

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	13/12/2019 15:28
Date Of Accident	10/12/2019 15:05
Exact Location Of Accident	FARRER FLYOVER TOWARDS QUEENSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7321B
Insured/Policyholder	
Name Of Registered Owner	SSL LIMOUSINE PTE. LTD.
Co Reg No	201907894E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88921800
Alternative Phone No	OFFICE-88921800

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 2.8
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1929951900
Cover Note Number	

Driver

Name of Driver	MOHAMMAD SHAFIEE BIN MISAWAL
NRIC No	S8829497A
Date Of Birth	12/08/1988
Occupation	INDOOR
Date Of Driving Pass	04/09/2009
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88921800
Fax Number	
Contact Number	OTHERS-88921800
Email Address	NOEMAIL

Address	BLK 209 BOON LAY PLACE #06-251
Postcode	640209
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20191212/2066

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	SJM2427C
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)	

Accident Sketch Plan

SKETCH PLAN

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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.



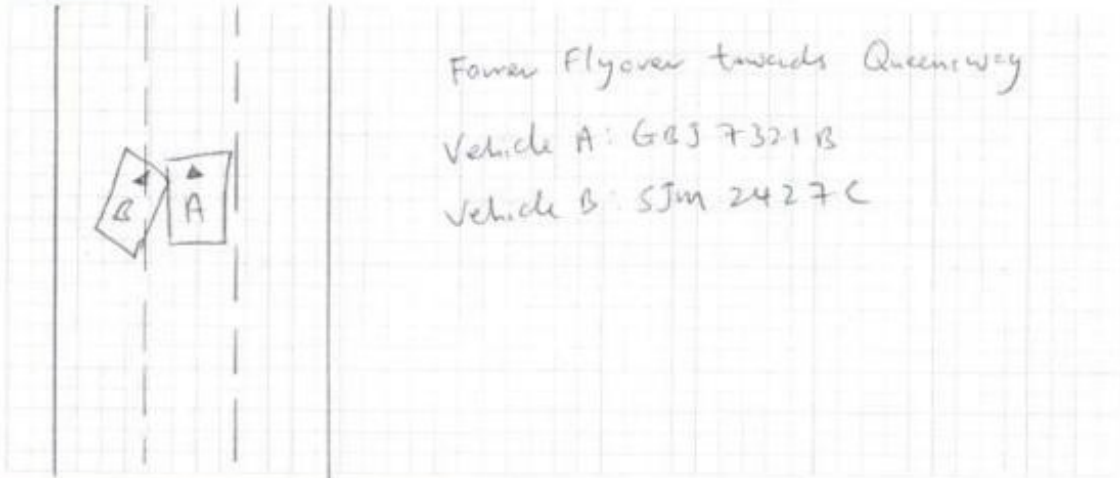
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time I vehicle A was travelling straight on my rightful. Suddenly vehicle B collided onto my vehicle left portion. After vehicle B hit onto my vehicle she swerved left and hit onto the divider. Vehicle B driver was conveyed to the hospital due to pain in the head. Would like to state that it was raining heavily during the time of accident.

Police Report T/2019/12/12/2066

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ID No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191212/2066

1 of 3

Report No. T/20191212/2066

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2019 12:49		Vide Report No.: E/20191210/0123		Station Diary No.: 23
Informant's Particulars				
Name of Informant: MOHAMMAD SHAFIEE BIN MIS AWAL		Address: APT BLK 209 BOON LAY PLACE #06-251 SINGAPORE 640209		
ID Type / ID No.: NRIC NO / S8829497A		Contact No.: Home/Office: Mobile: 88921800		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 31	Date of Birth: 12/08/1988	Type of Informant: Driver	
Race: Malay		Language:	Institution / School Name:	
Occupation: COURIER DRIVER		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/12/2019 15:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 FARRER ROAD QUEENSWAY				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ7321B	Van	TOYOTA		Grey	Slightly Damaged	1
SJM2427C	Car	MAZDA		Black	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

Police Station Of Origin
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No. 1800-4599999



T/20191212/2066

2 of 3

Report No. T/20191212/2066

CONTINUATION OF REPORT

Driver Name	MOHAMMAD SHAFIEE BIN MIS AWAL	ID No	S8829497A
Related Vehicle	GBJ7321B (Van)	Contact No.	88921800
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 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 11.12.2019 at about 1302hrs, I lodged a Traffic Accident report reference T/20191211/2067. I wish to add further facts and make amendment to the report.

