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	18/09/2019 15:38
Date Of Accident	17/09/2019 19:05
Exact Location Of Accident	PIE (CHANGI) BEFORE EUNOS LINK EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGS7713Y
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD HAIKEL BIN MOHAMAD HAFIDZ
NRIC No	S8817196I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96364414
Alternative Phone No	OFFICE-96364414
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8L A
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00001799-01
Cover Note Number	
Driver	
Name of Driver	MOHAMAD HAIKEL BIN MOHAMAD HAEIDZ

Name of Driver MOHAMAD HAIKEL BIN MOHAMAD HAFIDZ

NRIC No S8817196I
Date Of Birth 19/05/1988
Occupation OUTDOOR
Date Of Driving Pass 22/07/2016

Driving Experience 3 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96364414

Fax Number

Contact Number OFFICE-96364414

EMail Address NOEMAIL

Address BLK 321 WOODLANDS STREET 32

#04-233

Postcode 730321

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 CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

4

NO

YES

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

NO 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

NO

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

ce Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190918/7006.

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

Vehicle Registration Number SLL9863L
Vehicle Make/Model/Colour ALTIS

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 18

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKK8143E Vehicle Make/Model/Colour MAZDA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMA6124C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

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 MOHAMAD HAIKEL BIN MOHAMAD HAFIDZ

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SGS7713Y
Were seat belts worn? YES

Were seat belts worn?
Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 1. Please report enterthy the detailed the audition to speed U2 the aligner protocol
- 2. This farm must be prompleted be the Policy halder and/or the Authorized Defra-
- Information provided must be as trushful and entyrate as 02000/e. Any milhid migrapresentation or with colding of material facts may allow insurface companies to psychological publish.
- The issue and exceptance of this Form by interance companies and admission of policy tablety on the cort of the resurence companies.
- Any false recombinings be referred to the Police for investigation.
- The report will be forwarded by the inturiers of the GIA records Management Control established by the General Insurance
 Association of Singapore (GIA) for architengand that copies of this report still for a fee be available upon application by
 interested parties.
- By the ladgment of this report to the insurers, you hareby content to the architing of this report at the centre and to copies of the report being made explaints aforeseld.
- 1. Consumt under the Personal Data Protection Act (PDPA)

Lunderstand, 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 empossessed 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' lavyers/jaw firms, the Monetary Authority of Singapore and any relevant government agency/suthority (such as the police), for the purpose(s) of:
 - processing, handling and/or deating with my define including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my colma-
 - (iii) carrying out and/or dealing with my instructions or responding to any enquires by mos
 - (Iv) administering my claims (including the resiling of correspondence, statements, invoices, reports or notices to me, which could involve discissure 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 any claims.[collectively the "Purposes")
- (b) all insurer(a) who have insured vehicle(s) involved in this occident and the insurers' trayers/fav firms, may/are permitted to collect, use, distince and/or process my Personal information for one or more of the above Purposes; and
- 11) my Personal Information mapires to disclosed by any of the insurers and/or GIA to their third party service providers or agents@ngtuding thuir inwpary/aw firms), which may be sited outside of Singaporo, for one or more of the chave Purposes.
- (b) my Personal Information will also be collected and used to contable claims history for the purpose of freed denoming, investigation and management in present and all future dalms.
- (e) The information so collected under (d) above may be shared / disclared:
 - (i) to all finances and/or any other third parties that assist in availuating, investigating, controlling or managing fraud, regulators, law enforcement and government agancies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policytoleans Signature Date & Times Oriver's Signiture (If driver is not the policyholder) Date & Timé: Réporting Centre Personnel's Signature Name:

KRIC/FIN No.1

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Accident Sketch Plan

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DECLARATION Avaidate the foregoing part	ticulars are true in e	very resposs.		1	
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Scanned by CamScanner

Police Report



T/20190918/7006

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20190918/7006

REPORT	F A TRAFFIC	ACCIDENT			
Date/Time Report Made: 18/09/2019 11:42		lado:	Vide Report No.:	Station Diary No.	
Informa	nt's Particu	ilars	Value of the second	ter a literature to E	
Name of	Informant: AD HAIKEL	BIN MOHAMAD	Address: APT BLK 321 WOODLANDS SINGAPORE 730321	STREET 32 #04-233	
ID Type / ID No.: NRIC NO / S8817196I		961	Contact No.: Home/Office:	Mobile: 96364414	
National SINGAP	ity: ORE CITIZ	EN	Email: stage6104@gmail.com		
Sex: Age: Date of Birth: 19/05/1988			Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: SAFETY CO-ORDINATOR		NATOR	Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/09/2019 19:05	Type of Location: Straight Road
Location: PAN ISLAND Weather:	EXPRESSWAY	Road Surface:	F	Road Speed Limit:
A 10 MI AND ST. 1 MI TO 1		Dry		0 Km/h
Clear		Traffic Control: Not Controlled		
Traffic Flow: One Way				raffic Volume: leavy

Details of V	ehicle Invo	lved	THE PERSON NAMED IN	H. W. C. St.	Market Co.	
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGS7713Y	Car	HONDA	CIVIC+1.8L+	Silver		0

Details of V	ehicle Insurance	SALES OF SALES	VE UE ANTENNE	
Vehicle No.	Insurance Company	Insurance No	Effective	Explry Date
	FWD Singapore Pte. Ltd	PNPV2018- 00001799-01	17/04/2019	16/04/2020

Police Report



T/20190918/7006

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190918/7006

CONTINUATION OF REPORT

Detaile of Color	n Involved			_		
Any Pedestrian Ir	ivolved: No				_	
No. of Pedestrians Injured: NIL Use of			Use of Pe	edestriar	Cross	ing: NA
Driver	THE REST OF STREET					
Name	MOHAMAD HAIKEL BIN MOHAMAD HAFIDZ		ID No		S8817196I	
Related Vehicle	SGS7713Y (Car)		Conta	ct No.	96364414	
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class Drivin Licens Explry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	17/09/2019 Date Di		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	03	Degree o	f Injury	Slight	

On the stated time and date i was travelling on pie towards changi before euros at lane one .My car was hit by vehicle number SLL9863L Toyota altis .Following by SKK8143E mazda and last car SMA6124C. Chain collision. I felt an impact following by another one. The car behind hit me first resulting the third car to impact again ,we all exchange patriculars and agreed to go onto a accident claim.

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190918/7006

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not able	to	nmvide	sketch	pla

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/09/2019 11:42
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	



















