

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.

STATEMENT:

Date Of Report 02/10/2020 10:05
Date Of Accident 01/10/2020 19:00
Exact Location Of Accident AYE (NEAR EXIT 9)
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number SMQ6467D
Insured/Policyholder
Name Of Registered Owner CHINNADURAI AMUTHA
NRIC No S2670723D
Email Address CAMUTHA2017@GMAIL.COM
Mobile Phone No (LOCAL) +65-96236580
Alternative Phone No OTHERS-91860524

Vehicle Particulars

Manufacturer BMW
Model X3 SDRIVE20I
Exact Purpose for which vehicle was being used at time of accident GOING HOME
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 CAR

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number
Cover Note Number C0101053

Driver

Name of Driver CHINNADURAI AMUTHA
NRIC No S2670723D
Date Of Birth 26/05/1965
Occupation INDOOR
Date Of Driving Pass 13/05/2006
Driving Experience 14 YEARS AND 4 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-96236580
Fax Number
Contact Number OTHERS-91860524
Email Address CAMUTHA2017@GMAIL.COM

Address 35 JURONG EAST AVENUE 1
#04-06
Postcode 609774
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 - HEAD TO REAR
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? YES
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 JURONG EAST N.P.C
Police Station Address ROAD: 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20201001/2139.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number FBR2078U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver MOHAMED HAIRUL BIN MOHAMED HAIZAL
NRIC/Passport Number S9706149A
Contact Number
Address
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name	MOHHAMED HAIRUL BIN MOHAMED HAIZAL
Approximate Age	23
Injuries Sustain	
Injured person in which vehicle?	FBR2078U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2:

Name	NOOR IRWAYU BINTE KAMARUZAMAN
Approximate Age	22
Injuries Sustain	
Injured person in which vehicle?	FBR2078U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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 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:

2/10/2010
10:35 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2/10/2010
10:35 am

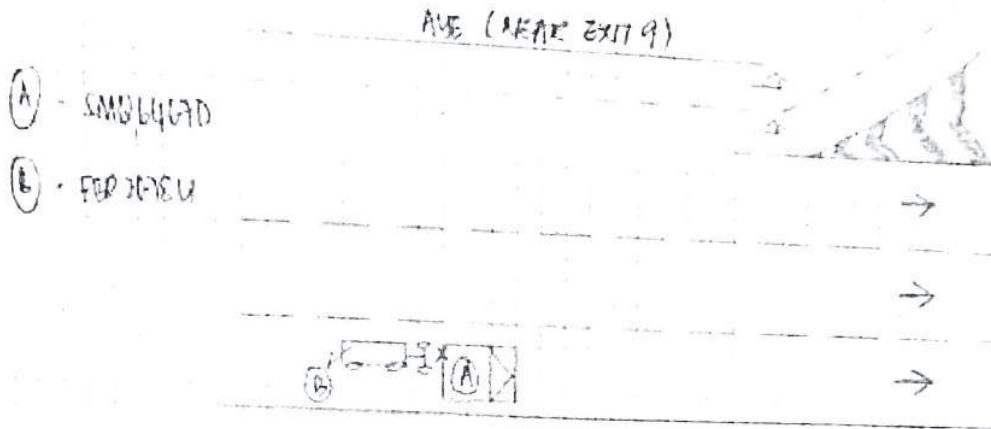
Reporting Centre Personnel's Signature

Name: KAREN

NRIC/FIN No:

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT: T/20201001/2139.

DECLARATION

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

Policyholder's Signature: *C. A. H.*
 Date & Time: 2/10/2010 10:35am

Driver's Signature: *C. A. H.*
 (If driver is not the policyholder)
 Date & Time: 2/10/2010 10:35am

Reporting Centre Personnel's Signature: *NP*
 Name: NAITLYN
 NRIC/EPN No.



SINGAPORE POLICE FORCE



T/20201001/2139

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20201001/2139

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
01/10/2020 21:37

Vide Report No.:
D/20201001/0094

Station Diary No.:
93

Informant's Particulars

Name of Informant: CHINNADURAI AMUTHA			Address: 35 JURONG EAST AVENUE 1 #04-06 SINGAPORE 609774		
ID Type / ID No.: NRIC NO / S2670723D			Contact No.: Home/Office: Mobile: 96236580		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 55	Date of Birth: 26/05/1965	Type of Informant: Driver		
Race: Tamil			Language: English	Institution / School Name:	
Occupation: DOCTOR			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/10/2020 19:00	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR2078U	Motorcycle				Slightly Damaged	1
SMQ6467D	Car	BMW	X3	Black	Slightly Damaged	0

Details of Person Involved

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



Station Of Origin:
 Singapore East N.P.C
 Boon Lay Way SINGAPORE 609962
 Tel No: 1800-8999999

CONTINUATION OF REPORT

Rider			
Name	MOHAMED HAIRUL BIN MOHAMED HAIZAL		ID No. S9706149A
Related Vehicle	FBR2078U (Motorcycle)		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	Slight
Driver			
Name	CHINNADURAI AMUTHA		ID No. S2670723D
Related Vehicle	SMQ6467D (Car)		Contact No. 96236580
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/10/2020 at about 1900hrs, I was driving my car a black BMW (SMQ6467D) along AYE towards Tuas at extreme right lane before exit 9. At that time the traffic flow was heavy. I saw vehicle ahead of me slowing down as such I applied my brake. Subsequently I felt an impact from the rear of my car and noticed a rider skidded at the middle lane. I immediately stopped my car and assist the rider. The male rider was already standing up whereas the female pillion was still lying on the road. I assisted them and I observed that the male rider sustained abrasion at his fingers whereas female pillion I did not saw any visible injuries. She was still conscious. There was passerby assisted and called for ambulance.

Shortly ambulance and traffic police arrived and both the motorcyclist (FBR2078U) conveyed by ambulance. I then told the Traffic Police officer what had happened and they informed me to lodge a traffic accident report. They gave me case card reference incident D/20201001/0094. In-Charge case TP IO Farhan, 65476224.

I wish to state that I did not brake my car abruptly. There was no government property was damage. I have in car camera which recorded the whole incident. I have already handed over the SD card to the traffic police officer. I do not sustained any injuries. I noticed that my rear left bumper there was some deep long scratches. I did not noticed any major damages to the motorcycle.

SINGAPORE
POLICE FORCE



T/20201001/2139

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Report No. T/20201001/2139

Station Of Origin:
East N.P.C
Lay Way SINGAPORE 609962
No: 1800-8999999

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 /
SI ANUAR BIN OTHMAN

Signature Of Interpreter:
Not applicable



Officer In Charge Of Case:
TP / GIT /
SI VILTON HIA WEE SIANG
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/10/2020 21:37

Classification Of Case:

	SINGAPORE POLICE FORCE	SN 34
		
SIGNATURE		