#### 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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	08/07/2019 15:32
Date Of Accident	05/07/2019 13:30
Exact Location Of Accident	CTE/AYETWDS TUASB4BUKIT MERAH EXITNEARIMAP P/F573
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC341H
Insured/Policyholder	
Name Of Registered Owner	SAERAH BINTE PUTEH
NRIC No	S0139976D
Email Address	SHAHRILISA@YMAIL.COM
Mobile Phone No	(LOCAL) +65-86425313
Alternative Phone No	OTHERS-86425313
Vehicle Particulars	
Manufacturer	DAIHATSU
Model	M301RS-GQGEW
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80449351 QMX
Cover Note Number	
Driver	

Name of Driver ISA BIN MANAP
NRIC No S2011378B
Date Of Birth 17/09/1949
Occupation INDOOR
Date Of Driving Pass 16/07/1999

Driving Experience 19 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86425313

Fax Number

Contact Number OTHERS-86425313

EMail Address SHAHRILISA@YMAIL.COM

**BLK 155 GANGSA ROAD** Address

#05-341

Postcode 670155

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** 

**COLLISION - HEAD TO REAR** Type Of Accident

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

YES Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

3

Passenger 1 NAME: : NIL

> **GENDER:** : FEMALE

Passenger 2 NAME: : NIL

> GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name **BUKIT PANJANG** 

Police Station Address ROAD: 1 SEGAR ROAD, POSTCODE: 677738, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE POLICE REPORT: T/20190706/2082

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SKT5754P Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver JIMMY TEO

NRIC/Passport Number

Contact Number 91831314

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name ISA BIN MANAP

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SLC341H
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful</u> and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 ...
  - 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: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

#### Sketch Plan #2

KETCH PLAN	CTE->AYE	Begore But Heron
W W	- SEINET	near Imap Post Fs
	. A	-SLC341H 3-SKTS754P
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
		Deport
	00/10	e 12081
	Ne	1001
	been to sold	
8/5		
DECLARATION /We declare the foregoing parti	culars are true in every respect.	-8/7/2019
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.:





T/20190706/2082

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 2 of 3 Report No. T/20190706/2082

CONTINUATION OF REPORT

Details of Perso	n Involved		ELDINE.	Daniel Control	
Any Pedestrian I	nvolved: No				
No. of Pedestriar	Use of Pede	estrian	Cross	sing: NA	
Driver		William Property		0.000	THE RESIDENCE OF STREET
Name	Jimmy Teo		ID No.		NIL
Related Vehicle	SKT5754P (Car)			ct No.	91831314
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of Ir			Value of the last
Driver		SALES OF SALES	ACC. 10.10	- en mi	AND DESCRIPTION OF TAXABLE
Name	ISA BIN MANAP		D No.		S2011378B
Related Vehicle	SLC341H (Car)	(	Contact No.		98558047
Hospital/Clinic	ONECARE CLINIC BOON LAY	Į t	Class Driving Licenc Expiry	e &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment		Date Discharge 06/07/2019			/2019
No. of Days grant	Degree of Injury Slight				

#### **Brief Details**

On 05/07/2019 at about 1330 hrs, along Ayer Rajah Expressway towards TUAS, before Bukit Merah exit near to lamp post: F573, I was driving my vehicle, SLC341H, on the right lane of the two lane expressway. I then heard a loud bang and felt my vehicle surge forward. I then lost control of my vehicle as it spin 180 degrees before stopping on the road shoulder, facing against the flow of traffic. I then realized that one vehicle, SKT5754P had collided onto the rear of my vehicle. After the accident, I check on my two passenger before alighting from my vehicle. I then exchange particulars and contact with the other driver. At the point of time, no one had complaint of any injuries or pain.

The damage to my vehicle is the right rear bumper dented, right rear signal light, and rear door damage. The other vehicle is the front left portion damage. My vehicle does not have onboard CCTV and I am not sure if the other vehicle has onboard CCTV or there are any CCTV around the vicinity. On 06/07/2019, I started to felt pain on my left shoulder blade and lower back. I then proceeded to seek medical consultation and was given three days of medical certificate. After which I proceeded to the nearest police post, to lodge a Traffic Accident Report.

#### Sketch Plan #4















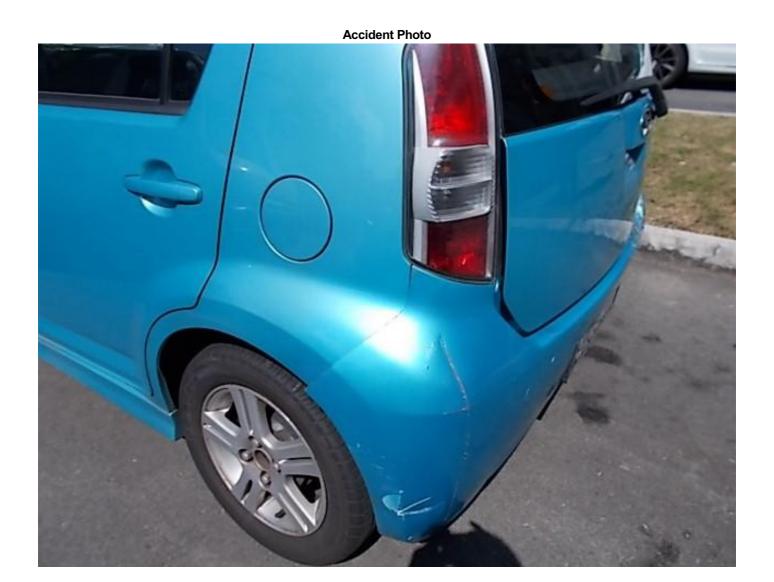


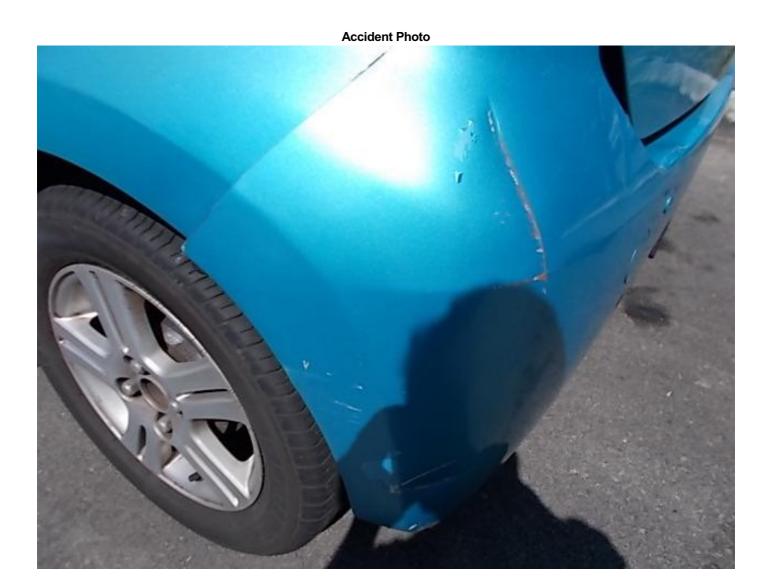


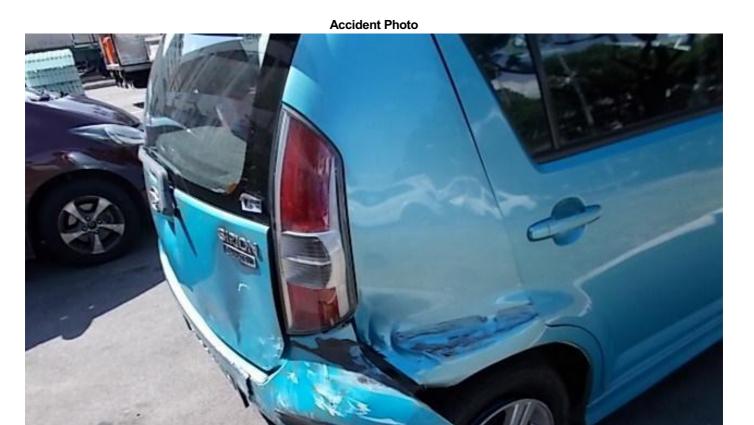


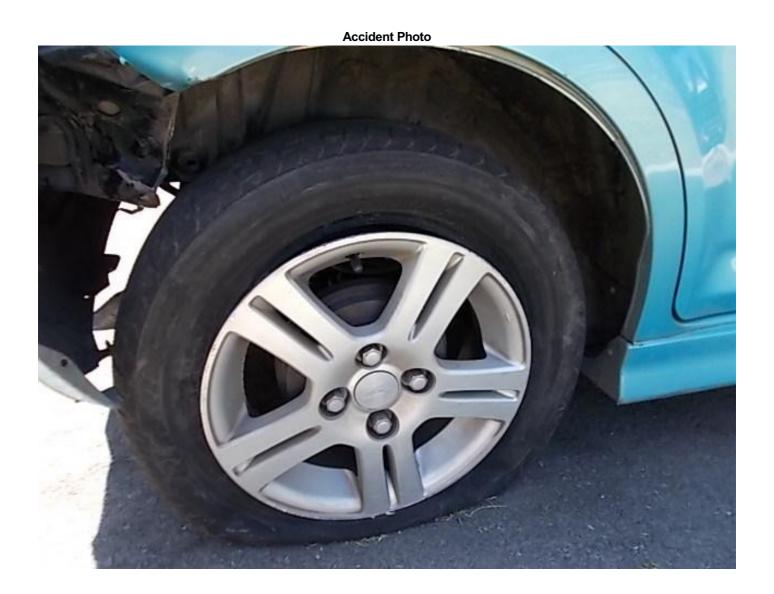


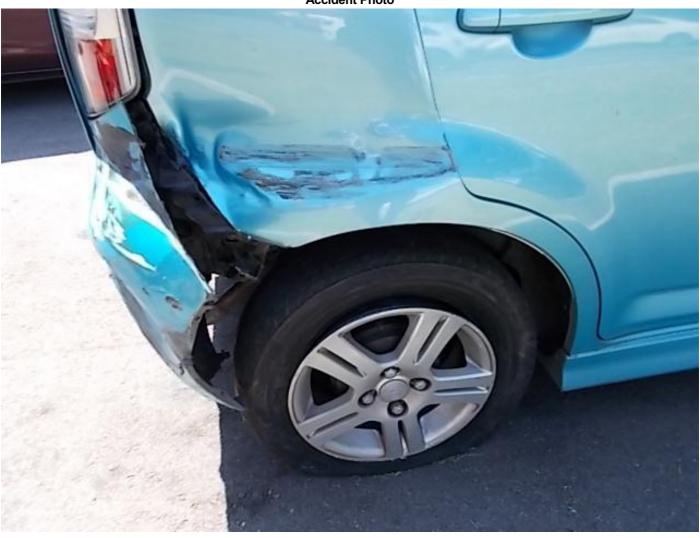










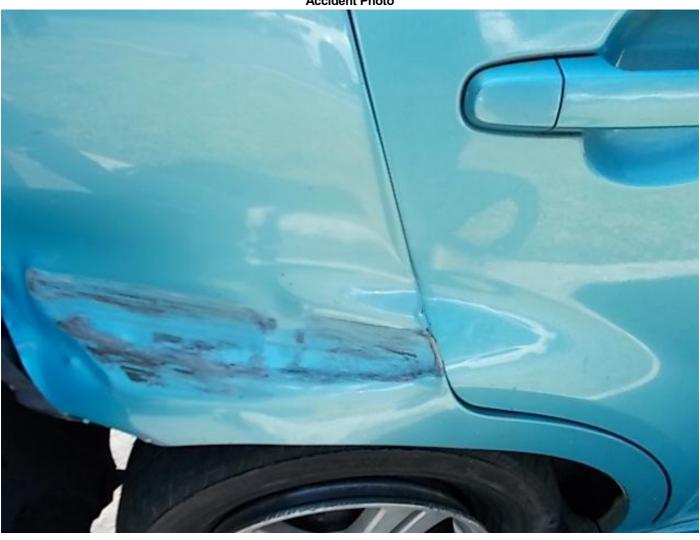


























#### Police Report





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

1 of 3 Report No. T/20190706/2082

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2019 15:40		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	THE RESERVE AND ADDRESS OF THE PARTY OF THE		
Name of Informant: ISA BIN MANAP			Address: APT BLK 155 GANGSA RO	OAD #05-341 SINGAPORE 670155	
ID Type NRIC N	/ ID No.: D / S20113	78B	Contact No.: Home/Office: 98558047		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 69	Date of Birth: 17/09/1949	Type of Informant: Driver		
Race: Malay			Language: English	. Institution / School Name:	
Occupation: PUMP ATTENDANT		Т	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

210	mation of the Acci	Drink	Date Time of		
Type of Accident:	Others	Drive:	Date/Time of Accident: 05/07/2019 13:30	Type of Location Bend	
	EXPRESSWAY	ah exit, near Imap post: F Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic Control: Dual Carriage Way Not Controlled				Traffic Volume: Moderate	
		Not Controlled	- N		

Vehicle No.	Туре	Make	Model	Color	Condition	No of Do
SKT5754P	Car	SUBARU	1	COIO	Condition	No of Passenge
SLC341H	Con	DANIETOLI		1		
3LC341H	Car	DAIHATSU	M301RS- GQGEW	Blue	Seriously Damaged	2

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLC341H	MSIG INSURANCE (SINGAPORE)	A80449351QMX	28/11/2018	27/11/2019	
	PTE, LTD.		20/1//2010	2//11/2019	





T/20190706/2082

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

2 of 3 Report No. T/20190706/2082

#### CONTINUATION OF REPORT

Details of Perso	on Involved				
Any Pedestrian I	nvolved: No			- 60	
No. of Pedestria	ns Injured: NIL	Use of Do	doctrio	Cran	dan MA
Driver		Use of Pe	uestriai	Cross	sing; NA
Name	Jimmy Teo			),:	NIL
Related Vehicle	SKT5754P (Car)			ct No.	91831314
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disci		gramma and the same	
No. of Days gran	Degree of		NIL		
Driver	ted Medical Leave NIL	Degree of	irijury	NIL	The second second
Name	ISA BIN MANAP				S2011378B
Related Vehicle	SLC341H (Car)			ct No.	98558047
Hospital/Clinic	ONECARE CLINIC BOON LAY			of g ee & Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	06/07/2019	Date Disch		06/07	/2010
No. of Days grant	Degree of Injury Slight				

#### Brief Details.

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#### **Police Report**





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

3 of 3 Report No. T/20190706/2082

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 / Sr Staff Sgt CHOO NGAI PANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/07/2019 15:40
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	