SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number **EMail Address**

- 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 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

	ACCIDENT STATEMENT
Date Of Report	04/10/2019 16:47
Date Of Accident	15/08/2019 13:30
Exact Location Of Accident	JURONG ISLAND HIGHWAY NEAR SAKRA JUNC
Country/State of Loss	SINGAPORE
•	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB63J
Insured/Policyholder	0.55000
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62568888
Vehicle Particulars	
Manufacturer	SSANGYONG
Model	
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
f No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-19093224MFCV/130
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD ASYRAFUDDIN BIN JUPRI
NRIC No	S9146838G
Date Of Birth	18/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	03/12/2013
Driving Experience	5 YEARS AND 8 MONTHS

MALE

NOEMAIL

(LOCAL) +65-93692930

Address BLK 310 WOODLANDS ST 31

#02-08

Postcode 730310

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER(COMPANY)

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT BY FALLEN TREE / OTHER OBJECTS

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

1

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

YES

Was any other material or property damaged?

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

NO 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

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?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190815/2173

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 Witness 1

Name MANSOOR
Phone Number 96954518

Email Address

DETAILS OF INJURED PERSON 1

Name MOHAMMAD ASYRAFUDDIN BIN JUPRI

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? GBB63J
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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

03.10.19

(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.:

Accident Sketch Plan

SKETCH PLAN		CAND
	HWY	
- GBB63J		
- 488000 -	LAN	
4		
4		
4		
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Pla sal	to the police report	- /
115 1gg 0	to the police report	· 7/20190815/2173
0	,	
	slars are true in every respect.	
		L
	alars are true in every respect.	Hyw 05/19
DECLARATION /We declare the foregoing partic Policyholder's Signature Date & Time:	03.10.19	Sym os lo/19 eportin Centre Personnel's Signature

GIAAMC ShetchPlanForm_V3

Individual Statement





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

2 of 3 Report No. T/20190815/2173

Tel No: 1800-7929999

Driver	OF THE PARTY OF TH	dilles ?	-	Transfer of the last		CENTER OF SHARE
Name	MOHAMMAD ASYRAFUDDIN BIN JUPRI			ID No).	S9146838G
Related Vehicle	GBB63J (Van)			Conta	ct No.	93692930
Hospital/Clinic	NG TENG FONG G	ENERAL I	HOSPITAL	Class Drivin Licen Expin	g	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	15/08/2019	15/08/2019 Date Disc			15/08	3/2019
No. of Days gran	ted Medical Leave	04	Degree o		Slight	

CONTINUATION OF REPORT

On 15/08/2019 at about 1330hrs, I was travelling along Jurong Island Highway in my company vehicle GBB63J. While travelling near Sakra junction, I saw something dashed or flashed from the right to the left in front of me while I was driving. I quickly engaged my emergency brake but I did not managed to stop in time. As a result of e-brake, my vehicle swerved to be the right and hit onto the kerb. Subsequently, the vehicle slightly swiped with a tree and my vehicle overturned. I had closed my eyes when my vehicle hit the kerb. I only realized my vehicle have slightly swiped the tree when I got out of my vehicle. I have escaped from the front windshield after the accident.

A witness namely Mansoor, H/P 96954518 came forward to help me. He told me that my vehicle had overturned a few times and provided his name and HP number as a witness to the accident. I was then conveyed to Exxonmobile Medical Centre prior to police's arrival. Thereafter, I was transferred to NTFH for further treatment.

According to the doctor, I have chest contusion due to the airbag that was deployed during the accident. I was given 4 days MC.

The left and front portion of the vehicle is seriously damaged.

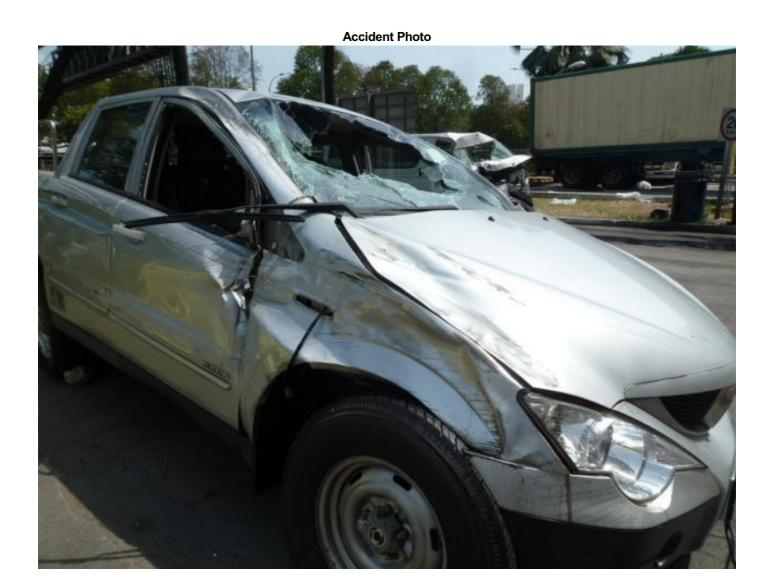
My friend passed me a case card ref D/20190815/0073 with TP IO Hidayu as in-charge.

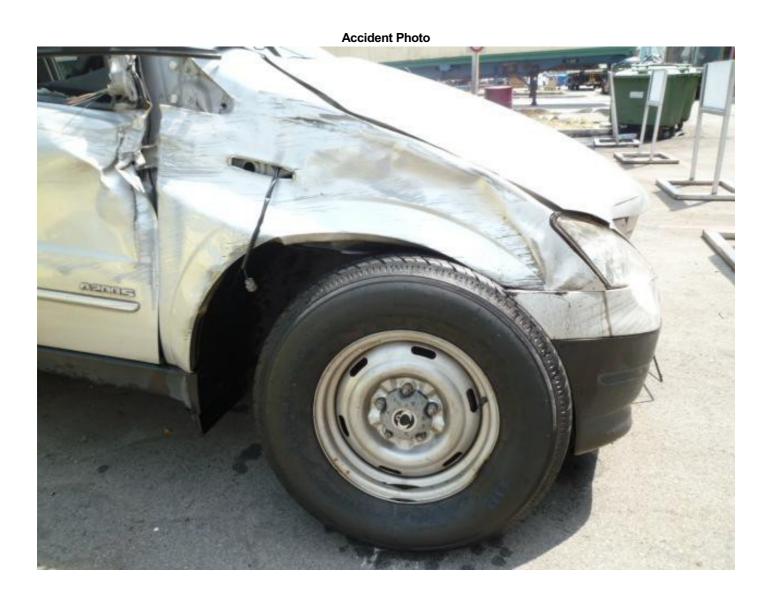


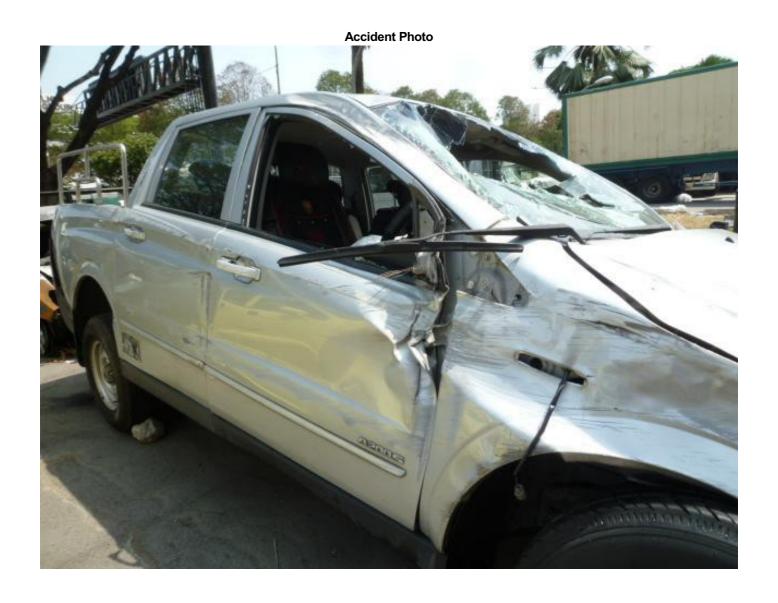


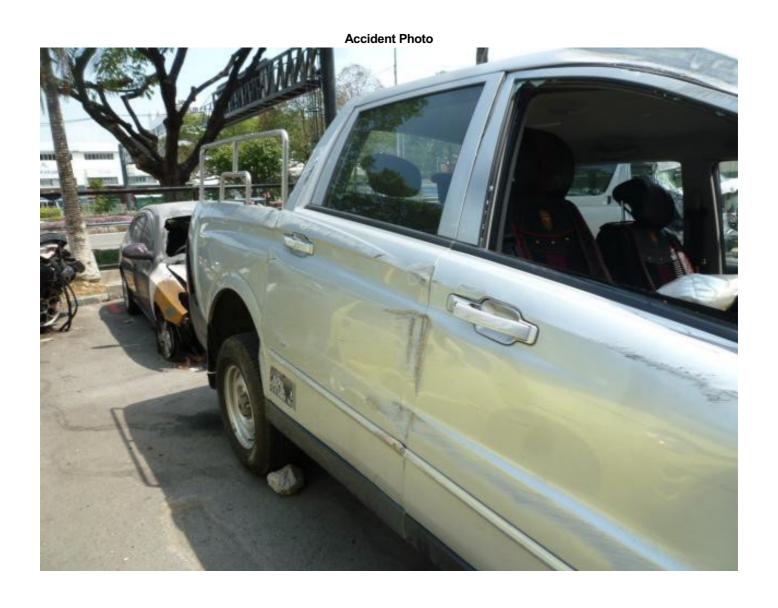






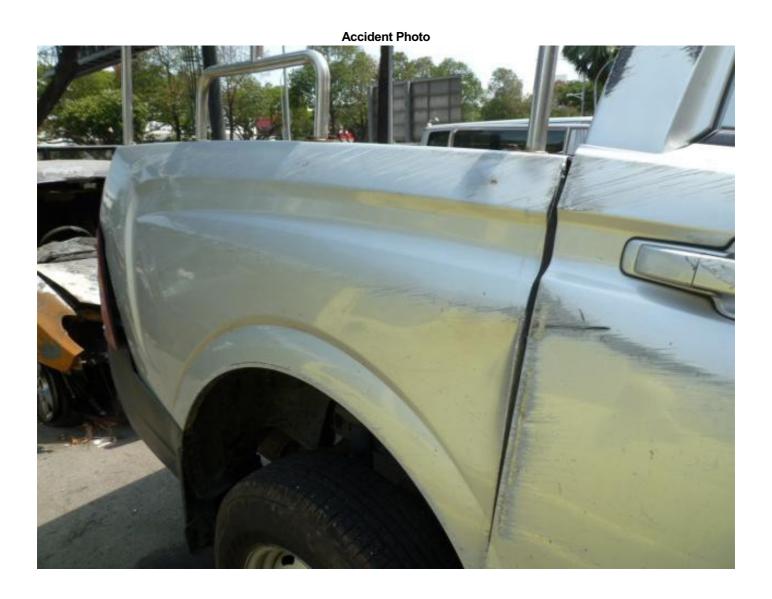


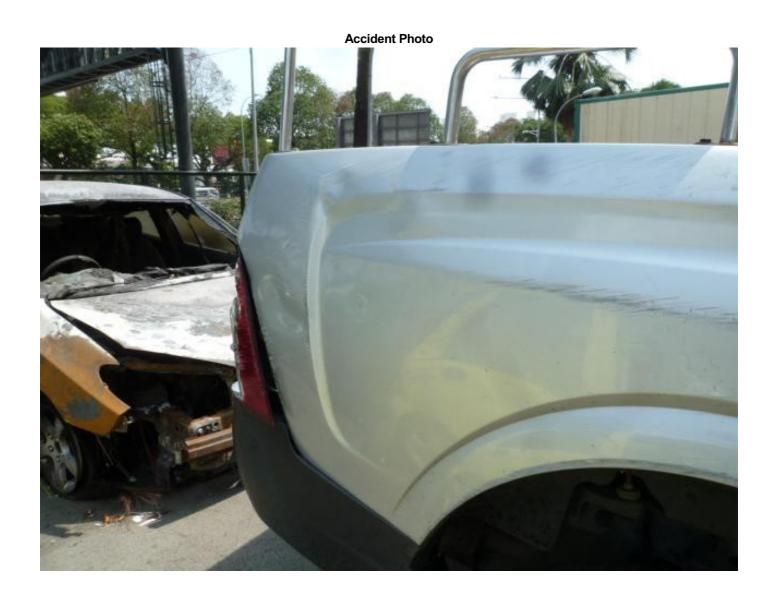








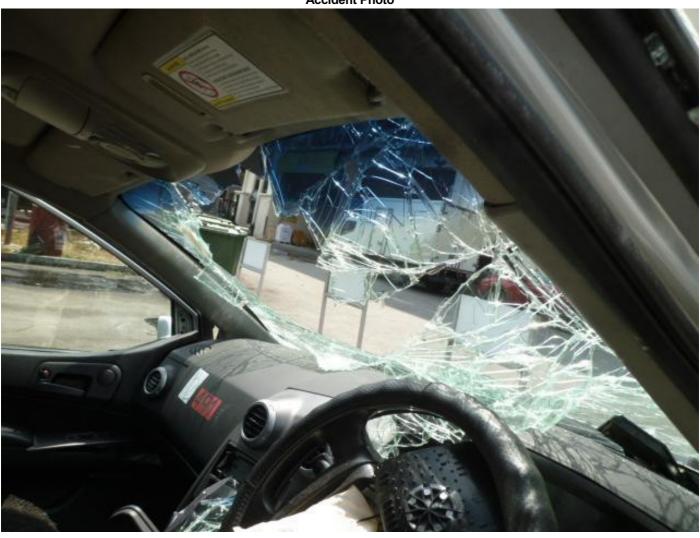


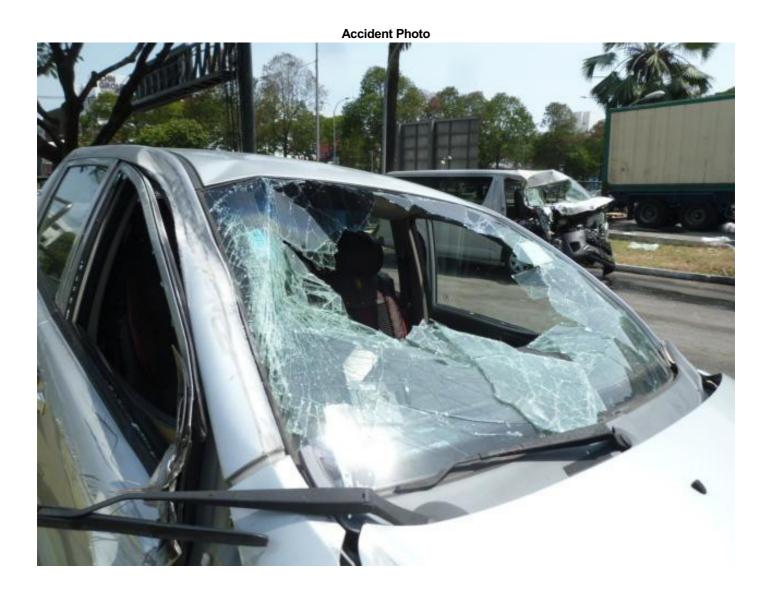




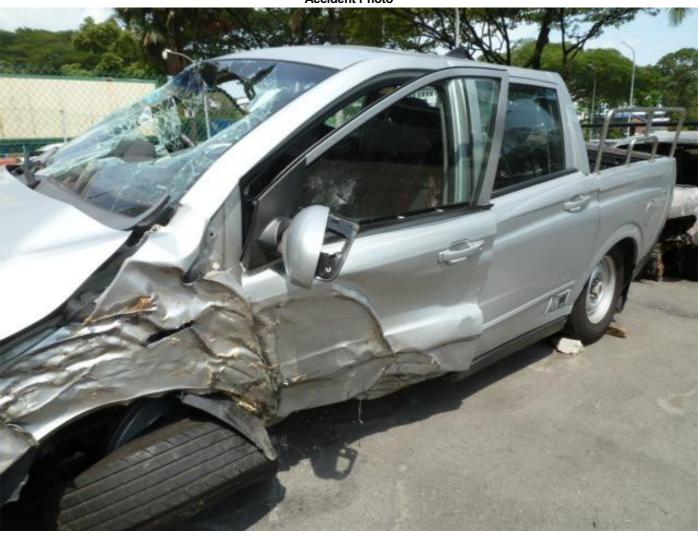




















Police Station Of Origin, Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

f of 3 Report No. 7/20190815/2173

Tel No. 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Ti- 15/08/2	me Report I 019 21:34	Made:	Vide Report No.: D/20190815/0073	Station Diary No.:	
Informa	int's Partic	ulars	-		
Name o MOHAN JUPRI ID Type	f informant:	: RAFUDDIN BIN	Address APT BLK 310 WOODLANDS 730310 Contact No.: Home/Office:	STREET 31 #02-08 SINGAPORE Mobile: 93692930	
National SINGAP	lity: PORE CITIZ	ŒN	Email:		
Sex: Male	Age: 27	Date of Birth: 18/12/1991	Type of informant: Driver		
Race Malay Occupation: FIRE TECHNICIAN			Language: English	Institution / School Name:	
			Orlying Licence Information: Class: 2B,3,4	Date of Expiry:	

Type of Accident Location:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/08/2019 13:30	Type of Location Bend
NEAR SAKR	AND HIGHWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit 70 Km/h
NOT THE WORLD CO.		Traffic Control:		Traffic Volume:
Traffic Flow: two way Type of Collis		Not Controlled		Light

Vehicle No.	Type	Make	Model	Color	Considerate	No. of Co.
GBB63J	Van	SSANGYONG	2	Silver	Seriously Damaged	No of Passenger

Details of Person Involved	a service per other and the service of the later
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 549482 Tel No: 1800-7929999 2 of 3 Report No. T/20190815/2173

CONTINUATION OF REPORT

Driver						FAMILIA TO THE
Name	MOHAMMAD ASYRAFUDDIN BIN JUPRI					S9146838G
Related Vehicle	GBB63J (Van)				ct No.	93692930
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licens Expiry	9 ce &	Class: 28,3,4 Date of Expiry: NIL
Date Treatment	15/08/2019 Date Disc				15/08	W2019
No. of Days grant	ted Medical Leave	04	Degree o	(Injury	Sligh	

Brief Details.

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Police Report





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 3 ef 3 Report No. T/20190615/2173

CONTINUATION OF REPORT

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Bud Division	Mark 11 Programme 1 Programme	C 1999	

Informant is not able to provide sketch;	ola	etch.	ske	provide	to.	able	not	nformant is	hmi
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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 NALINEE CHUA	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 15/08/2019 21:34
Officer in Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No : 65476904	Classification Of Case: