SN09215J0005-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 19/05/2021 14:55 (SGT)
SUBMITTED BY: Liew Shan Hui
VERSION: 2 (20/05/2021 09:59 (SGT))

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.
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	19/05/2021 14:55 (SGT)
Date of Accident	18/05/2021 08:55 (SGT)
Exact Location of Accident	Grange Rd, Singapore
Additional Location Information	TURNING INTO GRANGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	S2104CD

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HIGH COMMISSION OF INDIA
Company Reg No	-
Email Address	PROTOCOL.SINGAPORE@MEA.GOV.IN
Mobile Phone No	(Phone) +65-83836188
Alternative Phone No	+65-83836188

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	Government
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D18MPC0003233_02
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD MOPFIAN BIN KHALID
NRIC No	SXXXX770C

Date Of Birth	15/11/1975
Occupation	Outdoor
Date Of Driving Pass	18/11/2011
Driving experience	9 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90111332
Alt. Phone Number	-
Email Address	PROTOCOL.SINGAPORE@MEA.GOV.IN
Address	BLK 525 BEDOK NORTH STREET 3 #05-416
Address complement	-
Postcode	460525
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	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210518/2072

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	SLW299S
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)	-

Describe Circumstances of the Accident

refer to police report T/2021051B/2072

Declaration

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

High Commission of India
Singapore 19/5/21
12.15 PM.

19/5/21 (WED)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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' 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

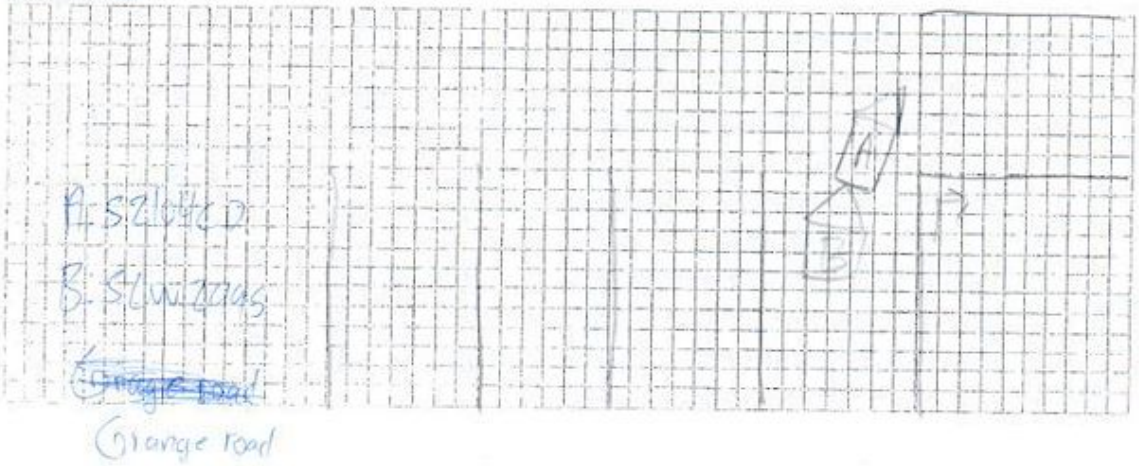
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Manish.
High Commission of India
Singapore 19/5/21
12.15 PM.

19/5/2021 (WED)

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6


Mercedes-Benz
Typ: 212
Made in Germany
DAIMLER AG
WDD2130422A119379
2245 kg
1- 1050 kg
2- 1225 kg

IMAGES #7

SINGAPORE POLICE FORCE

T/20210518/2072

Report No. T/20210518/2072

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
18/05/2021 16:24	T/20210518/2045	60

Informant's Particulars

Name of Informant: MOHAMMAD MOPFIAN BIN KHALID			Address: APT BLK 525 BEDOK NORTH STREET 3 #05-416 SINGAPORE 460525	
ID Type / ID No.: NRIC NO / S7537770C			Contact No.: Home/Office: Mobile: 90111332	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 45	Date of Birth: 15/11/1975	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Special Vehicle	Drink Drive: No	Date/Time of Accident: 18/05/2021 08:55	Type of Location: main Orchard Rd turning right into Grange Rd
Location: ORCHARD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
S2104CD	Car	MERCEDES BENZ	E200	Black	Slightly Damaged	0
SLW299S	Car	HONDA	Jazz	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/20210518/2072

Report No. T/20210518/2072

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD MOPFIAN BIN KHALID	ID No.	S7537770C
Related Vehicle	NIL	Contact No.	90111332
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

Driver			
Name	Lee Wen Yong	ID No.	S8127162C
Related Vehicle	NIL	Contact No.	96930299
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.

Om 18/05/2021 at about 8.55am, I was making my way to the High Commission of India at 31 Grange Rd. My car (S2104CD) was stationary on the extreme right hand lane of Orchard Rd and I was about to turn into Grange Rd (where the H&M building was located at the corner). I remembered that the traffic lights were green, the pedestrian lights (to cross Grange Rd) was blinking green and that there were no pedestrians at all. As I turned into Grange Rd (with my car signaling right), a pedestrian suddenly appeared and tried to cross the road. As such, I braked immediately. However, the car (SLW299S) behind me did not manage to react in time and thus the front of the car hit the rear of my car (S2104CD). Afterwards, both of us (S2104CD) drove to a small curb on the right hand side of Grange Rd and afterwards, we both got off our cars and we exchanged particulars.

I wish to state that no one was injured as a result of the above accident. I also wish to state that my car (S2104CD) has no in car CCTV camera to capture the footage of the accident. I am unsure of whether there were any in car CCTV cameras for the other car (SLW299S).

Because of the above accident, my car (S2104CD) experienced small dents and scratches on the rear bumper. As for the other car (SLW299S), it experienced a crack on its right headlight and small scratches on the front bumper, with a piece of metal scrapped off.

I further wish to state that the car (S2104CD) I am driving belongs to the High Commission of India.

I am lodging this police report for recording and investigative purposes.

SINGAPORE
POLICE FORCE

T/20210518/2072

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20210518/2072

CONTINUATION OF REPORT

SINGAPORE POLICE FORCE

T/20210518/2072

4 of 4

Report No. T/20210518/2072

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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: E / SCSGT(1) SEAN TAN KAI WEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/05/2021 16:24
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168

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: S66SS0020G / 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 : SN09215J0005 Vehicle Registration No: SZ104CD

Name(as shown in NRIC) : Mohammad Moffian Bin Khalid NRIC/FIN/Passport No : SXXXX770C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 18/5/20 Time of Accident : 0855

Place of Accident : Grange road

Insurance Company : India International

(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:

ammend time of accident

Policyholder / Driver's Signature
Date:

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