

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	05/01/2022 14:31 (SGT)
Date of Accident	05/01/2022 07:29 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TWDS PIE BETWEEN MANDAI & KJE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ6656Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AMINURASHED BIN AMI
NRIC No	S7244966E
Email Address	aminurashed@outlook.com
Mobile Phone No	(Phone) +65-86680199
Alternative Phone No	+65-86680199

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00954828
Cover Note Number	-

DRIVER

Name of Driver	AMINURASHED BIN AMI
NRIC No	S7244966E

Date Of Birth	30/11/1972
Occupation	Indoor
Date Of Driving Pass	25/09/2003
Driving experience	18 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86680199
Alt. Phone Number	+65-86680199
Email Address	aminurashed@outlook.com
Address	BLK 12C MARSILING LANE #29-81
Address complement	-
Postcode	733012
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	3
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JUT5115
Vehicle Category	Motorcycle

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

ON 5/1/2021 AT ABOUT 0729HRS.I WAS TRAVELLING ALONG BKE TWDS PIE BETWEEN MANDAI & KJE EXIT.IT WAS HEAVY TRAFFIC. VEHICLE IN FRONT OF ME STOPPED.THEREFORE I FOLLOW SUITED CAME TO A STOP. WHEN SUDDENLY I FELT AN IMPACT FROM MY REAR AND REALISED THAT VEHICLE B HAD COLLIDED ONTO MY VEHICLE AND AFTER THE COLLISION VEHICLE B SWERVED TO THE RIGHT AND COLLIDED ONTO VEHICLE C.

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	VIDEO WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN2848M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	DURAIRAJ SABAREESWARAN
Passport No/FIN	G2114993X
Contact Number	(Phone) +65-97758751
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JUT5115
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	PHILIP YAP KER WEI
Contact Number	(Phone) +65-91323833
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

WITNESS DETAILS

WITNESS 1

Name	Aaron
Phone	(Phone) +65-97936618
Email	-

SKETCH PLAN

IMPORTANT NOTICE

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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:

11:35
05/01/2022

GIA/NTC Sketch Plan Form 1.0

Driver's Signature

(If driver is not the policyholder)

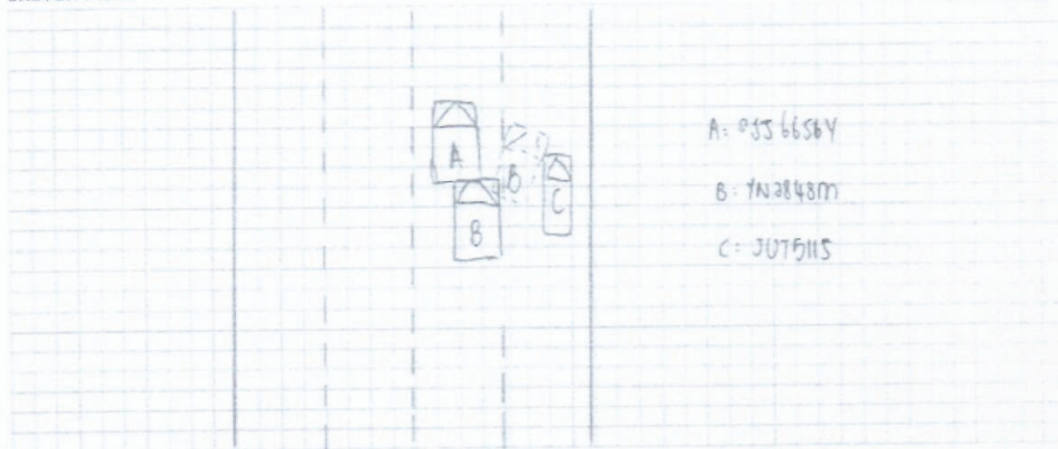
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/1/2022 at about 07:29hrs. I was travelling along BKE tuds PIE between Mandai & KJE ent. It was heavy traffic. vehicle in front of me stopped. therefore I follow started came to a stop. when suddenly I felt an impact from my rear and realised that vehicle B had collided onto my vehicle and after the collision vehicle B swerved to the right and collided onto vehicle C.

DECLARATION

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

05/01/2022
11:35

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.:

Q:\RM\2 Sketch Plan\Sketch_03



SINGAPORE POLICE FORCE



T/20220105/7036

1 of 3

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

Report No. T/20220105/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2022 16:39		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: AMINURASHED BIN AMI			Address: 12C MARSILING LANE #29-81 SINGAPORE 733012		
ID Type / ID No.: NRIC NO / S7244966E			Contact No.: Home/Office: Mobile: 86680199		
Nationality: SINGAPORE CITIZEN			Email: AMINURASHED@OUTLOOK.COM		
Sex: Male	Age: 49	Date of Birth: 30/11/1972	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: CLEANER IN OFFICE AND OTHER ESTABLISHMENTS NEC			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/01/2022 07:30	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
JUT5115	Motorcycle					0
SJJ6656Y	Car	TOYOTA	VIOS E AUTO	Black		0
YN2848M	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220105/7036

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

Report No. T/20220105/7036

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ6656Y	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00954828	10/08/2021	09/08/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AMINURASHED BIN AMI	ID No.	S7244966E
Related Vehicle	SJJ6656Y (Car)	Contact No.	86680199
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	05/01/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

WE REFER TO POLICE REPORT NO: T/20220105/7005

ON 05/01/2022 AT ABOUT 0729HRS, I WAS TRAVELLING ALONG BKE TOWARDS PIE BETWEEN MANDAI & KJE EXIT. IT WAS HEAVY TRAFFIC. VEHICLE IN FRONT OF ME STOPPED THEREFORE I FOLLOW SUIT AND CAME TO A STOP. SUDDENLY, I FELT A GREAT IMPACT AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HAS COLLIDED ONTO MY REAR PORTION OF MY VEHICLE (A). AFTER THE COLLISION, VEHICLE (B) SERVED TO THE RIGHT AND COLLIDED ONTO VEHICLE (C). I HAVE 3 DAYS MC FOR MY INJURY.

VEHICLE A: SJJ6656Y
VEHICLE B: YN2848M
VEHICLE C: JUT5115



**SINGAPORE
POLICE FORCE**



T/20220105/7036

3 of 3

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

Report No. T/20220105/7036

CONTINUATION OF REPORT

Sketch 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 /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

NP168

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

Date/Time:
05/01/2022 16:39

Classification Of Case: