# **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 witholding 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.

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   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 04/02/2021 16:42 (SGT) Date of Accident 03/02/2021 22:35 (SGT) Exact Location of Accident Airport Rd, Singapore Additional Location Information TWDS KPE TUNNEL Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **SLQ8765S** 

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD

Company Reg No 2XXXXX722Z

Email Address admin@rosetlimo.com Mobile Phone No (Phone) +65-68445225

Alternative Phone No +65-68445225

VEHICLE PARTICULARS

Manufacturer Honda

Model Vezel

Variant

Exact purpose for which vehicle was being used at time of Private hire accident

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party

Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance

Type of Coverage Comprehensive Fleet Policy

Policy Number SD20V13100/VPZ/R02

Cover Note Number

DRIVER

Name of Driver MUHAMMAD LUFTHY BIN KOSNAN

NRIC No SXXXX505Z

Date Of Birth 07/05/1987 Occupation Outdoor

Date Of Driving Pass 28/05/2008 Driving experience 12 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-88147401 Alt. Phone Number Email Address muhammadlufthy281015@gmail.com Address BLK 105 BEDOK NORTH AVE 4 Address complement #04-2180 Postcode 460105 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **PASSENGER** Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20210204/7007 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 **GBE5981K** 

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 LUFTHY BIN KOSNAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLQ8765S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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 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 (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A-SCQ87656
B-GBE5981K
Airport Road
KPE

KPE

Describe Circumstances of the Accident

	Refer to police report 7/20210204/7007	
	(*	
The state of the s		
aration		
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eclare the foregoing particul	ars are true in every respect.	
SINE SERV		

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

Policyholder's Signature / Date &

Witnessed by Reporting Centre

Personnel



T/20210204/7007

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20210204/7007

#### CONTINUATION OF REPORT

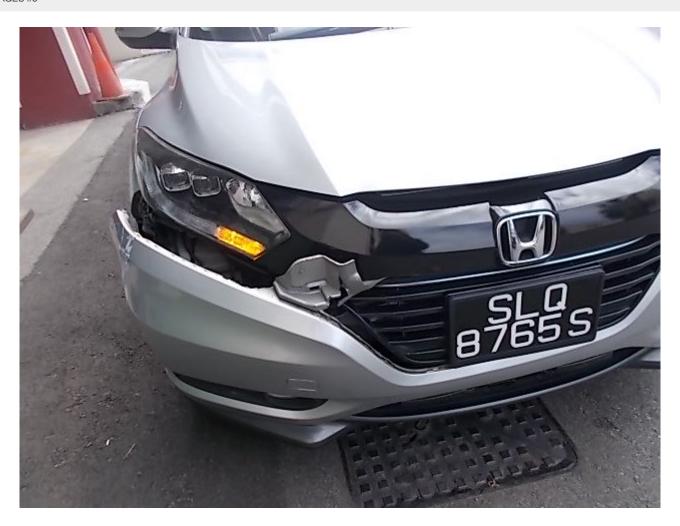
Driver				Salasi	1			
Name	MUHAMMAD LUFTHY BIN KOSNAN			ID No	o.	S8712505Z		
Related Vehicle	SLQ8765S (Car)			SLQ8765S (Car)		Cont	act No.	88147401
Hospital/Clinic	NIL			Class Drivin Licen Expir	ng ice &	Class: NIL Date of Expiry: NIL		
Date	NIL	NIL Date			NIL			
No. of Days gran	ted Medical Leave	NIL	Degree o	of	Slight	t)		

#### Brief Details.

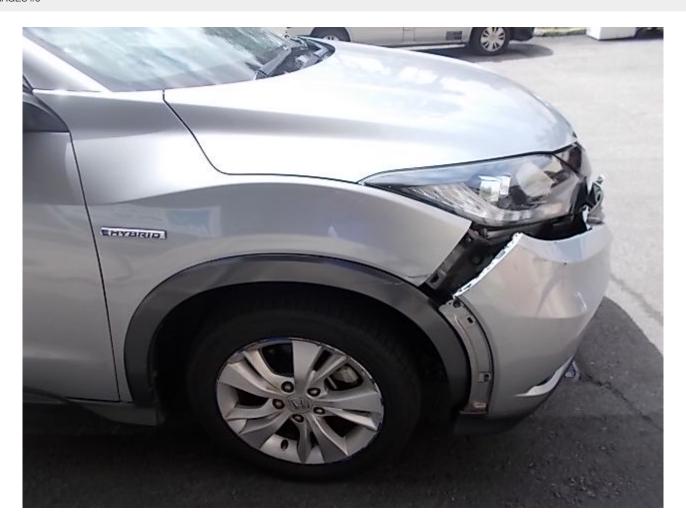
On the stated date and time, I was driving my vehicle (SLQ8765S) along Airport Road towards KPE tunnel at the most left lane. There was a passenger in my vehicle. Out of sudden, vehicle (GBE5981K) swerved into my lane abruptly from the second lane and hit onto the front right portion of my vehicle. However, vehicle (GBE5981K) did not stop and drive away. I have tried to chase him and manage to stop him down along the KPE tunnel.

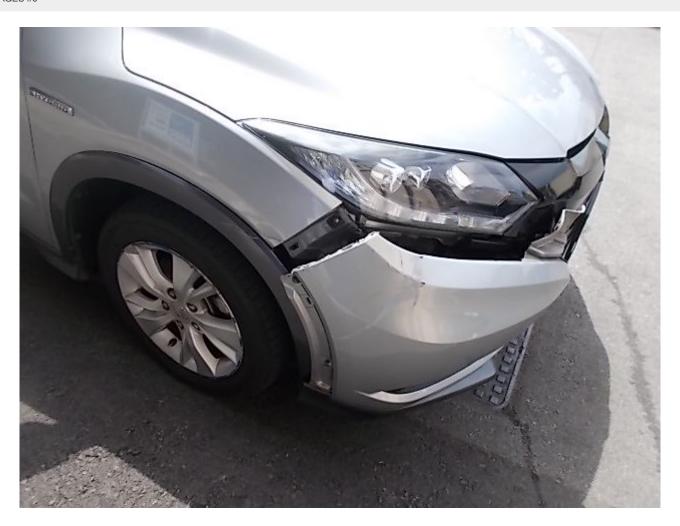


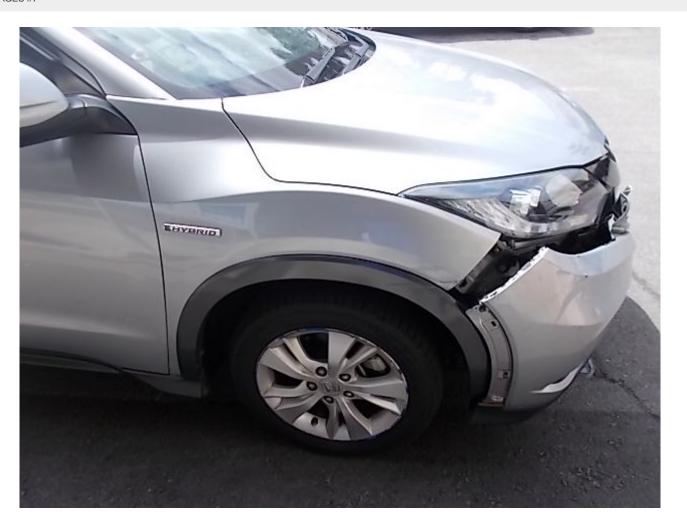


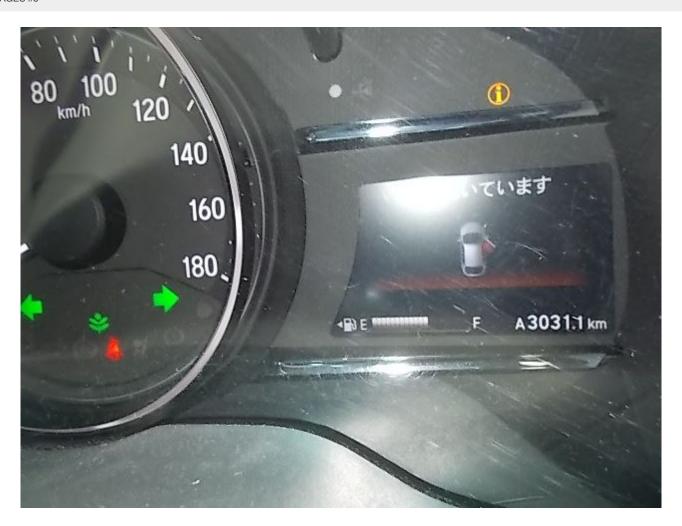


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20210204/7007

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2021 11:09		lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars			
Name of	Informant:	HY BIN KOSNAN	Address: 105 BEDOK NORTH AVENUE 460105	E 4 #04-2180 SINGAPORE	
ID Type NRIC NO	/ ID No.: D / S87125	05Z	Contact No.: Home/Office: Mobile: 88147401		
National SINGAP	ity: ORE CITIZ	EN	Email: MUHAMMADLUFTHY281015	@GMAIL.COM	
Sex: Male	Age:	Date of Birth: 07/05/1987	Type of Informant: Driver		
Race: Javanese			Language: English	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class:	Date of Expiry:	

General Inform	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2021 22:35	Type of Location:
Location:	DAD			
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis	sion:			Anyone conveyed by ambulance: No

and the second second	ehicle Invo	Make	Model	Color	Conditio	No of
Vehicle No.	Type	IVIANE	Model	00101	Contains	-
GBE5981K	Lorry					0
SLQ8765S	Car					0

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210204/7007

#### CONTINUATION OF REPORT

Driver					1	THE STATE OF THE S		
Name	MUHAMMAD LUFTHY BIN KOSNAN			ID No		S8712505Z		
Related Vehicle	SLQ8765S (Car)			SLQ8765S (Car)		Conta	ct No.	88147401
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL		
Date	NIL	NIL Date			NIL			
No. of Days gran	ted Medical Leave	NIL	Degree o	of	Sligh	t		

#### Brief Details.

On the stated date and time, I was driving my vehicle (SLQ8765S) along Airport Road towards KPE tunnel at the most left lane. There was a passenger in my vehicle. Out of sudden, vehicle (GBE5981K) swerved into my lane abruptly from the second lane and hit onto the front right portion of my vehicle. However, vehicle (GBE5981K) did not stop and drive away. I have tried to chase him and manage to stop him down along the KPE tunnel.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210204/7007

CONTINUATION OF REPORT

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S	ke	tch	P	an

Informant is not able to provide sketch

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: 04/02/2021 11:09
Officer In Charge Of Case: TP / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:

NP168

Authentication Stamp