On 10.12.2019 at 1503hrs, reference to incident E/20191210/0123 (In - Charge case is TP IO Mohd Noor), my vehicle got into an accident with a vehicle bearing plate number SJM2427C, which was driven by a female Chinese driver. I wish to state that on 10.12.2019 at about 1500hrs, I was driving my van, GBJ7321B on the centre lane of Farrer Road when vehicle bearing plate number SJM2427C collided onto the left passenger side of my van. Driver of vehicle SJM2427C subsequently lost control of the vehicle and collided onto the road divider.

After the collision, both driver drove forward and stopped at the side of the road. The female driver then called for Police assistance and Traffic Police attended to the incident. The said female driver was eventually conveyed by ambulance for further medical treatment.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191212/2066

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

3 of 3

Report No. T/20191212/2066

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:

F /

Staff Sgt NOOR RAMDAN BIN JOBRI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/12/2019 12:49

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Classification Of Case:

SN 065

Authentication Stamp
NP168



Signature:

Singapore Police Force





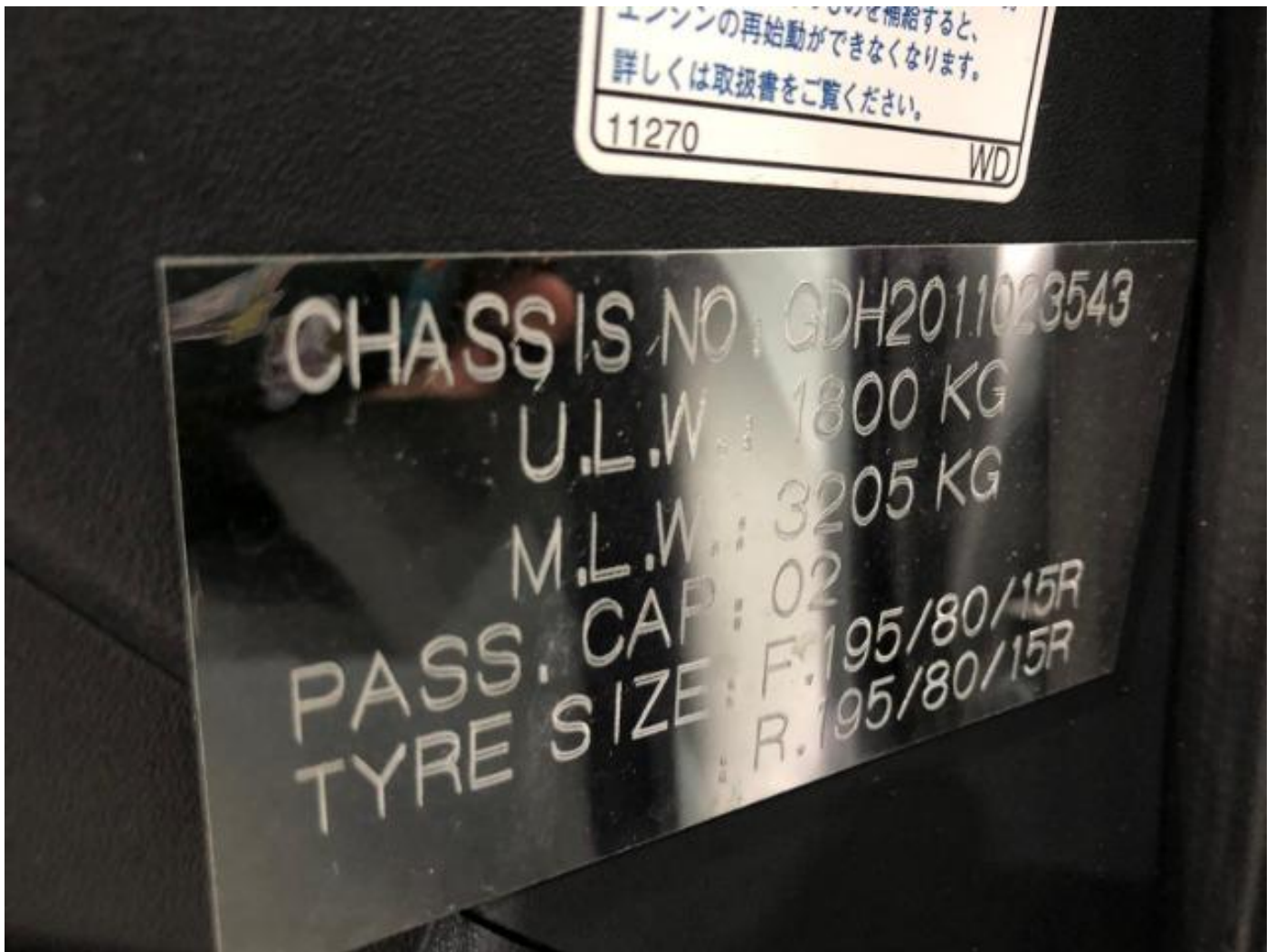
Accident Photo



Accident Photo



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