

## 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             | 20/01/2020 15:23                           |
| Date Of Accident           | 19/01/2020 11:35                           |
| Exact Location Of Accident | JUNC OLD CHOACHU KANG RD & LIM CHU KANG RD |
| Country/State of Loss      | SINGAPORE                                  |

### DETAILS OF OWN VEHICLE

|                             |                                   |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | SLF1982K                          |
| <b>Insured/Policyholder</b> |                                   |
| Name Of Registered Owner    | MOHAMED RAFI BIN MOHAMED JAHANGER |
| NRIC No                     | SXXXX754Z                         |
| Email Address               | NOEMAIL                           |
| Mobile Phone No             | (LOCAL) +65-93374324              |
| Alternative Phone No        | OFFICE-93374324                   |

### Vehicle Particulars

|  |                   |
|--|-------------------|
| Manufacturer   | MERCEDES-BENZ     |
| Model  | C 200 KOMPRESSION |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5112398414                             |
| Cover Note Number         |  |

### Driver

|                      |                                   |
|----------------------|-----------------------------------|
| Name of Driver       | MOHAMED RAFI BIN MOHAMED JAHANGER |
| NRIC No              | SXXXX754Z                         |
| Date Of Birth        | 20/03/1986                        |
| Occupation           | INDOOR                            |
| Date Of Driving Pass | 20/01/2011                        |
| Driving Experience   | 8 YEARS AND 11 MONTHS             |
| Gender               | MALE                              |
| Mobile Number        | (LOCAL) +65-93374324              |
| Fax Number           |                                   |
| Contact Number       | OFFICE-93374324                   |
| Email Address        | NOEMAIL                           |

|   |  |
|---|--|
| Address   | BLK 810B CHOA CHU KANG AVENUE 7<br>#10-519 |
| Postcode  | 682810                                     |
| 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   | COLLISION - CROSS JUNCTION |
| 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)   | 2                                      |
| Passenger 1   | NAME: : MISS TRACY<br>GENDER: : FEMALE |

#### 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/20200119/7014.

#### 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 | SJT440P     |
| Vehicle Make/Model/Colour   | BMW 640I    |
| 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

|   |                                   |
|---|-----------------------------------|
| Name  | MOHAMED RAFI BIN MOHAMED JAHANGER |
| Approximate Age                                     |                                   |
| Injuries Sustain                                    | BODY                              |
| Injured person in which vehicle?                    | SLF1982K                          |
| Were seat belts worn?                               | YES                               |
| Was this injured conveyed to hospital by ambulance? | NO                                |
| Address   |                                   |
| Postcode  |                                   |

#### DETAILS OF INJURED PERSON 2

|   |            |
|---|------------|
| Name  | MISS TRACY |
| Approximate Age                                     |            |
| Injuries Sustain                                    | BODY       |
| Injured person in which vehicle?                    | SLF1982K   |
| Were seat belts worn?                               | YES        |
| Was this injured conveyed to hospital by ambulance? | NO         |
| Address   |            |
| Postcode  |            |

## Accident Sketch Plan

### SKETCH PLAN


#### 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.
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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 to 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 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:

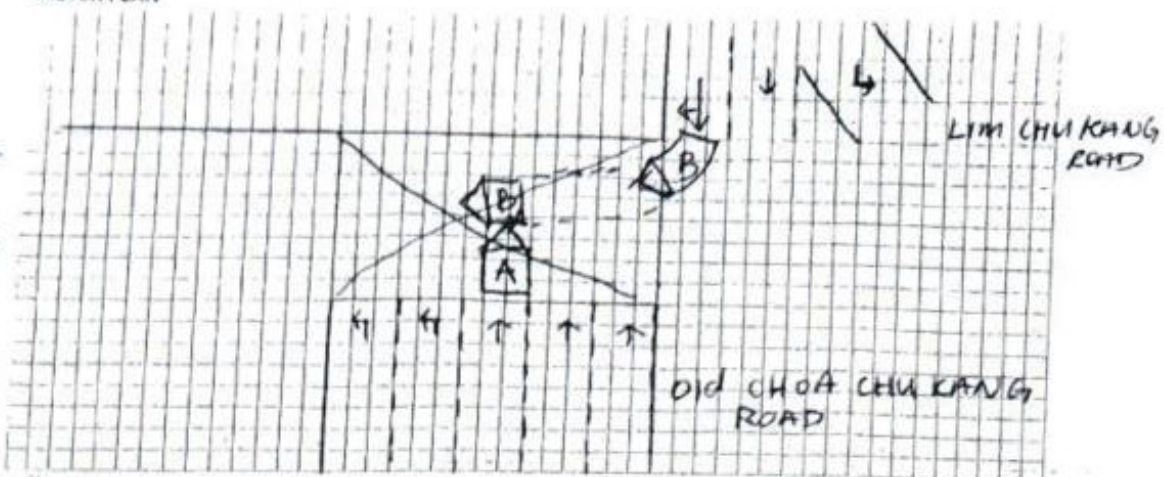
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Accident Sketch Plan

### SKETCH PLAN

VEN A  
SLF1982K  
VEN B:  
SJT440P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

doi:10.1016/j.jmb.2006.08.005

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

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200119/7014

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

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Report No. T/20200119/7014

## REPORT OF A TRAFFIC ACCIDENT

|  |                                     |                    |
|--|-------------------------------------|--------------------|
| Date/Time Report Made:<br>19/01/2020 16:13 | Vide Report No.:<br>J/20200119/0099 | Station Diary No.: |
|--|-------------------------------------|--------------------|

### Informant's Particulars

|  |            |                              |   |                            |                 |
|--|------------|------------------------------|---|----------------------------|-----------------|
| Name of Informant:<br>MOHAMED RAFI BIN MOHAMED<br>JAHANGER |            |                              | Address:<br>APT BLK 810B CHOA CHU KANG AVENUE 7 #10-519<br>SINGAPORE 682810 |                            |                 |
| ID Type / ID No.:<br>NRIC NO / S8607754Z                   |            |                              | Contact No.:<br>Home/Office: Mobile: 93374324                               |                            |                 |
| Nationality:<br>SINGAPORE CITIZEN                          |            |                              | Email:<br>mexaces@gmail.com   |                            |                 |
| Sex:<br>Male   | Age:<br>33 | Date of Birth:<br>20/03/1986 | Type of Informant:<br>Driver  |                            |                 |
| Race:<br>Indian  |            |                              | Language:<br>English  | Institution / School Name: |                 |
| Occupation:<br>Financial/Investment adviser                |            |                              | Driving Licence Information:<br>Class:                                      |                            | Date of Expiry: |

### General Information of the Accident

|  |                              |   |   |   |
|--|------------------------------|---|---|---|
| Type of Accident:  | Injury<br>Attended by Police | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>19/01/2020 11:35 | Type of Location:<br>X-Junction         |
| Location:<br><br>OLD CHOA CHU KANG ROAD                      |                              |   |   |   |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry                        |   | Road Speed Limit:<br>60 Km/h            |
| Traffic Flow:<br>Dual Carriage Way                           |                              | Traffic Control:<br>Traffic Light - Working |   | Traffic Volume:<br>Moderate             |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                              |   |   | Anyone conveyed by<br>ambulance:<br>Yes |

### Details of Vehicle Involved

| Vehicle No. | Type | Make             | Model                   | Color  | Condition            | No of Passenger |
|-------------|------|------------------|-------------------------|--------|----------------------|-----------------|
| SJT440P     | Car  | BMW              | 640                     |        | Seriously<br>Damaged | 2               |
| SLF1982K    | Car  | MERCEDES<br>BENZ | C 200<br>KOMPRESS<br>OR | Silver | Seriously<br>Damaged | 1               |

### Details of Vehicle Insurance

| Vehicle No. | Insurance Company                             | Insurance No | Effective  | Expiry Date |
|-------------|---|--------------|------------|-------------|
| SLF1982K    | NTUC Income Insurance Co-Operative<br>Limited | 5112398414   | 06/09/2019 | 13/09/2020  |

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200119/7014

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

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Report No. T/20200119/7014

### CONTINUATION OF REPORT

| Details of Person Involved        |                                   |  |                                   |
|-----------------------------------|-----------------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                                   |  |                                   |
| No. of Pedestrians Injured: NIL   |                                   | Use of Pedestrian Crossing: NA         |                                   |
| Driver                            |                                   |  |                                   |
| Name                              | MOHAMED RAFI BIN MOHAMED JAHANGER | ID No.                                 | S8607754Z                         |
| Related Vehicle                   | SLF1982K (Car)                    | Contact No.                            | 93374324                          |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL           | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 19/01/2020                        | Date Discharge                         | 19/01/2020                        |
| No. of Days granted Medical Leave | 07                                | Degree of Injury                       | Slight                            |

#### Brief Details.

I was travelling along Old Choa Chu Kang road passing by the junction between Jalan Bahar and Lim Chu Kang Road going straight on green light to my favor. When suddenly a car bearing SJT440P make a discretionary right turn from Old Choa Chu Kang Road to Jalan Bahar. The side of SJT440P came into contact with the front of my car. The impact was huge and my vehicle airbags were deployed. My vehicle front portion is seriously damage by the collision. I wish to state that ambulance and traffic police attended the scene as the other vehicle passengers was conveyed to the hospital by ambulance. I also wish to state that i felt pain and discomfort after the accident and consulted a doctor at Mount Alvernia Hospital and was given 7 days MC.

I have a passenger in my car at the point of time during the accident.

Name: Miss Tracy  
Contact: 97818329

## Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20200119/7014

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Report No. T/20200119/7014

### 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 / TPB /  
THABAGESH JEYATHESH  
Contact No.: 65476232

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
19/01/2020 16:13

Classification Of Case:



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

