

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	24/08/2021 14:45 (SGT)
Date of Accident	13/08/2021 12:00 (SGT)
Exact Location of Accident	102 Commonwealth Cres, Block 102, Singapore 140102
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK9608M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROSET LIMOUSINE SERVICESNPTE LTD
Company Reg No	2XXXXX722Z
Email Address	khierthii@rosetlimo.com
Mobile Phone No	(Phone) +65-68445225
Alternative Phone No	(Office) +65-68445225

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V13100/VPZ/R02
Cover Note Number	-

DRIVER

Name of Driver	ABDUL RAHIM BIN HUSSIN
NRIC No	SXXXX634E

Date Of Birth	16/05/1952
Occupation	Outdoor
Date Of Driving Pass	31/12/1979
Driving experience	41 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92247313
Alt. Phone Number	-
Email Address	khierthii@rosetlimo.com
Address	BLK 103 COMMONWEALTH CRESCENT
Address complement	#06-172
Postcode	140103
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	No Collision
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 vehicle 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	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/20210823/7009

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	SKA8128C
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)	-

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' 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

No collision

Blk 102 Commonwealth
Crescent open space
car park

A: SLK 9608 M
B: SKA 8128 C

Describe Circumstances of the Accident

Refer to police report 712070823/7009.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210823/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210823/7009

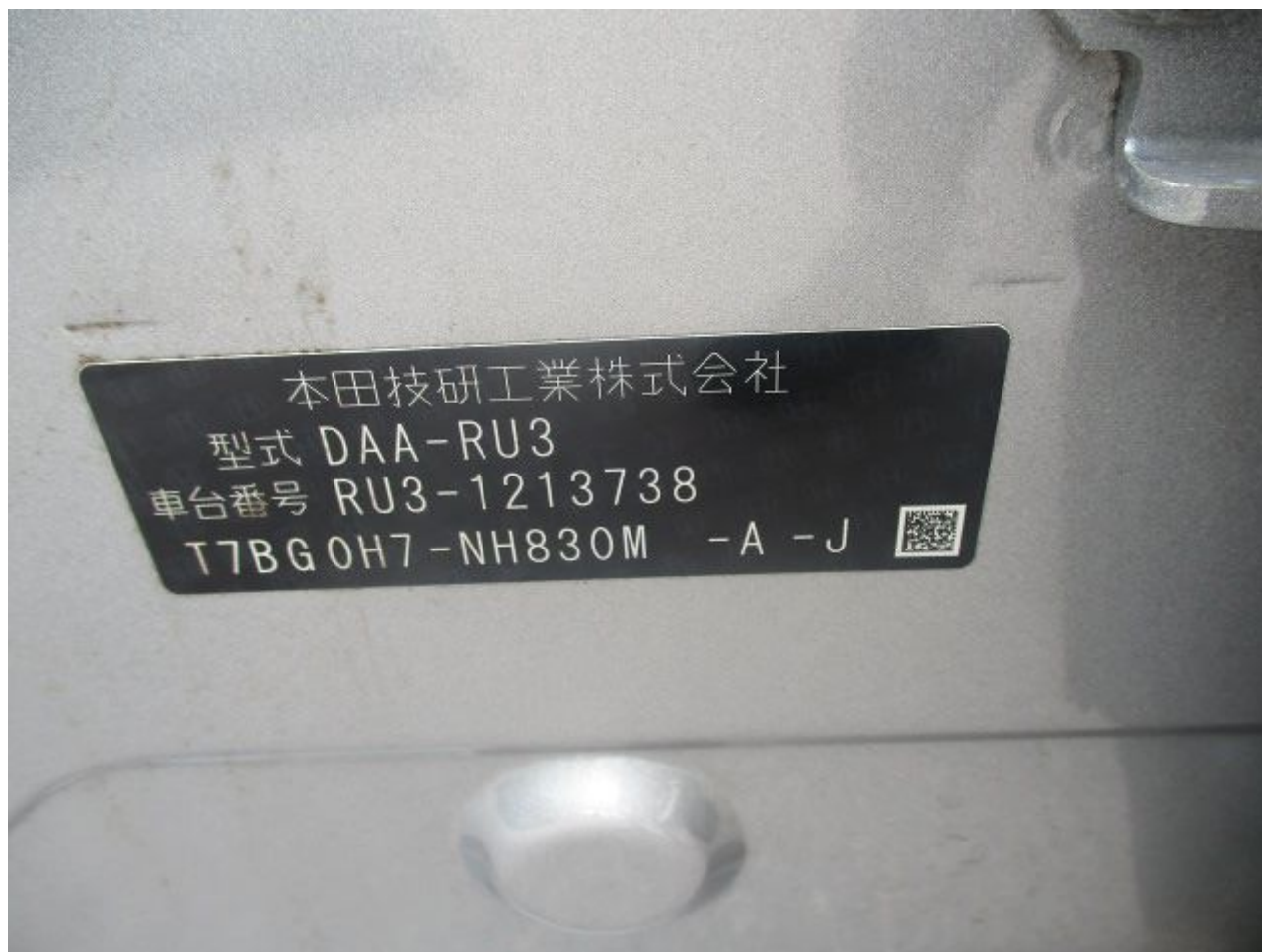
CONTINUATION OF REPORT

Driver			
Name	ABDUL RAHIM BIN HUSSIN	ID No.	S0210634E
Related Vehicle	SLK9608M (Car)	Contact No.	92247313
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details:

On the stated date and time, I was adjusting my vehicle SLK9608M to park into parking lot at Blk 102 Commonwealth Crescent open space car park. Out of sudden, the driver of vehicle SKA8128C claimed that I hit onto his vehicle and requested me to pay him for the repair cost. I told him I did not hit onto his vehicle and took some photos of both of our vehicles. I wish to state that there was no any damage on both of our vehicles.



















**SINGAPORE
POLICE FORCE**



T/20210823/7009

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210823/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/08/2021 13:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABDUL RAHIM BIN HUSSIN			Address: 103 COMMONWEALTH CRESCENT #06-172 SINGAPORE 140103		
ID Type / ID No.: NRIC NO / S0210634E			Contact No.: Home/Office:		Mobile: 92247313
Nationality: SINGAPORE CITIZEN			Email: rahimhussin52@gmail.com		
Sex: Male	Age: 69	Date of Birth: 16/05/1952	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/08/2021 12:00	Type of Location:
Location: COMMONWEALTH CRESCENT				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SKA8128C	Car					0
SLK9608M	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210823/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210823/7009

CONTINUATION OF REPORT

Driver			
Name	ABDUL RAHIM BIN HUSSIN	ID No.	S0210634E
Related Vehicle	SLK9608M (Car)	Contact No.	92247313
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details:

On the stated date and time, I was adjusting my vehicle SLK9608M to park into parking lot at Blk 102 Commonwealth Crescent open space car park. Out of sudden, the driver of vehicle SKA8128C claimed that I hit onto his vehicle and requested me to pay him for the repair cost. I told him I did not hit onto his vehicle and took some photos of both of our vehicles. I wish to state that there was no any damage on both of our vehicles.



**SINGAPORE
POLICE FORCE**



T/20210823/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210823/7009

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476423

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
23/08/2021 13:15

Classification Of Case:

