

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

SKETCH PLAN

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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: 22/09/20 15:50pm

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

TRAFFIC LIGHT

SIN AVE

Geylang Road

A

A) SKL 5755 D.

B) CYCLIST

Rafael To Police Report? A/2020922/7007
NHW T/2020922/2134.

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

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 22/09/2015 3:00pm

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



**SINGAPORE
POLICE FORCE**



A/20200922/7007

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POLICE REPORT (NP299)

Report No. A/20200922/7007

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

Date/Time Report Made 22/09/2020 11:04	Video 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
Institution/School Name	Date of Birth 15/04/1967	Race Indian
Date/Time Of Incident 22/09/2020 07:30	Language English	
	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	



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



**SINGAPORE
POLICE FORCE**



T/20200922/2134

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

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.



**SINGAPORE
POLICE FORCE**



T/20200922/2134

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Report No. T/20200922/2134

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

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 Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID

Signature Of Informant:

Date/Time:

22/09/2020 21:57

Classification Of Case:

Contact No: 65476247

Authentication Stamp



Signature:

Singapore Police Force

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 198401363C

1 Raffles Quay, #29-10 South Tower, Singapore 048583

Tel: 65-6224 6633 Fax: 65-6533 3270

GST Registration No.: M200644019

www.qbe.com.sg

**Certificate of Insurance**

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

Certificate No. **8-V0024359-MVA**

Account Name **LCH LOCKTON PTE. LTD**

MCI Type **MX1**

- 1 Index Mark and Registration Number of Vehicle or Chassis No: **SKL5755D**
- 2 Name of Policyholder **NORAZAD BIN DILAR** **S 2162264H**
- 3 Effective date of Commencement of Insurance for the purpose of the Regulations **28/11/2019**
- 4 Date of Expiry **27/11/2020**

- 5 Person or Classes of Person entitled to drive*

(a) The Policyholder

The Policyholder may also drive a motor car not belonging to him/her and not hired to him/her under a hire purchase agreement.

(b) Any 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 the driving the Motor Vehicle

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage

- 6 Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

- 7 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia) are not to be included under these headings

I/WE HEREBY CERTIFY that the Policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Hire Purchase : MAYBANK SINGAPORE LIMITED

QBE Insurance (Singapore) Pte Ltd

Date of Issue: 07/11/2019


Authorized Signature

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 : MMA4290 Vehicle Registration No: SKL 5755D
Name (as shown in NRIC) : MOHAMMAD RAFI BIN ALI NRIC/FIN/Passport No : 8XXXX577Z
(*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:

23/09/2020
Reporting Centre Personnel's Signature
Name: Rafael
NRIC/FIN No.: MOHAMAD
Date: