

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	28/05/2019 17:31
Date Of Accident	23/05/2019 11:15
Exact Location Of Accident	CTE (SLE) AFTER JALAN BAHAGIA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1249S
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Insured/Policyholder

Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SDV12322/VPZ/R00
Cover Note Number	

Driver

Name of Driver	AZHAR BIN AHMAD
NRIC No	S1720583H
Date Of Birth	05/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	06/12/1996
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96368791
Fax Number	
Contact Number	OFFICE-96368791
Email Address	NOEMAIL

Address	BLK 684D WOODLANDS DRIVE 73 #02-191
Postcode	734684
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	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?	YES
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: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190525/2008.

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	GBH2695R
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KALIYAPERUMAL DURAI
NRIC/Passport Number	G8358003N
Contact Number	

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

DETAILS OF INJURED PERSON 1	
Name	AZHAR BIN AHMAD
Approximate Age	
Injuries Sustain	CHEST & LEG
Injured person in which vehicle?	SLP1249S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

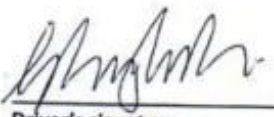
- 1) Please report correctly on the details of the accident to speed up the claims process.
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- 5) Any false reporting may be referred to the police for investigation.
- 6) The report will be forwarded by the insurers of the GIA Records Management Centre 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:


Driver's signature
(if driver is not policy holder)
Date / time:


reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN

A grid for sketching an accident scene. A vehicle icon is drawn in the upper left. To its right, the following text is handwritten:

A: SLA 1249J
B: GBH 2695R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190525/2008

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 4
Report No. T/20190525/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2019 01:03		Vide Report No.: A/20190523/0046		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: AZHAR BIN AHMAD			Address: APT BLK 684D WOODLANDS DRIVE 73 #02-191 SINGAPORE 734684		
ID Type / ID No.: NRIC NO / S1720583H			Contact No.: Home/Office: Mobile: 96368791		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 05/04/1965	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/05/2019 11:15	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY Along CTE towards SLE, after Jalan Bahagia Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH2695R	Lorry	TOYOTA	DYNA 150 5MT	Silver	Slightly Damaged	0
SLP1249S	Car	TOYOTA	WISH 1.8 CVT	Silver	Totally Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
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T/20190525/2008

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

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Report No. T/20190525/2008

CONTINUATION OF REPORT

Driver				
Name	KALIYAPERUMAL DURAI		ID No.	G8358003N
Related Vehicle	GBH2695R (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	AZHAR BIN AHMAD		ID No.	S1720583H
Related Vehicle	SLP1249S (Car)		Contact No.	96368791
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/05/2019		Date Discharge	24/05/2019
No. of Days granted Medical Leave	07		Degree of Injury	NIL

Brief Details.

On the 23/05/2019 at about 1115hrs, I was driving along CTE towards SLE, after Jalan Bahagia Exit. I am driving a silver Toyota Wish (SLP1249S) for Grab. I was fetching a female passenger, whom was seated on the left rear passenger seat. She was heading from Margaret Drive to Wan Tho Avenue.

I was driving on the most left lane. I wanted to slip in to Upper Serangoon Road, which is about 800 meters away. While driving, I saw that another vehicle ahead of me, about three-car length away, was slowing down. I start to apply the brakes while I was slowly closing the gap. About 10 seconds later, while I was still slow moving, I suddenly felt a huge impact from the rear. Although I had my seatbelt on, the impact had caused my chest to hit onto the steering wheel, while my left leg hit onto the dashboard. I heard like a loud explosion from the rear.

Both of my legs and back was in pain. I was not able to move my left leg. I just drive to the road shoulder and engaged the parking gear. I made a check with my female passenger who informed that she was fine. I did not see any visible injuries on her. I noticed that the rear windscreen was shattered and there were glass fragments on the rear car seat.

At about 1127hrs, ambulance personnel came and assist me out of the driver seat. While I was outside, I noticed that the rear bumper was dislodged. The lorry that hit onto me, was a silver Toyota Dyna (GBH2695R). The lorry suffered dents on the front centre panel, dented front vehicle registration number plate and a cracked front bumper. I asked a few passerby who assisted me at the scene to help take out my personal belongings from the rear boot but the boot was jammed and unable to open. Traffic Police and AETOS officers were at scene. I managed to exchange particulars with the lorry driver. The Indian lorry driver kept apologizing to me.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190525/2008

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Report No. T/20190525/2008

CONTINUATION OF REPORT

I was conveyed to Tan Tock Seng Hospital where I was warded for 24hrs for contusion of lower limb. I did not have any in-car camera installed.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190525/2008

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20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

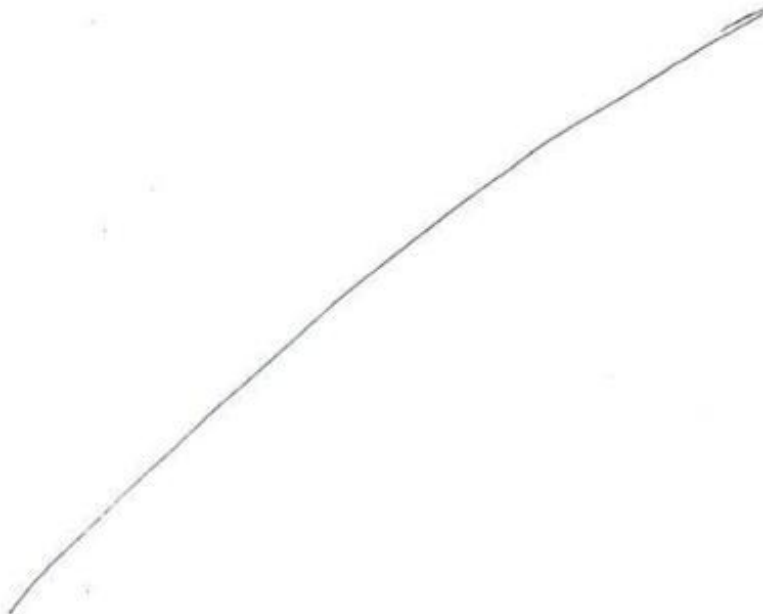
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Report No. T/20190525/2008

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:
D /
Staff Sgt HIZAMI BIN MOHAMAD RAFI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact 65474885

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/05/2019 01:03

Classification Of Case:

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

