

## 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	07/11/2019 14:20
Date Of Accident	21/09/2019 07:40
Exact Location Of Accident	MCE TWDS HARBOURFRONT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2062Z
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#### Insured/Policyholder

Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

#### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V12322/VPZ/R00
Cover Note Number	

#### Driver

Name of Driver	OSMAN B IBRAHIM
NRIC No	S0036546G
Date Of Birth	14/04/1951
Occupation	OUTDOOR
Date Of Driving Pass	25/11/1985
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90098558
Fax Number	
Contact Number	OFFICE-90098558
Email Address	NOEMAIL

Address	BLK 442 SIN MING AVENUE #06-427
Postcode	570442
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE

#### 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
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190921/2064.

#### 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	GBC750D
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)	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
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- 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) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature  
Date / time:

Driver's signature  
(if driver is not policy holder)  
Date / time:

reporting centre personnel's Signature  
Date / time:

## Accident Sketch Plan

### SKETCH PLAN

A: SLH 2062Z  
B: GBC 750D

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to police report

### DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policy holder's signature  
Date & time:

  
Driver's signature  
(if driver is not policy holder)  
Date & time:

  
reporting centre personnel's Signature  
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190921/2064

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

1 of 3

Report No. T/20190921/2064

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2019 12:13		Vide Report No.: E/20190921/0059		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: OSMAN B IBRAHIM			Address: 442 SIN MING AVENUE #06-427 SIN MING COURT SINGAPORE 570442		
ID Type / ID No.: NRIC NO / S0036546G			Contact No.: Home/Office: Mobile: 90098558		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 14/04/1951	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/09/2019 07:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 MARINA COASTAL EXPRESSWAY TOWARDS HARBOURFRONT, KEPPEL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBC750D	Van	NISSAN	URVAN MICROBUS 3.0 4DR 5MT ABS AIRBAG	Blue	Slightly Damaged	0
SLH2062Z	Car	TOYOTA	WISH 1.8 CVT	Silver	Seriously Damaged	3

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190921/2064

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

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Report No. T/20190921/2064

### CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	OSMAN B IBRAHIM	ID No.	S0036546G
Related Vehicle	NIL	Contact No.	90098558
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 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 ABOVE STATED DATE, TIME AND PLACE,

I WAS DRIVING ALONG MCE GOING TO KEPPEL ROAD WHEN I SAW A POLICE VEHICLE AT THE SIDE OF THE EXPRESSWAY, AND THE VEHICLE WAS STATIONARY ON THE SECOND LANE. I DID NOT SEE THE TRAINGLE SIGN WARNING ME NOT TO GO THAT LANE AND WENT THROUGH THE LANE THAT THEY STOPPED, THUS MY VEHICLE HIT ON TOTHE REAR OF THE POLICE VEHICLE. ONE OFFICER WAS CONVEYED TO THE HOSPITAL.

Police Report



SINGAPORE  
POLICE FORCE



T/20190921/2064

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

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Report No. T/20190921/2064

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:  
TP /  
LIM CHIN KIAT

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt NORAMEERA BINTE MOHAMED  
HUSSEIN  
Contact No.: 65476236  
Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
21/09/2019 12:13

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature: \_\_\_\_\_



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





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**Accident Photo**



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