

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 03/01/2022 20:04 (SGT)
Date of Accident 02/01/2022 00:05 (SGT)
Exact Location of Accident Queensway, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number S2968CD

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner EMBASSY OF THE REPUBLIC OF INDONESIA
Company Reg No SXXXXX029F
Email Address procurement@indonesianembassy.sg
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? Yes
Vehicle Category Commercial vehicle
Transmission Auto
CC 2754

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 300357621 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	22 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	DRIZZLING
Road Surface	Wet

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	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/20210102/2039

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	SFH4866D
Vehicle Manufacturer	Mazda
Vehicle Model	5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG QUAN SENG

NRIC No	SXXXX872F
Contact Number	(Phone) +65-96395586
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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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

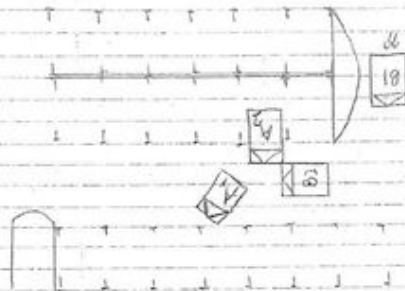

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SDS1385T

Vehicle B: S6615883X

Kovan 209 Market
& Food Centre Open
Space Carpark.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I, VEH 'A', was reversing into the parking lot.


Before I had completed my parking, I noticed VEH 'B' making a sharp turn at the head of the carpark while I was adjusting my vehicle in my parking lot.

Upon noticing VEH 'B' coming towards my vehicle, I immediately came to a stop. However, VEH 'B' still collided with my front left portion.

DECLARATION

I/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:

 03/01/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:




















**SINGAPORE
POLICE FORCE**


T/20220102/2039

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/20220102/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2022 15:12	Vide Report No.:	Station Diary No.: 72
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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
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 44 Date of Birth: 03/12/1977	Type of Informant: Driver
Race: Malay	Language: Institution / School Name:
Occupation: DRIVER	Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2022 00:05	Type of Location: Bend
Location: QUEENSWAY				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
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
S2968CD	Car				Slightly Damaged	0
SFH4866D	Car				No Damage	0

Details of Person Involved

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



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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



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Report No. T/20220102/2039

CONTINUATION OF REPORT

Driver			
Name	FIDZRIL YUSMAN BIN MOHAMED YASIN		ID No. S7736262B
Related Vehicle	S2968CD (Car)		Contact No. 87495417
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
Driver			
Name	ONG QUAN SENG		ID No. S1579872F
Related Vehicle	SFH4866D (Car)		Contact No. 96395586
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.

On 02/01/2022, at about 0005hrs, I was driving my vehicle (S2968CD) along Queensway. It was a red light junction and the vehicle in front of me (SFH4866D) was stationary at the traffic light. However, I was unable to brake in time and the head of my vehicle collided into the rear of the vehicle in front of me.

Nobody was injured.

No Traffic Police and No ambulance was at scene.

My vehicle has a dent at the front of my vehicle.



SINGAPORE POLICE FORCE

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



T/20220102/2039

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Report No. T/20220102/2039

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/
Sgt 2 CHAN JIA HUI, EUNICE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/01/2022 15:12

Officer In Charge Of Case:
TP / GIA /
DSP (2) YIP YEW SENG NELSON
Contact No.: 65476182

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force