Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 04/02/2020 15:54

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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	04/02/2020 15:40
Date Of Accident	24/01/2020 18:45
Exact Location Of Accident	KEW HEIGHTS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ1517J
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ASHRAF BIN SYED SULAIMAN
NRIC No	SXXXX984B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92723554
Alternative Phone No	OFFICE-92723554
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE 1.5 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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MS005842
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ASHRAF BIN SYED SULAIMAN
NRIC No	SXXXX984B
Date Of Birth	29/03/1988
Occupation	INDOOR
Date Of Driving Pass	29/03/2012
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92723554
Fax Number	
Contact Number	OFFICE-92723554
EMail Address	NOEMAIL

Address	BLK 46 JALAN BUKIT HO SWEE #07-882
Postcode	160046
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: : MUHAMMAD KABIR BIN SHAHUL HAMED GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: NO. 15 COMMONWEALTH AVENUE , **POSTCODE:** 149725 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-4719999 - **FAX NO**: 64715299
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200125/2008.

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	SKM4118U
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

Name	MUHAMMAD ASHRAF BIN SYED SULAIMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGJ1517J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MUHAMMAD KABIR BIN SHAHUL HAMED
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGJ1517J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.:

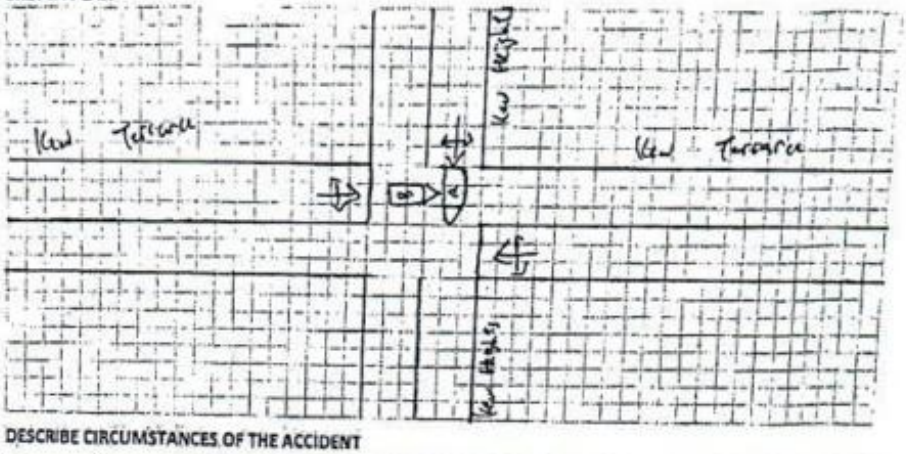
Scanned with CamScanner

Accident Sketch Plan

A – SGJ 1517J.

B – SKM 4118U

SKETCH PLAN



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:

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

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

Scanned with CamScanner

Police Report

SINGAPORE POLICE FORCE

T/20200125/2008

Report No. T/20200125/2008

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
25/01/2020 01:51		8

Informant's Particulars

Name of Informant: MUHAMMAD ASHRAF BIN SYED SULAIMAN			Address: APT BLK 46 JALAN BUKIT HO SWEE #07-882 SINGAPORE 160046	
ID Type / ID No.: NRIC NO / S8809984B			Contact No.: Home/Office:	Mobile: 92723554
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 31	Date of Birth: 29/03/1988	Type of Informant: Vehicle Owner	
Race: Indian			Language: English	Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/01/2020 19:10	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 KEW HEIGHTS KEW TERRACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGJ1517J	Car	HONDA		Silver	Slightly Damaged	1
SKM4118U	Car	NISSAN		White		1

Details of Person Involved

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

Scanned with CamScanner

SINGAPORE POLICE FORCE

T/20200125/2008

Report No. T/20200125/2008

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Vehicle Owner			
Name	MUHAMMAD ASHRAF BIN SYED SULAIMAN	ID No.	S8809984B
Related Vehicle	SGJ1517J (Car)	Contact No.	92723554
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	24/01/2020	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Driver			
Name	WONG KHEE SIEW	ID No.	S0100614B
Related Vehicle	SKM4118U (Car)	Contact No.	NIL
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.

On 24/01/2020, at about 1910hrs, I was driving my car SGJ1517J along Kew Heights as I was heading home with my colleague. I subsequently passed by Kew Terrace when a white car SKM4118U came out from that road and hit on the right side of my car. I stopped my car and checked if my colleague was ok. I then noticed that my driver side door was unable to open due to the accident. I had to alight my car from the passenger side door. I then checked with the driver of SKM4118U and he claimed that there was a stationary car that blocked his view. Therefore, he did not see my car when turning right from Kew Terrace to Kew Heights. I then told him that I will let the insurance company to handle this incident. I exchanged particulars with him and took some photos of the accident. I then left the scene.

A few hours after the accident. I felt pain at the neck area. I believed the injury was caused by the accident. I then went to Alexandra Hospital for a check and I was given 4 days MC. I reported to my insurance company and I was told to lodge a police report.

Scanned with CamScanner

Police Report

SINGAPORE POLICE FORCE

T/20200125/2008

Report No. T/20200125/2008

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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: D / Staff Sgt TAN WEI JIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/01/2020 01:51
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case: SN 49

Authentication Stamp
NP168

SINGAPORE POLICE FORCE
SIGNATURE

Scanned with CamScanner

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo