

# 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 ..... 25/01/2021 18:11 (SGT)  
Date of Accident ..... 24/01/2021 13:00 (SGT)  
Exact Location of Accident ..... Tampines Street 21, Singapore  
Additional Location Information ..... T-JUNCTION OF TAMPINES AVENUE 2  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... S2962CD

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... EMBASSY OF THE REPUBLIC OF INDONESIA  
Company Reg No ..... SXXXXX029F  
Email Address ..... fidzrilyusman@gmail.com  
Mobile Phone No ..... (Phone) +65-87495417  
Alternative Phone No ..... +65-87495417

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... A 300357596 MKC  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... FIDZRIL YUSMAN BIN MOHAMED YASIN  
NRIC No ..... SXXXX262B  
Date Of Birth ..... 03/12/1977  
Occupation ..... Outdoor

Date Of Driving Pass .....	12/03/1999
Driving experience .....	21 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87495417
Alt. Phone Number .....	-
Email Address .....	fidzrilyusman@gmail.com
Address .....	BLK 585 WOODLANDS DRIVE 16 #09-72
Address complement .....	-
Postcode .....	730585
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - Head to Rear
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999
Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210124/2033

#### 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


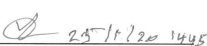

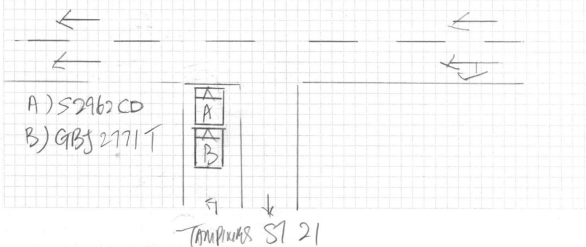
Vehicle Registration Number .....	GBJ2771T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	KHAIRUL ADILIN BIN MUHAMAD SHUKOR
NRIC No .....	SXXXX809E
Contact Number .....	-

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

SKETCH PLAN

IMPORTANT NOTICE

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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.


	 25/11/2021 1445	 25/11/2021
	Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel	
<b>Sketch Plan</b> 		


**Describe Circumstances of the Accident**


REFER TO POLICE REPORT 7/2021 0124/2033

**Declaration**

We declare the foregoing particulars are true in every respect.

 Policyholder's Signature / Date & Time

 25/11/20 14:15 Driver's Signature (if driver is not the policyholder) / Date & Time

 25/01/2021 Witnessed by Reporting Centre Personnel
































**SINGAPORE  
POLICE FORCE**


T/20210124/2033

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Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20210124/2033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/01/2021 14:08 Vide Report No.: Station Diary No.: 33

Informant's Particulars			
Name of Informant: FIDZRIL YUSMAN BIN MOHAMED YASIN		Address: APT BLK 585 WOODLANDS DRIVE 16 #09-72 SINGAPORE 730585	
ID Type / ID No.: NRIC NO / S7736262B	Contact No.: Home/Office: Mobile: 87495417		Email:
Nationality: SINGAPORE CITIZEN			
Sex: Male	Age: 43	Date of Birth: 03/12/1977	Type of Informant: Driver
Race: Malay		Language:	Institution/ School Name:
Occupation: EMBASSY DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 24/01/2021 13:00	Type of Location: T-Junction
Location: TAMPINES AVENUE 2				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ2771T	Van				Slightly Damaged	0
S2962CD	Van				Slightly Damaged	0

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





**SINGAPORE  
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T/20210124/2033

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20210124/2033

CONTINUATION OF REPORT

<b>Driver</b>			
Name	Khairul Adilin Bin Muhamad Shukor	ID No.	S9014809E
Related Vehicle	GBJ2771T (Van)	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
<b>Driver</b>			
Name	FIDZRIL YUSMAN BIN MOHAMED YASIN	ID No.	S7736262B
Related Vehicle	S2962CD (Van)	Contact No.	87495417
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

While stationary off the T-Junction of Tampines St 21 and Tampines Ave 2, I was waiting for the traffic to clear before proceeding onto Tampines Ave 2. Suddenly, I felt a large impact from the rear of my vehicle. As I exit my vehicle and checked the rear, I discovered my vehicle was hit head on by another van.



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POLICE FORCE**

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Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999



T/20210124/2033

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Report No. T/20210124/2033

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 / SC2 MUHAMMAD HAKIM BIN AB RAHMAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151
Authentication Stamp NP168

Signature Of Informant: 
Date/Time: 24/01/2021 14:08
Classification Of Case: