

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	22/09/2020 16:04
Date Of Accident	22/09/2020 07:30
Exact Location Of Accident	ALONG SIMS AVE TURNING TO GEYLANG SERAI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL5755D
Insured/Policyholder	
Name Of Registered Owner	NORAZAD BIN DILAR
NRIC No	SXXXX264H
Email Address	SITI_HAZLINA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96331410
Alternative Phone No	OTHERS-96331410

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 AERAS (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	8-V0024359-MVA
Cover Note Number	

Driver

Name of Driver	MOHAMMED RAFI BIN ALI
NRIC No	SXXXX577Z
Date Of Birth	15/04/1967
Occupation	INDOOR
Date Of Driving Pass	02/04/1991
Driving Experience	29 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96331410
Fax Number	
Contact Number	OTHERS-96331410
Email Address	SITI_HAZLINA@HOTMAIL.COM

Address	BLK 270 BANGKIT ROAD #03-02
Postcode	70270
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
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 BICYCLIST
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	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20200922/7007 AND NEW T/20200922/2134

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH POLICE OFFICER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	CYCLIST
Vehicle Category	NA/UNKNOWN
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 UNKNOWN CYCLIST
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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 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.

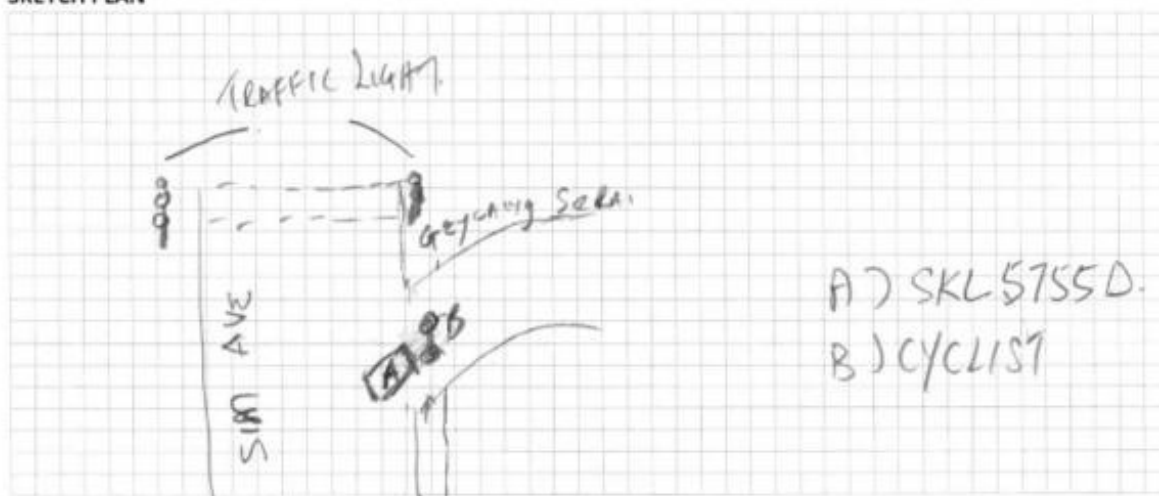
Policyholder's Signature
Date & Time:

Raf
Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/09/20 15:50pm

28/09/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF ID: A200922/7007
NEW T/20200922/2134.

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: 22/09/20 15:30pm

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:



SINGAPORE
POLICE FORCE



A/20200922/7007

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POLICE REPORT (NP299)

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Report No. A/20200922/7007

Date/Time Report Made 22/09/2020 11:04	Vide Report No.	Station Diary No.		
Name Of Informant MOHAMMED RAFI BIN ALI	Address 270 BANGKIT ROAD #03-02 SINGAPORE 670270			
ID Type / ID No. NRIC NO / S1804577Z	Contact No. Home/Office:	Mobile: 96331410		
Nationality SINGAPORE CITIZEN	Email Address SITI HAZLINA@HOTMAIL.COM			
Occupation stall helper	Sex Male	Age 53	Date of Birth 15/04/1967	Race Indian
Institution/School Name	Language English			
Date/Time Of Incident 22/09/2020 07:30	Location Of Incident ALONG SIM AVE TURNING TO GEYLANG SERAI AT 7:30AM A CYCLIST FROM PATHWAY JUST DASH IN AND SUDDENLY I JAMMED THE BRAKE AND I HIT THE CYCLIST			

Brief details.

CYCLIST WAS SEND HOSPITAL AND NO WITNESS

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2020 11:04
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200922/2134

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No: T/20200922/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2020 21:57		Vide Report No.: G/20200922/0057		Station Diary No.: 154	
Informant's Particulars					
Name of Informant: MOHAMMED RAFI BIN ALI			Address: APT BLK 270 BANGKIT ROAD #03-02 SINGAPORE 670270		
ID Type / ID No.: NRIC NO / S1804577Z			Contact No.: Home/Office: Mobile: 96331410		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 15/04/1967	Type of Informant: Driver		
Race: Indian			Language: Malay		Institution / School Name:
Occupation: STALL HELPER			Driving Licence Information: Class: 2B,2A,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/09/2020 07:30	Type of Location: T-Junction
Location: SIMS AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle against Cyclist - head to side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SKL5755D	Car	TOYOTA	ESTIMA AERAS 2.4 A	White	Slightly Damaged	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/20200922/2134

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No: T/20200922/2134

CONTINUATION OF REPORT

Driver			
Name	MOHAMMED RAFI BIN ALI	ID No.	S1804577Z
Related Vehicle	NIL	Contact No.	96331410
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/09/2020 at 0730hrs, I was driving along Sims Avenue and turning right into Geylang Serai hence a cyclist was in my lane and I did not notice him. However, I notice him when my vehicle was turning half-way along Geylang Serai road I initiate emergency brake but unable to stop on time. In result, my front right bumper hit onto the cyclist right side area. The cyclist fell onto the road and stood up in shock. I alighted my vehicle to assist the cyclist. After which, I called police for assistance and they also dispatched an ambulance to my location. The traffic police officer seized my dash-camera (one 'iRoad' 16GB Micro SD Card) and took both our particulars. The cyclist was convey to nearest hospital.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200922/2134

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No: T/20200922/2134

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:
L /
Sgt 2 MUHAMMAD KHAIRIL BIN MOHAMED
RAIS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

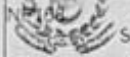
Date/Time:
22/09/2020 21:57

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID

Classification Of Case:

Contact No: 65476247

Authentication Stamp



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

**GENERAL
INSURANCE
ASSOCIATION**
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #15-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMA4200 Vehicle Registration No: SKL 5755D
Name (as shown in NRIC): MOHAMMAD RAFI BIN ALI NRIC/FIN/Passport No: 8XXX5777
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 96331410
Email Address: _____
Date of Accident: 20/09/2020 Time of Accident: 07:30
Place of Accident: _____
Insurance Company: QBE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Insure another vehicle Report 7/20200922/2134

Policyholder / Driver's Signature
Date:

31/09/2020
Reporting Centre Personnel's Signature
Name: Rafael
NRIC/FIN No.: MOHAMMAD
Date: