

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	29/01/2020 14:21
Date Of Accident	28/01/2020 01:45
Exact Location Of Accident	JALAN EUNOS TOWARDS STILL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC5879C
Insured/Policyholder	
Name Of Registered Owner	MOHAMED EUSOPH BIN KADIR MAIDEEN
NRIC No	S7338897Z
Email Address	MD_EUSOPH@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97862173
Alternative Phone No	OTHERS-97862173

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.0
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D19MPC0003798
Cover Note Number	19/07/2019 - 18/07/2020

Driver

Name of Driver	MOHAMED EUSOPH BIN KADIR MAIDEEN
NRIC No	S7338897Z
Date Of Birth	22/10/1973
Occupation	INDOOR
Date Of Driving Pass	08/06/2009
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97862173
Fax Number	
Contact Number	OTHERS-97862173
Email Address	MD_EUSOPH@YAHOO.COM

Address	BLK 508 SERANGOON NORTH AVE 4 #06-390
Postcode	550508
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	COLLIDED INTO PROPERTY
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]	SERANGOON NORTH NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

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	SHA9195L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAN CHIT HENG
NRIC/Passport Number	S0090164D
Contact Number	97649414
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

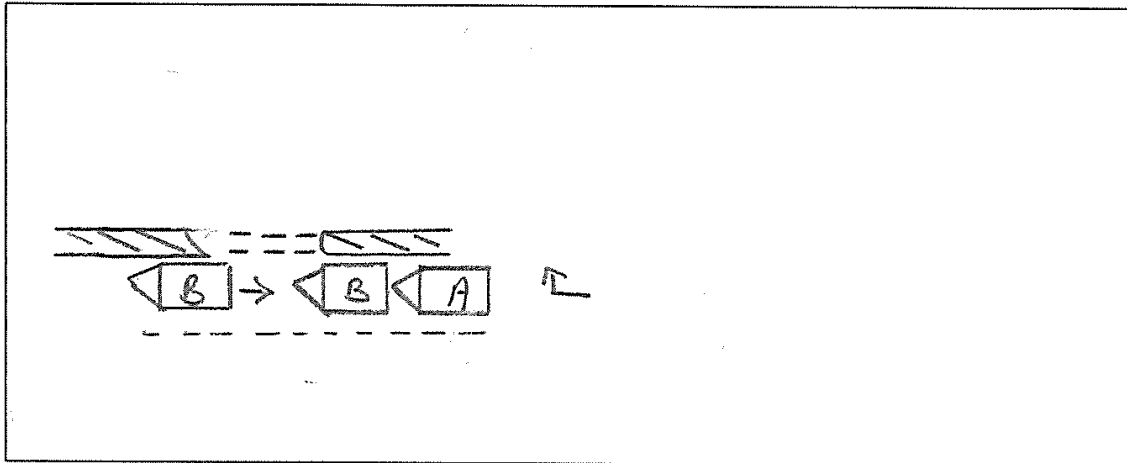
DETAILS OF INJURED PERSON 1

Name	MOHAMED EUSOPH BIN KADIR MAIDEEN
Approximate Age	
Injuries Sustain	NECK & RIGHT SHOULDER
Injured person in which vehicle?	SKC5879C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan Pg. 1

Date of accident: 28/01/2020 Time: 0145 hrs Location: Jalan Eunos Road Still Rel.
 My Vehicle A: SKC5879C Vehicle B: SHA 9195L Vehicle C: —

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to:

My workshop : atautoconsultant@gmail.com

Email address :

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

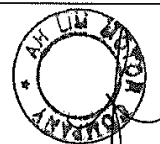
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



AH LIM MOTOR COMPANY

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.**
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. 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 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.:



**SINGAPORE
POLICE FORCE**



T/20200128/2092

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

1 of 4
Report No. T/20200128/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2020 15:06		Vide Report No.:		Station Diary No.: 30	
Informant's Particulars					
Name of Informant: MOHAMED EUSOPH BIN KADIR MAIDEEN			Address: APT BLK 508 SERANGOON NORTH AVENUE 4 #06-390 SINGAPORE 550508		
ID Type / ID No.: NRIC NO / S7338897Z			Contact No.: Home/Office: Mobile: 97862173		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 22/10/1973	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: FREELANCE SERVICE ENGINEER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/01/2020 01:45	Type of Location:
Location: Along Road 1 JALAN EUNOS STILL ROAD U-Turn Sign near Shinnyo-en Singapore , along Jalan Eunoss towards Still Road				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA9195L	Car					4
SKC5879C	Car	TOYOTA	CAMRY 2.0	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC5879C	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0003798	19/07/2019	18/07/2020



**SINGAPORE
POLICE FORCE**



T/20200128/2092

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

2 of 4

Report No. T/20200128/2092

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN CHIT HENG	ID No.	S0090164D
Related Vehicle	SHA9195L (Car)	Contact No.	97649414
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
Driver			
Name	MOHAMED EUSOPH BIN KADIR MAIDEEN	ID No.	S7338897Z
Related Vehicle	SKC5879C (Car)	Contact No.	97862173
Hospital/Clinic	GARDEN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,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 28/01/2020 at around 0145hrs, I was driving my vehicle(SK5879C) along Jalan Eunos towards Still Road, after PIE Flyover. I then approached the U-Turn Sign near Shinnyo-en Singapore, to turn back onto Jalan Eunos towards Eunos Link.

