

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 Submission 28/12/2020 14:50 (SGT)
Date of Accident 26/12/2020 23:15 (SGT)
Exact Location of Accident Jurong Gateway Rd, Singapore
Additional Location Information twds jurong east st 21
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW9596L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No 2XXXXX722Z
Email Address hafiz_680@hotmail.com
Mobile Phone No (Phone) +65-89999999
Alternative Phone No +--

VEHICLE PARTICULARS

Manufacturer Nissan
Model Sylphy
Variant -
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 - Reporting only
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V13100/VPZ/R00
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD HAFIZ BIN JUHAINI
NRIC No SXXXX933F
Date Of Birth 17/10/1996
Occupation Indoor

Date Of Driving Pass	19/11/2020
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97215504
Alt. Phone Number	-
Email Address	hafiz_680@hotmail.com
Address	BLK 568 CHOA CHU KANG STREET 52
Address complement	#03-162
Postcode	680568
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NUR NADZIRAH BINTE JUHAINI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201227/2048.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF3885H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD HAFIZ BIN JUHAINI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SKW9596L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NUR NADZIRAH BINTE JUHAINI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG
Injured person in which vehicle?	SKW9596L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

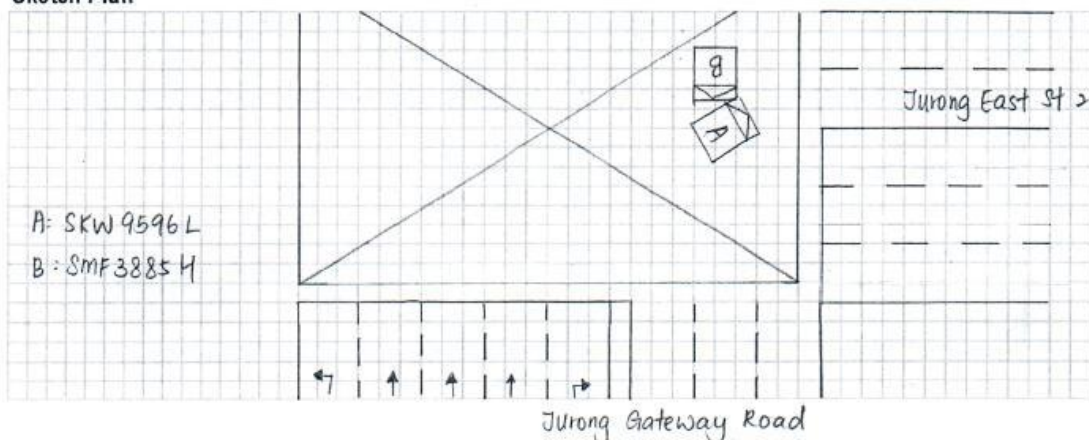


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

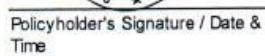
Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to police report

We declare the foregoing particulars are true in every respect.



Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel





















**SINGAPORE
POLICE FORCE**



T/20201227/2048

1 of 4

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20201227/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2020 15:13		Vide Report No.: D/20201226/0156		Station Diary No.: 38
Informant's Particulars				
Name of Informant: MUHAMMAD HAFIZ BIN JUHAINI		Address: APT BLK 568 CHOA CHU KANG STREET 52 #03-162 SINGAPORE 680568		
ID Type / ID No.: NRIC NO / S9636933F		Contact No.: Home/Office: Mobile: 97215504		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 24	Date of Birth: 17/10/1996	Type of Informant: Driver	
Race: Javanese		Language:	Institution / School Name:	
Occupation: National Service Full Time		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/12/2020 23:15	Type of Location: X-Junction
Location: JURONG EAST STREET 21				
Weather: Clear		Road Surface: unsure	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW9596L	Car				Slightly Damaged	1
SMF3885H	Car				Slightly Damaged	2

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



**SINGAPORE
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T/20201227/2048

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Tel No: 1800-7659999

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Report No. T/20201227/2048

CONTINUATION OF REPORT

Passenger			
Name	NUR NADZIRAH BINTE JUHAINI	ID No.	S9500087H
Related Vehicle	SKW9596L (Car)	Contact No.	90184584
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/12/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MUHAMMAD HAFIZ BIN JUHAINI	ID No.	S9636933F
Related Vehicle	SKW9596L (Car)	Contact No.	97215504
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/12/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TOH BOON KEONG	ID No.	S8017662G
Related Vehicle	SMF3885H (Car)	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	NIL

Brief Details.

On 26/12/2020 at about 2300hrs, I was driving my car (SKW9596L) along Jurong East street 21 towards Jurong Gateway going to pump patrol before picking up my parents from my uncle house. While proceeding, I was waiting at the traffic light and checked clear before turning right. The traffic light was green and the traffic was clear hence I proceed to turn right. Suddenly, this car (SMF3885H) was driving very fast while I was already turning right halfway hence his car (SMF3885H) front hit onto my car (SKW9596L) left side. Both parties came down of the vehicles and ensure that nobody were injured and exchange particulars. Shortly after, traffic police and ambulance arrived at my incident location. My sister was conveyed to Ng Teng Fong General Hospital as she had bruises on her leg and she was issued a 3 days medical certificate by the doctor. I also went to Ng Teng Fong General Hospital to make a check as I was feeling dizzy and I was issued a 3 days medical certificate by the doctor. I was told by the traffic police IO Afiq, Tel: 6547 6171 to lodge a traffic accident report regarding my accident vide report number,



**SINGAPORE
POLICE FORCE**



T/20201227/2048

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Report No. T/20201227/2048

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

D/20201226/0156. I am lodging this report for insurance claim as well.



SINGAPORE POLICE FORCE



T/20201227/2048

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Police Station Of Origin:
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SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20201227/2048

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:

J/
Sgt 2 SOO AU EN

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
27/12/2020 15:13

Officer In Charge Of Case:

SINGAPORE
MURTHAD AFIQ BIN RAHMAT
Contact No.: 65476171

Authentication Stamp
NP168

SIGNATURE

Classification Of Case:





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / 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 : SN0920CS0009 Vehicle Registration No: SKW9596L
Name(as shown in NRIC) : MUHAMMAD HAFIZ BIN JUHAINI NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 97215504
Email Address : _____
Date of Accident : 26/12/2020 Time of Accident : 23:15
Place of Accident : Jurong Gateway Rd
Insurance Company: Liberty Insurance

(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:

Amend claim type & passenger conveyed to hospital

Policyholder / Driver's Signature
Date:



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