

# 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 ..... 05/11/2021 14:37 (SGT)  
Date of Accident ..... 29/10/2021 01:35 (SGT)  
Exact Location of Accident ..... Gambas Ave, Singapore 757022  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM1014G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ROSET LIMOUSINE SERVICES PTE 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 ..... Toyota  
Model ..... ALTIS  
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? ..... Yes  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1598

### 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 ..... JOHANDA BIN AMAD ALI  
NRIC No ..... SXXXX179D

|                                                                    |                       |
|--------------------------------------------------------------------|-----------------------|
| Date Of Birth .....                                                | 15/04/1965            |
| Occupation .....                                                   | Outdoor               |
| Date Of Driving Pass .....                                         | 20/01/1983            |
| Driving experience .....                                           | 38 YEARS AND 9 MONTHS |
| Gender .....                                                       | Male                  |
| Mobile Number .....                                                | (Phone) +65-93866342  |
| Alt. Phone Number .....                                            | -                     |
| Email Address .....                                                | joeamadali@gmail.com  |
| Address .....                                                      | BLK 211D PUNGGOL WALK |
| Address complement .....                                           | #05-665               |
| Postcode .....                                                     | 824211                |
| 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 - 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? .....                                                                | Yes |
| Was any injured conveyed to hospital by ambulance? .....                                                  | Yes |
| Was any other vehicle or property damaged? .....                                                          | Yes |
| Number of Passengers (Including Driver) .....                                                             | 3   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |           |
|--------------|-----------|
| Name .....   | PASSENGER |
| Gender ..... | Male      |

#### PASSENGER 2

|              |           |
|--------------|-----------|
| 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 ATTACHED STATEMENT.

#### ATTACHMENT(S)

|                                                         |                 |
|---------------------------------------------------------|-----------------|
| Are accident photos available for attachment? .....     | Yes             |
| Was there any video captured by Car Camera? .....       | Yes             |
| Reasons for not uploading a video of the accident ..... | SD CARD WITH TP |
| Was there any audio recorded? .....                     | No              |

## DETAILS OF OTHER VEHICLE PROPERTY 1

|                                               |             |
|-----------------------------------------------|-------------|
| Vehicle Registration Number .....             | UNKNOWN     |
| 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 .....                              | JOHANDA BIN AMAD ALI |
| Gender .....                                              | Male                 |
| Phone No .....                                            | -                    |
| Address .....                                             | -                    |
| Address Complement .....                                  | -                    |
| Post Code .....                                           | -                    |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | Fractured            |
| Injured person in which vehicle? .....                    | SMM1014G             |
| Were seat belts worn? .....                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? ..... | Yes                  |

### INJURED 2

|                                                           |           |
|-----------------------------------------------------------|-----------|
| Name of injured person .....                              | PASSENGER |
| Gender .....                                              | Male      |
| Phone No .....                                            | -         |
| Address .....                                             | -         |
| Address Complement .....                                  | -         |
| Post Code .....                                           | -         |
| Approximate Age Years Old .....                           | -         |
| Injuries Sustained .....                                  | SLIGHT    |
| Injured person in which vehicle? .....                    | SMM1014G  |
| Were seat belts worn? .....                               | -         |
| Was this injured conveyed to hospital by ambulance? ..... | No        |

### INJURED 3

|                                                           |           |
|-----------------------------------------------------------|-----------|
| Name of injured person .....                              | PASSENGER |
| Gender .....                                              | Female    |
| Phone No .....                                            | -         |
| Address .....                                             | -         |
| Address Complement .....                                  | -         |
| Post Code .....                                           | -         |
| Approximate Age Years Old .....                           | -         |
| Injuries Sustained .....                                  | SLIGHT    |
| Injured person in which vehicle? .....                    | SMM1014G  |
| Were seat belts worn? .....                               | -         |
| Was this injured conveyed to hospital by ambulance? ..... | No        |

# 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' 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.

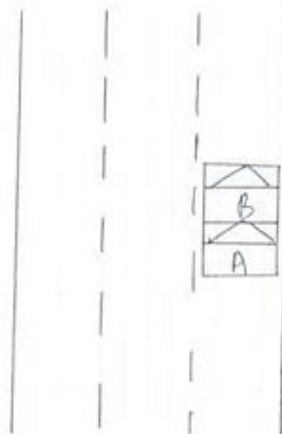


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



GAMBAS AVE

A: SMM10146

B: UNKNOWN

**Describe Circumstances of the Accident**

Refer to police report T120211102/2016

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 05/11/21

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20211102/2016

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

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Report No. T/20211102/2016

**CONTINUATION OF REPORT**

| Driver                            |                      |                                        |                                   |
|-----------------------------------|----------------------|----------------------------------------|-----------------------------------|
| Name                              | JOHANDA BIN AMAD ALI | ID No.                                 | S1720179D                         |
| Related Vehicle                   | SMM1014G (Car)       | Contact No.                            | 93866342                          |
| Hospital/Clinic                   | KTPH                 | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 29/10/2021           | Date Discharge                         | 29/10/2021                        |
| No. of Days granted Medical Leave | 10                   | Degree of Injury                       | NIL                               |

**Brief Details.**

**ON STATED DATE, TIME AND LOCATION**

I WAS DRIVING ALONG GAMBAS AVENUE HEADING TOWARDS SEMBAWANG WHILE HAVING A PASSANGER IN MY CAR. AS I WAS DRIVING AHEAD OF ME THERE'S WAS A VEHICLE AT A STATIONARY POSITION BEFORE THE T-JUNCTION, WHILE I ON THE MOVE TO GET READY TO SLOW DOWN THE VEHICLE DUE TO THE TRAFFIC. I COULD NOT RECALLED AS MUCH OF THE ACCIDENTS BUT SO FAR AFTER THE COLLISION I LEFT UNCONCIOUS AND WAS CONVEYED BY THE AMBULANCE.

I WAS CONVEY TO KTPH ON THE SAME DAY I WAS DISCHARGE, A WEEL AFTER I MAKE MY TO TPHQ TO LODGE A POLICE REPORT ACCORDINGLY THAT'S ALL.

IO IN-CHARGE: SYARIFUDDIN






























**SINGAPORE  
POLICE FORCE**


T/20211102/2016

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

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Report No. T/20211102/2016

**REPORT OF A TRAFFIC ACCIDENT**

|                                            |            |                                     |                                                                                   |                    |                            |
|--------------------------------------------|------------|-------------------------------------|-----------------------------------------------------------------------------------|--------------------|----------------------------|
| Date/Time Report Made:<br>02/11/2021 10:32 |            | Vide Report No.:<br>L/20211029/0021 |                                                                                   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                                     |                                                                                   |                    |                            |
| Name of Informant:<br>JOHANDA BIN AMAD ALI |            |                                     | Address:<br>APT BLK 211D PUNGGOL WALK #05-665 PUNGGOL<br>RIPPLES SINGAPORE 824211 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S1720179D   |            |                                     | Contact No.:<br>Home/Office: Mobile: 93866342                                     |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                                     | Email:                                                                            |                    |                            |
| Sex:<br>Male                               | Age:<br>56 | Date of Birth:<br>15/04/1965        | Type of Informant:<br>Driver                                                      |                    |                            |
| Race:<br>Javanese                          |            |                                     | Language:<br>English                                                              |                    | Institution / School Name: |
| Occupation:<br>GRAB DRIVER                 |            |                                     | Driving Licence Information:<br>Class:                                            |                    | Date of Expiry:            |

|                                                              |                                 |                                             |                                               |                                 |
|--------------------------------------------------------------|---------------------------------|---------------------------------------------|-----------------------------------------------|---------------------------------|
| <b>General Information of the Accident</b>                   |                                 |                                             |                                               |                                 |
| Type of Accident:                                            | Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>29/10/2021 01:30 | Type of Location:<br>T-Junction |
| Location:<br><br>GAMBAS AVENUE                               |                                 |                                             |                                               |                                 |
| Weather:<br>Clear                                            |                                 | Road Surface:<br>Dry                        | Road Speed Limit:                             |                                 |
| Traffic Flow:<br>One Way                                     |                                 | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Moderate                   |                                 |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                                 |                                             | Anyone conveyed by<br>ambulance:<br>Yes       |                                 |

| <b>Details of Vehicle Involved</b> |      |        |                                            |       |           |                 |
|------------------------------------|------|--------|--------------------------------------------|-------|-----------|-----------------|
| Vehicle No.                        | Type | Make   | Model                                      | Color | Condition | No of Passenger |
| SMM1014G                           | Car  | TOYOTA | COROLLA<br>ALTIS 1.6<br>STANDARD<br>(AUTO) | Grey  |           | 2               |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20211102/2016

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

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Report No. T/20211102/2016

**CONTINUATION OF REPORT**

| Driver                            |                      |                                        |                                   |
|-----------------------------------|----------------------|----------------------------------------|-----------------------------------|
| Name                              | JOHANDA BIN AMAD ALI | ID No.                                 | S1720179D                         |
| Related Vehicle                   | SMM1014G (Car)       | Contact No.                            | 93866342                          |
| Hospital/Clinic                   | KTPH                 | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 29/10/2021           | Date Discharge                         | 29/10/2021                        |
| No. of Days granted Medical Leave | 10                   | Degree of Injury                       | NIL                               |

**Brief Details.**

**ON STATED DATE, TIME AND LOCATION**

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T/20211102/2016

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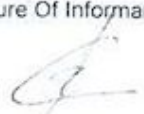
Report No. T/20211102/2016

**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<br>TP /<br>SC MUHAMMAD SYAFIQ BIN<br>ABDULLAH                  | Signature Of Informant:<br>                           |
| Signature Of Interpreter:<br>Not applicable                                                              | Date/Time:<br>02/11/2021 10:32                                                                                                            |
| Officer In Charge Of Case:<br>TP / GIT /<br>Sgt 3 INTAN WULANDARI BUDDY SANTOSO<br>Contact No.: 65476415 | Classification Of Case:<br> SINGAPORE<br>POLICE FORCE |
| Authentication Stamp<br>NP168                                                                            |                                                      |

