

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	14/12/2019 11:13
Date Of Accident	13/12/2019 13:45
Exact Location Of Accident	POTONG PASIR AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB2457A
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Insured/Policyholder

Name Of Registered Owner	CARBIZ RENTAL & LEASING PTE LTD
Co Reg No	201614738R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96735254

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T CVT ABS 2WD 5DR (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 HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V06744/VPZ/R01
Cover Note Number	

Driver

Name of Driver	MOHAMMAD ASRI BIN ABDUL RAHIM
NRIC No	S8214703I
Date Of Birth	17/05/1982
Occupation	INDOOR
Date Of Driving Pass	02/11/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87512471
Fax Number	
Contact Number	
Email Address	ASRIFIYA@GMAIL.COM

Address	55 TEBAN GAARDENS ROAD #12-451
Postcode	600055
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PRIVATE HIRE
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?	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
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 [OTHER]	VIA ONLINE
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO.: T/20191214/7005

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3354T
Vehicle Make/Model/Colour	TAXI / BLUE
Details Of Properties	FRONT PORTION
Vehicle Category	TAXI
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	MOHAMMAD ASRI BIN ABDUL RAHIM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLB2457A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	55 TEBAN GARDENS RD #12-451
Postcode	600055

Accident Sketch Plan

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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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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 insurers 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.

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.: _____

Driver's Signature

(If driver is not the policyholder)

Date & Time: _____

Policyholder's Signature

Date & Time: _____



SKETCH PLAN

Accident Sketch Plan

DECLARATION

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

Policyholder's Signature _____ Date & Time: _____

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

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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: _____

SKETCH PLAN

Pohang Road Ave 1

(A) SLB2457A
(B) SHP3354T

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191214/7005

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

2 of 3

Report No. T/20191214/7005

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD ASRI BIN ABDUL RAHIM	ID No.	S8214703I
Related Vehicle	SLB2457A (Car)	Contact No.	87512471
Hospital/Clinic	NEWLIFE FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NG KEAN KEOW	ID No.	S0108096B
Related Vehicle	NIL	Contact No.	97982517
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

Was stopping at a bend to enter the main road from the side road. A taxi (SHD3354T) came at a moderate speed and hit me by the rear.
Location: Potong Pasir Avenue 1



**SINGAPORE
POLICE FORCE**



T/20191214/7005

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

3 of 3

Report No. T/20191214/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 14/12/2019 13:07
Classification Of Case:

Authentication Stamp

NP168

POLICE REPORT



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



7201912147005
1 of 3
Report No: 7201912147005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2019 13:07
Vice Report No.:
Station Diary No.:

Informant's Particulars	
Name of Informant: MOHAMMAD ASRI BIN ABDUL RAHIM	Address: APT BLK 55 TEBAN GARDENS ROAD #12-451 SINGAPORE 600055
ID Type / ID No.: NRIC NO / S92147031	Contact No.: Home/Office: Mobile: 87512471
Nationality: SINGAPORE CITIZEN	Email: ASRIFIFIYAGMAIL.COM
Sex: Male	Age: 37
Date of Birth: 17/05/1982	Type of Informant: Driver
Race: Malay	Language: English
Occupation: Financial Consultant	Institution / School Name:
Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident			
Type of Accident: Injury Others	Drink Drive: No	Date/Time of Accident: 13/12/2019 11:30	Type of Location: Bend
Location: POTONG PASIR AVENUE 1			
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No	

Details of Vehicle Involved			
Vehicle No. SHD3354T	Type Taxi	Make Model	Color
Condition	No of Passenger 0		
SLB2457A	Car		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