I then observed a yellow cab (SHA9195L) which was about 10 feet past the U-Turn, when I was already at the stop, waiting to U-Turn. Subsequently, I observed the yellow cab (SHA9195L) reversing and collided onto the front of my car, despite me honking at the car.

The yellow cab (SHA9195L) , then made a U-Turn and stopped at the opposite side of the road. I then followed and stopped my vehicle at the opposite of the road. There were 4 passengers in the cab. Particulars of the cab driver was exchanged, however, the passengers refused to give any particulars.

I then went to Garden Clinic to check and was given 3 days of Medical Certificate. The damages that my car faced are the front side of my car.

I wish to state that no one was conveyed by ambulance and from what I know, there are no government property damaged.

That is all.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999



T/20200128/2092

3 of 4

Report No. T/20200128/2092

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200128/2092

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

4 of 4

Report No. T/20200128/2092

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 /
Sgt 2 MUHAMMAD ALIF RIDHWAN BIN
BAHARIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Singapore Police Force

Signature Of Informant:

Date/Time:
28/01/2020 15:06

Classification Of Case:



INDIA

INTERNATIONAL
INSURANCE
SINGAPORE
Serving the region since 1977

陳兄弟保險代理有限公司

TAN BROTHERS INSURANCE AGENCIES PTE LTD

10 ANSON ROAD, #11-16

INTERNATIONAL PLAZA SINGAPORE 07990088

TEL: (65) 6220 1822 FAX: (65) 6224 6806

E-MAIL: tan.brothers@tbsgroup.com.sg

INDIA INTERNATIONAL INSURANCE PTE LTD

Reg. No. 198703792k | GST Reg. No. M2-0078806-X

64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711


(65) 63476100 Email insure@iil.com.sg




(65) 62244174 Website www.iil.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.



CERTIFICATE NO.: D19MPC0003798		COVER: Third Party Fire & Theft
1. Index Mark and Registration Number of Vehicle	: SKC5879C	
Chassis No	: MR053BK3106014318	
2. Name of Policyholder	: MOHAMED EUSOPH BIN KADIR MAIDEEN	
3. Effective date of Insurance	: 19 Jul 2019	
4. Expiry date of Insurance	: 18 Jul 2020	
5. Persons or Classes of Persons entitled to drive*		
(a) The Policyholder	The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.	
(b) Any other person who is driving on the Policyholder's order or with his/her permission.	Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle	
6. Limitations as to use*	Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
The Policy does not cover		
a) Use for hire or reward.		
b) Use for racing, pace-making, reliability trial, speed-testing.		
c) Use for the carriage of goods other than samples in connection with any trade or business.		
d) Use for any purpose in connection with the Motor Trade.		
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		
Hire Purchase Company	N.A	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON ALL CLAIMS WILL BE APPLICABLE.		
I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).		
Agent/Broker	: A000052/TAN BROTHERS INSURANCE AGENCIES PTE LTD	For India International Insurance Pte Ltd
Date of Issue	: 19/07/2019 11:55:57	
MX1-Private Car (Insured Driving)		
		 Authorised Signatory

REPUBLIC OF SINGAPORE			
IDENTITY CARD NO. S7338897Z			
	Name	MOHAMED EUSOPH BIN KADIR MAIDEEN	
	Race	INDIAN	
	Date of birth	Sex	
	22-10-1973	M	
	Country/Place of birth		
	SINGAPORE		

STRICTLY
FOR WORKSHOP USAGE
USE FOR ACCIDENT
REPORTING ONLY

Dep. 9786 n73

Email: ~~md~~^{md}_eusoph@yahoo.com

STRICTLY FOR WORKSHOP USAGE		5462657	
USE FOR ACCIDENT REPORTING ONLY			
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:			
EFFECTIVE DATE		NRIC No. S73388972	
Class 2B	Motorcycles =< 200 cc	30 Apr 2009	
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	08 Jun 2009	
Licence No: S7338897Z		Date of issue 30-04-2015	
NP 428A		Address APT BLK 508 SERANGOON NORTH AVENUE 4 #06-390 SINGAPORE 550508	

NP 428A

dry
up
Neck
Right
Shoulder
Car
No
T.S. 1.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

