location Of Accident	PAYA LEBAR RD TWDS UBI
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL5255S
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83030087
Vehicle Particulars	
Manufacturer	BMW
Model	520
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	B 29100055 MCY
Cover Note Number	-
Driver	

<b>:</b> .		
riv	<b>7</b> /0	w

Name of Driver ALFOUZAN NADA ABDULLAH A

NRIC No G3489687P Date Of Birth 26/09/1979 Occupation **INDOOR Date Of Driving Pass** 17/04/2019

**Driving Experience** 0 YEAR AND 0 MONTH

Gender **FEMALE** 

Mobile Number (LOCAL) +65-83030087

Fax Number

Contact Number

**EMail Address** NADAABDULLAH@HOTMAIL.COM

BLK 6 BATTERY RD #35-01 Address

049909 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Was any other material or property damaged?

1 Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ORCHARD NEIGHBOURHOOD POLICE CENTRE

ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY: Police Station Address

**SINGAPORE** 

TEL NO: 1800-7359999 - FAX NO: 67331934 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

UNKNOWN Vehicle Registration Number

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)

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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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 cogies 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 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: 17 -5-19

Driver's Signature

(If driver is not the policyholder) Date & Time: [7.5.7019

Name

NRIC/FIN No.:

Reporting Centre Personnel's Signature

## **Accident Sketch Plan**

SKETCH PLAN			
Paya L	ebar tavards	to Ubi	A: SJL 5255S B: UNKNOWN
1 7	[Lory [SLJ5250]	Duis	
ESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT		
		7/2/34	
		Petry No. Hanaot 1/234	
	AHOUND	Plee	
			, and the second second
0)4	articulars are true in every respect.		John .
licyholder's Signature te & Time: 17 - 5 - 17	Oriver's Signature (If driver is not the policyh Date & Time:   7 . 5	iolder) Name:	ntre Personnel's Signature

## POLICE REPORT





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

Report No. T/20190517/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2019 18:32		Made:	Vide Report No.:	Station Diary No. 136	
Informan	t's Partici	ulars	Call the moreon design	THE RESERVE OF THE PARTY OF THE	
Name of Informant: ALFOUZAN NADA ABDULLAH A			Address: APT BLK 6 BATTERY ROAD #35-01 SINGAPORE 049909		
ID Type / ID No.: FIN NO / G3489687P		79	Contact No.: Home/Office: Mobile: 83030087		
Nationalit SAUDI Al	for the second second		Email:		
Sex; Female	Age: 39	Date of Birth: 26/09/1979	Type of Informant: Driver		
Race: Others			Language: English	Institution / School Name:	
Occupation: HOUSEWIFE			Driving Licence Information: Class: 3A	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/05/2019 19:00	Type of Location Straight Road	
Location: Along Road 1 PAYA LEBAR Towards Ubi. Weather:	ROAD before junction of Ar	umugam Road. Road Surface:		Double Company of the	
Clear Dry				Road Speed Limit:	
		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Moving vehicle against - stop vehicle rear corner				Anyone conveyed by	

Details of V	ehicle Invo	lved		September 552	65 英 位 1000 000	TO TAKE OF SHIP
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJL5255S	Car	BMW	520D	White	Slightly Damaged	0
	Lorry			White		0

#### POLICE REPORT



T/20190517/2136

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999 2 of 3 Report No. T/20190517/2136

#### CONTINUATION OF REPORT

#### Brief Details.

On 16/2019 at about 1900hrs, I was driving a Hertz company rental car SJL5255S (BMW/White) along Paya Lebar Road extreme right lane towards Ubi area.

Before reaching the junction of Arumugam Road, I remain driving at the extreme right lane. However, at the second lane from the right in front of there is a white unknown lorry stopped. When I see a space for me to enter another lane on the right, I continue to drive, as I am sure there is enough space for me to pass through.

However, while doing so, the left side of my car suddenly hit the right rear of the said lorry. I was shocked but somehow I came out to speak to the driver believed to be Indian. When he checked that the lorry has no damaged, he just said okay and said that I can make my own report and that we can go separate ways. I do not have any visible injury and the lorry driver also did not complaint of any injury.

When I asked to exchange particulars, he refused and said no need. He just left the place after that. By the time I returned back to my car, I am still in a shock state. A such I forgotten to take down the lorry's vehicle number.

Earlier, I also checked that the lorry has no damages. As for the car that I am driving, the left side mirror is damaged and the mirror is cracked. The Is also a dent to the left rear passenger door.

I have brought the matter to Hertz company and I told that they required the lorry's vehicle number for insurance purposes.

I am lodging this report for police to look into the matter.

## **POLICE REPORT**





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

3 of 3 Report No. T/20190517/2136

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: E / Sr Staff Sgt NAZRI BIN AHMAD , Ju-	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/05/2019 18:32
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	













