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 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	16/11/2019 15:27
Date Of Accident	15/11/2019 17:30
Exact Location Of Accident	TPE TWDS PIE B4 TAMPINES AVE 12 EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ5939B
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD TAUFIK BIN SULAIMAN
NRIC No	S8236482Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92334307
Alternative Phone No	OFFICE-92334307
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	ORLANDO-1.8 (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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V14236/VPE/R02
Cover Note Number	
Driver	

Name of Driver MUHAMMAD TAUFIK BIN SULAIMAN

NRIC No S8236482Z Date Of Birth 12/11/1982 Occupation **OUTDOOR Date Of Driving Pass** 03/06/2004

Driving Experience 15 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92334307

Fax Number

Contact Number OFFICE-92334307

EMail Address NOEMAIL Address BLK 288C PUNGGOL PLACE #06-827

Postcode

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

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

4

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

1

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name PUNGGOL N.P.C

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY: Police Station Address

SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20191116/2042

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLP8747A

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM6433J

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGQ5198H

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

MUHAMMAD TAUFIK BIN SULAIMAN Name

Approximate Age

BODY Injuries Sustain Injured person in which vehicle? SKJ5939B YES

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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 date/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 Monatary 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;
 - (H) investigating the accident and/or my claims;
 - (ii) carrying out and/or dealing with my instructions or responding to any anguiries 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 :

Accident Sketch Plan

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Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

1 of 4 Report No. T/20191116/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2019 10:58		Made:	Vide Report No.: G/20191115/0181	Station Diary No.: 48	
Informa	nt's Partic	ulars			
	f Informant: MMAD TAUF IAN		Address: APT BLK 288C PUNGGOL P 823288	LACE #06-827 SINGAPORE	
	/ ID No.: O / S82364	82Z .	Contact No.: Home/Office: Mobile: 92334307		
National SINGAP	lity: PORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 12/11/1982	Type of Informant:		
Race: Indian		4.	Language:	Institution / School Name:	
Occupation: SYSTEM ENGINEER		R	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

Type of Accident:	Injury Attended by Poli	Injury Drink Date/Time of Accident: No 15/11/2019 17:3			
TAMPINES E PAN ISLAND TPE towards I Before Tampin	Traveling Toward Ro XPRESSWAY EXPRESSWAY PIE at 3.5KM mark. nes Ave 12 exit*				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collisi	on: ng Vehicles - Head To			Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGQ5198H	Car	TOYOTA	VIOS	Silver	Slightly Damaged	1
SKJ5939B	Car	CHEVROLET	ORLANDO	Grey	Slightly Damaged	0
SLM6433J	Car	HYUNDAI	ELANTRA	Blue	Slightly Damaged	0
SLP8747A	Car	TOYOTA	PRIUS	Silver	Slightly Damaged	1





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 2 of 4 Report No. T/20191116/2042

CONTINUATION OF REPORT

Details of Perso	on Involved	ALEST NO. 2	Silvery Control		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Any Pedestrian	nvolved: No					
No. of Pedestria	No. of Pedestrians Injured: NIL Use of Pe			edestrian Crossing: NA		
Driver		STORE WITH LAKE	N 125-126	17 1 C C C C C C C C C C C C C C C C C C	Manager of Spirite	
Name	Lim Kwang Seng		ID No).	S1670070C	
Related Vehicle	SGQ5198H (Car)		Conta	act No.	84184039	
Hospital/Clinic	NIL		Class Drivir Licen Expir	ng	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Di	scharge	-		
	ted Medical Leave NIL		of Injury			
Driver		CONTROL OF THE PARTY	NEW YORK	E PROPERTY.	SAME THE PERSON.	
Name	MUHAMMAD TAUFIK BIN SU	JLAIMAN	ID No		S8236482Z	
Related Vehicle	SKJ5939B (Car)		Conta	ict No.	92334307	
Hospital/Clinic	RAFFLESMEDICAL		Class Drivin Licen Expin	g	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	16/11/2019	Date Di	scharge	and the state of the state of the	/2019	
	ed Medical Leave 02		of Injury			
Driver	THE RESERVE	NAME OF STREET	SCHOOL STREET	WENN THE	THE RESERVE AND ADDRESS.	
Name	Tan Chai Eng		ID No		S1528048D	
Related Vehicle	SLM6433J (Car)		Conta	ct No.	96392369	
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Dis	_	NIL		
	ed Medical Leave NIL	Degree				

Brief Details.

On 15/11/2019 at about 1730hrs, I was driving my vehicle SKJ5939B Chevrolet Orlando dark grey colour, alone along TPE towards PIE and was filtering to the Tampines Ave 12 exit, at lamp post 181. As I was approaching the exit, the traffic volume was heavy and I was on the 4th lane. I noticed a vehicle coming to a stop. I also applied my brakes and came to a complete stop behind the vehicle in front of me.

Suddenly I felt 2 impacts at the rear of my vehicle. Which made my vehicle surge forward and collide onto the vehicle in front of mine. I came out of my vehicle to see what had happened.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

3 of 4 Report No. T/20191116/2042

CONTINUATION OF REPORT

There were total of 4 cars involved in a chain collision. Mine was the second car. The first car is SGQ5198H Toyoto Vios silver colour (driver is one Lim Kwang Seng IC:S1670070C HP: 84184039 with one male passenger), the third car is SLP8747A Toyota Prius silver colour (the driver refuse to provide any particulars, one male Malay passenger) and the forth car is SLM6433J Hyundai Elantra dark blue colour (driver is one Tan Chai Eng IC:S1528048D HP: 96392369).

Traffic Police, Ambulance and EMAS arrived at scene. The passenger of the third vehicle was being conveyed by Ambulance to Hospital. After the accident we were all able to drive our vehicles away. I felt pain at the back of my head and muscle strain on the back of my neck due to the impact. On 16/11/2019 at 0921hrs I went to seek medical attention at Raffles Medical located at Waterway Point and I received Medical certificate of 2 days from 16/11/2019 to 17/11/2019.

My vehicle front bumper/fender was chipped off and the rear bumper near the reverse light was dented inwards. I was advised to lodged a Traffic Accident Report vide G/20191115/0181 under Traffic Police IO Farhan Off: 656476224.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

4 of 4 Report No. T/20191116/2042

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 F / Sr Staff Sgt AKBAR KHAN GA	- State of minimum.	1-1
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2019 10:58	
Officer In Charge Of Case: TP / GIT / FARHAN	Classification Of Case:	
Contact No.: 654762244		
Authentication Stamp NP168 Sin	Signature: SN 085 gapore Police Force	



















