

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	27/05/2019 12:03
Date Of Accident	27/05/2019 09:15
Exact Location Of Accident	JALAN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA4129C
Insured/Policyholder	
Name Of Registered Owner	ZAINOLLAH BIN ABDULLAH
NRIC No	S1763817C
Email Address	HERSHEYS6679@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96679129
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 GF CVT (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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-003778
Cover Note Number	

Driver

Name of Driver	ZAINOLLAH BIN ABDULLAH
NRIC No	S1763817C
Date Of Birth	22/11/1966
Occupation	INDOOR
Date Of Driving Pass	20/05/1999
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-96679129
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	HERSHEYS6679@YAHOO.COM.SG

Address	BLK 852 J/WEST ST 81 #07-317
Postcode	640852
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO.T/20190527/2019.

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	AN9139P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	UNKNOWN RIDER
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

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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/FIN No.:

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN

Th Ahmad
 Ibrahim

vehicle @: SMA 4129C
 vehicle @: AN9193P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Per Police Report No. T/20190527/2019.

☒ Claim own policy
☐ Claim third party
☒ Claim OD
☐ For third person

At other works hop LT Motor

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/FIN No.:

GIAR64C SketchPlanForm_v3

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190527/2019

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20190527/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2019 10:13	Vide Report No.: J/20190527/0042	Station Diary No.: 41
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Informant's Particulars

Name of Informant: ZAINOLLAH BIN ABDULLAH			Address: APT BLK 852 JURONG WEST STREET 81 #07-317 SINGAPORE 640852		
ID Type / ID No.: NRIC NO / S1763817C			Contact No.: Home/Office: Mobile: 96679129		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 22/11/1966	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Assistant Station Manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/05/2019 09:15	Type of Location: Roundabout
Location: Along Road 1 JALAN AHMAD IBRAHIM before Jurong Pier Road.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SMA4129C	Car	HONDA	FIT 1.3GF CVT	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA4129C	EQ INSURANCE COMPANY LTD.	DMPPHQ18- 003778	06/06/2018	05/06/2019



SINGAPORE
POLICE FORCE



T/20190527/2019

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20190527/2019

CONTINUATION OF REPORT

Brief Details.

On the 27/05/2019 at around 0915hrs, while I was driving my car bearing registration no. SMA4129C on the right lane of Jalan Ahmad Ibrahim (before Jurong Pier Rd), one lorry who was travelling on the left side of the lane had swerved into my lane.

I managed to stop in time however one motorcycle bearing registration no. AN9193P had collided onto my car rear left side bumper. I am not injured. My bumper is damaged due to the collision.

The Traffic Police attended to the scene with reference to report no. J/20190527/0042 and had advised me to lodge a Police report.

That's all.



**SINGAPORE
POLICE FORCE**



T/20190527/2019

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20190527/2019

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:
J /
Staff Sgt MUHAMMAD HAFIZ BIN DARLIS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/05/2019 10:13

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SUFIYAN BIN KHAIRI
Contact No.: 65476390

Classification Of Case:

Authentication Stamp

NP168



Signature :

Singapore Police Force



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
 (REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

PRIVATE CAR Comprehensive

Certificate No.: DMPPHQ18-003778

Form: MX2

Excess:

Insured/Named Driver SGD500.00

Unnamed Drivers SGD1,000.00

YEID Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles
SMA4129C

2. Name of Policyholder
ZAINOLLAH BIN ABDULLAH

3. Effective Date of the Commencement of Insurance for the purpose of the Act
06/06/2018

4. Date of Expiry of Insurance
05/06/2019

5. Person or Classes of Persons entitled to drive*
 (a) The Policyholder
 (b) Any other person who is driving on the Policyholder's order or with his permission.

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations as to use*
 Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover :

- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purpose in connection with the Motor Trade

*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I\WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Authorised Signatory
EQ Insurance Company Limited

unmsys/HO/A000137/I Insurance Agency





A Member of Citystate

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S1763817C**
Name
ZAINOLLAH BIN ABDULLAH

Birth Date **22 Nov 1966**
Issue Date **08 May 2003**

000492685F




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 May 1999

NP 426A

Licence No. S1763817C



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSAT 19068268 Vehicle Registration No: SMA 4129C

Name (as shown in NRIC) : Zainollah bin Abdullah NRIC/FIN/Passport No : S1763817C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 27/5/2019 Time of Accident : 09:15


Place of Accident : Jln Ahmad Ibrahim

Insurance Company: EQ Insurance Co. Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

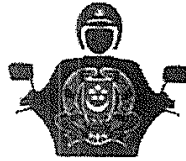
- amend third party vehicle number



Policyholder / Driver's Signature
Date:



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



Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

Traffic Police

AMENDMENT

Name: ZAINOLLAH BIN ABDULLAH	Traffic Accident Report no: T/20190527/2019
Address: BLK 852 JURONG WEST STREET 81 #07-317 SINGAPORE 640852	Accident Date / Time: 27/05/201 @ 0915hrs
NRIC no: S1763817C	Vehicle(s) involved: AN9139P SMA4129C GBH9285U
Contact no: 96679129	
Date of Amendment: 27/05/2019	

Dear Sir / Madam

I wish to amend as follows:

Reference to the Traffic report which I lodged on 27 May 2019 (Vide: T/20190527/2019). I wish to amend the vehicle licence plate. It was initially recorded wrongly as AN9193P. The correct licence is AN9139P

Yours faithfully

