

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	13/07/2020 16:50
Date Of Accident	07/07/2020 03:50
Exact Location Of Accident	ALONG KJE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL2604P
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Insured/Policyholder

Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	2XXXXX722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V13180/VPZ/R01
Cover Note Number	

Driver

Name of Driver	SYAHIFUL MAARIF BIN LA MOHAMADIA
NRIC No	SXXXX493D
Date Of Birth	21/09/1997
Occupation	OUTDOOR
Date Of Driving Pass	21/12/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91180447
Fax Number	
Contact Number	OFFICE-91180447
Email Address	NOEMAIL

Address	BLK 501C WELLINGTON CIRCLE #02-70
Postcode	753501
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200707/7019.

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 INJURED PERSON 1

Name	SYAHIFUL MAARIF BIN LA MOHAMADIA
Approximate Age	
Injuries Sustain	MINOR HEAD INJURY, LOW BACK PAIN & CONFUSION
Injured person in which vehicle?	SLL2604P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time: 15/07/2020 15:21H3

reporting centre personnel's Signature
Date / time:

SKETCH PLAN

A: SLL2604P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report
T/ 20200707/7019

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



Driver's signature
(if driver is not policy holder)
Date & time: 13/09/2008 15:21hrs

reporting centre personnel's Signature
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200707/7019

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

1 of 3

Report No. T/20200707/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2020 21:06	Vide Report No.: L/20200707/0032	Station Diary No.:
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Informant's Particulars			
Name of Informant: SYAHIFUL MAARIF BIN LA MOHAMADIA		Address: APT BLK 501C WELLINGTON CIRCLE #02-70 SINGAPORE 753501	
ID Type / ID No.: NRIC NO / S9731493D		Contact No.: Home/Office: Mobile: 91180447	
Nationality: SINGAPORE CITIZEN		Email: syahifulmaarif@gmail.com	
Sex: Male	Age: 22	Date of Birth: 21/09/1997	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: ICA Officer		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/07/2020 03.50	Type of Location: Bend
Location: KRANJI EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL2604P	Car					0

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200707/7019

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

2 of 3

Report No. T/20200707/7019

CONTINUATION OF REPORT

Driver			
Name	SYAHIFUL MAARIF BIN LA MOHAMADIA	ID No.	S9731493D
Related Vehicle	SLL2604P (Car)	Contact No.	91180447
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/07/2020	Date Discharge	07/07/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

My name is Syahiful Maarif Bin La Mohamadia. I am currently 22yo and staying at Blk 501C Wellington Circle #02-70(Sembawang Township) I am working as an ICA Officer, Team Bravo at Woodlands Checkpoint.

On 07/07/2020 at around 0340hrs, I was driving back to home on a Toyota Altis Plate Number: SLL2604P after sending my friend who reside at Blk 627 Choa Chu Kang St 62(Yew Tee Township). I drove via Choa Chu Kang St 32, Choa Chu Kang Drive followed by KJE Expressway.

On the KJE Expressway Exiting towards BKE, I was making a left turn at the bend(I cannot remember which lane) when I lost control of the car. I tried to prevent it by braking. I could not remember anything much afterwards about the accident as it is all still blurry to me. No other vehicles were involved.

I was given Outpatient Sick Leave from 07/07/20 to 10/07/20. Diagonis include as follows:

- 1) Primary: Minor Head Injury
- 2) Secondary: Low Back Pain
- 3) Secondary: Contusion

Thank you.

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20200707/7019

3 of 3

Report No. T/20200707/7019

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 / TP1B /
VILTON HIA WEE SIANG
Contact No.: 65476178

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:
07/07/2020 21:06

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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