

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	15/07/2019 14:43
Date Of Accident	13/07/2019 21:35
Exact Location Of Accident	MANDAI ROAD L/P 125
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG457Z
Insured/Policyholder	
Name Of Registered Owner	MOHAMED RAFIE BIN MOHAMED SANI
NRIC No	S8608154G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91090600
Alternative Phone No	OTHERS-91090600

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY
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 80455188 QMX
Cover Note Number	

Driver

Name of Driver	MOHAMED RAFIE BIN MOHAMED SANI
NRIC No	S8608154G
Date Of Birth	26/03/1986
Occupation	INDOOR
Date Of Driving Pass	29/01/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91090600
Fax Number	
Contact Number	OTHERS-91090600
Email Address	NOEMAIL

Address	BLK 925 JURONG WEST STREET 92 #04-95
Postcode	640925
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 - CHANGE/CROSS LANE
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)	4
Passenger 1	NAME: : SON GENDER: : MALE
Passenger 2	NAME: : SON GENDER: : MALE
Passenger 3	NAME: : DAUGHTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POICE REPORT:T/20190714/2089

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2396J
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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 MOHAMED RAFIE BIN MOHAMED SANI

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? SKG457Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name MOHD QAIS AUSHAF BIN MOHD RAFIE

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SKG457Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name ANIQ BIN MOHD REDZUAN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SKG457Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name QALESYA ADELIA BINTE MOHD RAFIE

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SKG457Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** 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 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:



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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190714/2089

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

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Report No. T/20190714/2089

CONTINUATION OF REPORT

Driver			
Name	Narayanadoss Ramesh	ID No.	G8209071T
Related Vehicle	XE2396J (Tipper Truck)	Contact No.	86718968
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

Brief Details.

On the 13/07/2019 at about 2135hrs, I was driving my vehicle, a Grey coloured Honda Odyssey bearing registration number "SKG457Z " along Mandai Road lamp post number 125 when a white Mitsubishi Fuso tipper truck bearing registration number "XE2396J" collided into the rear right side of my vehicle and this caused me to swerve and my front left bumper of my vehicle hit the kerb however I was able to regain control of my vehicle. He then stopped about 200m away after other motorists honked him repeatedly. I was given 5 days outpatient medical leave whereas all 3 of my passengers(my children) were given 3 days outpatient medical leave. All were discharged on the same day. The tipper truck driver did not sustain any injuries to my knowledge. I also wish to state that traffic police attended to my scene and no government property were damaged. All vehicles involved were Singapore registered vehicles. Lastly, I wish to state that my vehicle has in-vehicle video recording system(Front & Back) and I am able to provide a copy of the video footages.

The damage to my vehicle is as follows:

- Rear right of my brake lights broke
- Right rear body of vehicle dented
- Front left lower bumper scratched

For the other tipper truck, the only damage is some scratches to his front left bumper. That is all.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190714/2089

1 of 4

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

Report No: T/20190714/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2019 21:12	Video Report No.:	Station Diary No.:
		227

Informant's Particulars			
Name of Informant MOHAMED RAFIE BIN MOHAMED SANI		Address: APT BLK 925 JURONG WEST STREET 92 #04-95 SINGAPORE 640825	
ID Type / ID No.:		Contact No.:	
NRIC NO / S8808154G		Home/Office	Mobile: 91090600
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 26/03/1986	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Personal Driver		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/07/2019 21:35	Type of Location: Straight Road
Location: Along Road 1 MANDAI ROAD				
Lamp Post Number: 125				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG457Z	Car				Seriously Damaged	3
XE2396J	Tipper Truck				Slightly Damaged	1

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190714/2089

Police Station Of Origin:
Nanyang N.P.C.
2 Jurong West Avenue 5 SINGAPORE
640482
Tel No: 1800-7925999

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Report No: T/20190714/2089

CONTINUATION OF REPORT

Passenger			
Name	Mohd Qas. Aushaf Bin Mohd. Rafie	ID No.	T1538831A
Related Vehicle	SKG457Z (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/07/2019	Date Discharge	14/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	Aniq Bin Mohd Redzuan	ID No.	T1515376F
Related Vehicle	SKG457Z (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/07/2019	Date Discharge	14/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Mohamed Rafie Bin Mohamed Sami	ID No.	S8808154G
Related Vehicle	SKG457Z (Car)	Contact No.	91090600
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	14/07/2019	Date Discharge	14/07/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	Qalesya Adelia Binte Mohd. Rafie	ID No.	T1324471A
Related Vehicle	SKG457Z (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/07/2019	Date Discharge	14/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Police Report



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CONTINUATION OF REPORT

Driver			
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Related Vehicle	XE2396J (Tipper Truck)	Contact No.	86718988
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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Police Report



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POLICE FORCE



T/20190714/2089

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

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Report No: T/20190714/2089

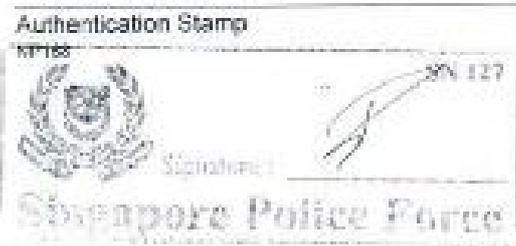
CONTINUATION OF REPORT

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report: J / Sgt 3 YAP QI LONG, BENJAMIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/07/2019 21:12
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65475185	Classification Of Case:



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8608154G



Name
MOHAMED RAFIE BIN MOHAMED
SANI

محمد رافى بن محمد سانى

Race
INDIAN

Date of birth
08-03-1968

Country of birth
SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8608154G

Name:
MOHAMED RAFIE BIN
MOHAMED SANI

Issue Date: 24 Mar 1998

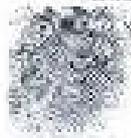
Valid Until: 24 Jul 2008

For LKK/NAC Use Only

S8608154G



License No. S8608154G



For LKK/NAC Use Only

Issue Date
14-06-10-9

Address
APT BLK 810 JURONG WEST STREET 80
#08-80
SINGAPORE 640925

CLASSIFIED (LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

CLASS	VEHICLE TYPE	VALID DATE
Class 1B	Motorcycle - 250 cc	21 Jul 2007
Class 2A	Motorcycle between 250 cc and 400 cc	21 Jul 2007
Class 2	Motorcycle - 400 cc	21 Jul 2007
Class 3	Motor car - 2000 cc and up (1) power sports performance of less than 100 km/h and motor motorcycles - 250 cc	21 Jul 2007
Class 4	Heavy motor cars and motor coaches - 2000 cc	21 Jul 2007

For LKK/NAC Use Only

License No. S8608154G