

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	03/08/2020 17:28
Date Of Accident	31/07/2020 11:15
Exact Location Of Accident	NORTH BRIDGE RD TWDS JLN SULTAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2503Z
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-68445225

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 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	MOKHTAR BIN SOONARI
NRIC No	SXXXX639B
Date Of Birth	05/02/1961
Occupation	OUTDOOR
Date Of Driving Pass	16/04/1981
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87687644
Fax Number	
Contact Number	OFFICE-87687644
E-Mail Address	NOEMAIL

Address	BLK 805 KING GEORGE'S AVENUE #12-182
Postcode	200805
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	COLLIDED INTO PEDESTRIAN
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?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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/20200731/2054.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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 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.
- 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.



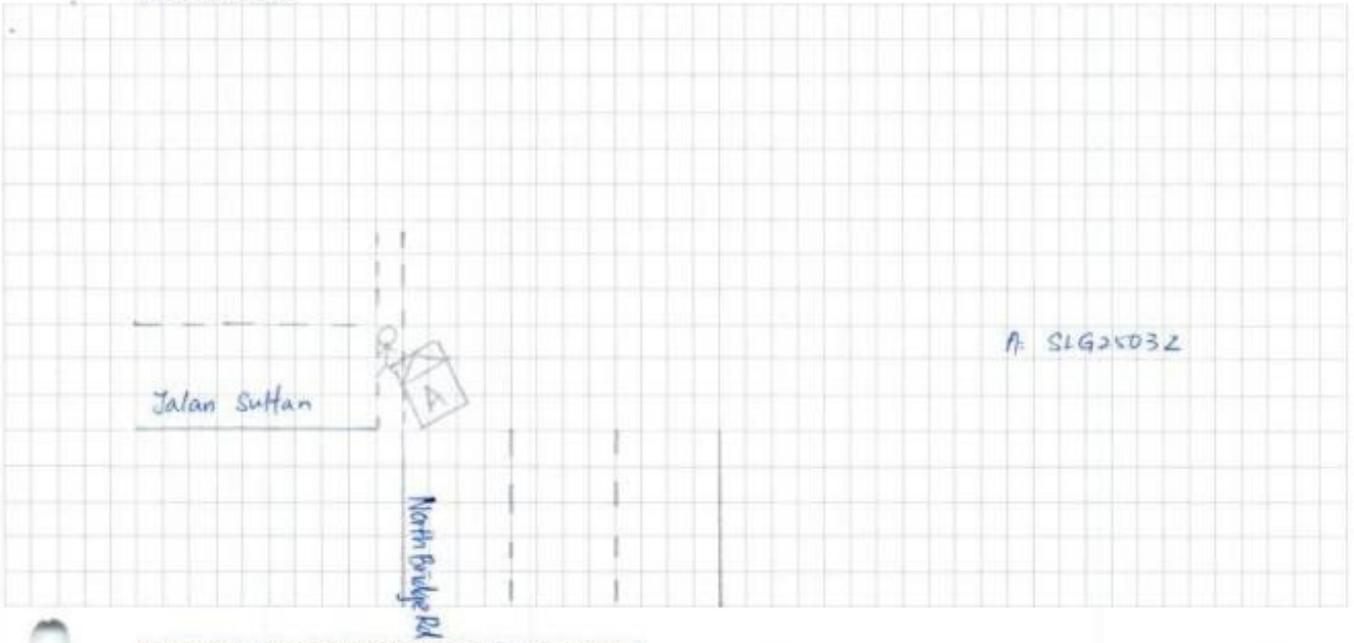
Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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



Policy holder's signature
Date & time:


Driver's signature
(if driver is not policy holder)
Date & time:


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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200731/2054

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

1 of .
Report No. T/20200731/20

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2020 15:25		Vide Report No.: A/20200731/0080	Station Diary No.:
Informant's Particulars			
Name of Informant: MOKHTAR BIN SOONARI		Address: APT BLK 805 KING GEORGE'S AVENUE #12-182 SINGAPORE 200805	
ID Type / ID No.: NRIC NO / S1489639B		Contact No.:	Mobile: 87687644
Nationality: SINGAPORE CITIZEN		Home/Office:	Email:
Sex: Male	Age: 59	Date of Birth: 05/02/1961	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: OTHERS		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: 31/07/2020 11:15	Type of Location:
Location: Along Road 1 NORTH BRIDGE ROAD SOUTH BRIDGE ROAD NORTH BRIDGE ROAD TURNING INTO JLN SULTAN.				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG2503Z	Car					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200731/2054

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

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Report No. T/20200731/2054

CONTINUATION OF REPORT

Driver			
Name	MOKHTAR BIN SOONARI	ID No.	S1489639B
Related Vehicle	SLG2503Z (Car)	Contact No.	87687644
Hospital/Clinic	NIL	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 THE ABOVE MENTIONED DATE, TIME AND LOCATION.

I WAS TRAVELLING ALONG NORTH BRIDGE ROAD TOWARDS SOUTH BRIDGE ROAD ON LANE 3 OF 3 LANES. TRAFFIC LIGHT AT THE JUNCTION OF JALAN SULTAN WAS SHOWING GREEN AND I INTENDED TO MAKE A LEFT TURN INTO JLN SULTAN. I DID NOT NOTICE THE COLOR OF THE PEDESTRIAN CROSSING AND THERE WERE NO PEDESTRIANS. AS SUCH I CARRIED ON WITH A LEFT TURN AT A SLOW SPEED ACROSS THE PEDESTRIAN CROSSING. AS I WAS TRAVELLING ACROSS THE PEDESTRIAN CROSSING, SUDDENLY I NOTICED A PEDESTRIAN WALKING FROM THE LEFT TO THE RIGHT SIDE OF THE PEDESTRIAN CROSSING. I WAS NOT ABLE TO STOP IN TIME AND COLLIDED ONTO THE PEDESTRIAN. AFTER THE COLLISION I ALIGHTED FROM THE CAR AND ASSISTED THE PEDESTRIAN. THERE WAS NO VISIBLE INJURIES ON HIM. I THEN TOLD HIM TO GET INTO THE CAR SO THAT I COULD SEND HIM TO HE HOSPITAL. HE GOT INTO THE CAR AND TOLD ME THAT HE WANTED TO SEEK HIS OWN MEDICAL TREATMENT AT A CLINIC. I THEN SETTLED WITH HIM AND HANDED OVER \$150 IN CASH AND HE SAID THANK YOU. HE TOLD ME TO STOP THE CAR AFTER 100 METRES AND ALIGHTED FROM THE CAR. WE HAD ALREADY SETTLED THE ACCIDENT MATTER AMICABLY

THAT IS ALL.

IC IO SUFYAN: 65476390

Police Report



SINGAPORE
POLICE FORCE

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



T/20200731/2054

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Report No. T/20200731/2

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:
TP /
MUHAMMAD MOINUR RAHMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
31/07/2020 15:25

Classification Of Case:



SINGAPORE
POLICE FORCE

Signat

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





TOYOTA MOTOR CORPORATION JAPAN

MODEL 2GE20R-HPXNP

ENGINE 2ZR-FAE 1798 mL

FRAME No. JTDGG20W000J0005090

COLOR 1G3 FA12 A32

TRIM FLANT

OPTION

MMS/MILE K311 -02A

882

TOYOTA MOTOR CORPORATION
ENGINE ROOM

Accident Photo

