

# 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 ..... 27/05/2022 09:29 (SGT)  
Date of Accident ..... 23/05/2022 14:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TPE EXIT 2 TWDS CHANGI VILLAGE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJM2564P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TRIBECAR PTE LTD  
Company Reg No ..... 2XXXXX563H  
Email Address ..... khierthii@rosetlimo.com  
Mobile Phone No ..... (Phone) +65-87546554  
Alternative Phone No ..... +65-87546554

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
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 ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... SD21V08152/VPZ/R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SYAIFUDDIN EKAPUTRA BIN SJAFRIL  
NRIC No ..... SXXXX301B

Date Of Birth .....	11/03/1978
Occupation .....	Indoor
Date Of Driving Pass .....	15/11/2007
Driving experience .....	14 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87546554
Alt. Phone Number .....	-
Email Address .....	khierthii@rosetlimo.com
Address .....	BLK 261C PUNGGOL WAY
Address complement .....	#02-331
Postcode .....	823261
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? .....	Yes
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	BJE1555
Vehicle Category .....	Commercial vehicle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:F/20220523/7050

#### 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 .....	BJE1555
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MISRAN BIN MUDEN
Passport No/FIN .....	7XXXXXXXXXX5547
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 .....	SYAIFUDDIN EKAPUTRA BIN SJAFRIL
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	HEAD & SHOULDER
Injured person in which vehicle? .....	SJM2564P
Were seat belts worn? .....	Yes
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.

TRIBECAR PTE. LTD.

Co. Reg. No: 201605563H

51 Ubi Ave 1 #03-30

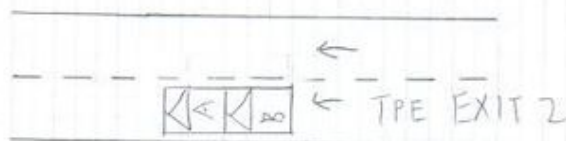
Paya Ubi Industrial Park

Singapore 408933

Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A - SJM 2564P  
B - BJE 1555

Accident report **SN09225R0002**

Refer to Police Report.

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

Lyons

shyar 27/05/22





SINGAPORE  
POLICE FORCE



F/20220523/7050

1 of 3

## POLICE REPORT (NP299)

Report No. F/20220523/7050

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 23/05/2022 16:47	Vide Report No.			Station Diary No.
Name Of Informant SYAIFUDDIN EKAPUTRA BIN SJAFRIL	Address 261C PUNGGOL WAY #02-331 SINGAPORE 823261			
ID Type / ID No. NRIC NO / S7807301B	Contact No. Home/Office:                      Mobile: 87546554			
Nationality SINGAPORE CITIZEN	Email Address DEANGEROUS@LIVE.COM			
Occupation Local Fish Shop	Sex Male	Age 44	Date of Birth 11/03/1978	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 23/05/2022 14:05	Location Of Incident 261C PUNGGOL WAY #02-331 SINGAPORE 823261			

### Brief details.

On 23/05/2022, about 1400hrs, i was driving out of the TPE exit heading towards Changi Village, it was a slow moving traffic at the current moments. I've stayed in line accordingly, to make the left turn.

I've noticed the Malaysian Lorry behind me was a bit too close to my car. As the front vehicle in front of me moved & stopped, I did so accordingly, that is when the back vehicle, plate # BJE1555 moved & hit the back of the rented TRIBE car, plate #SJM2564P. My head hit the steering wheel of the car. I came out of the car, with a bit of pain on my forehead & asked nicely to the driver, what happened, & saw the damage on the Tribe Vehicle. The driver said sorry & asked me to report accordingly.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/05/2022 16:47
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20220523/7050

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220523/7050

He gave me his particulars & i just took a photo of all 3 cards. The driver name is Misran Bin Mudeen. After photo are taken & i scribble down on a pic of paper of how the incident happened, explained to him in Malay, he agreed & sign on it & i gave him my hand phone number. He then asked me for direction to the nearest NPP to make a report for himself. i gave him the directions to Pasir Ris NPP & we drove off accordingly.

This report is TRIBE car purpose & the accident involving with a foreign vehicle.

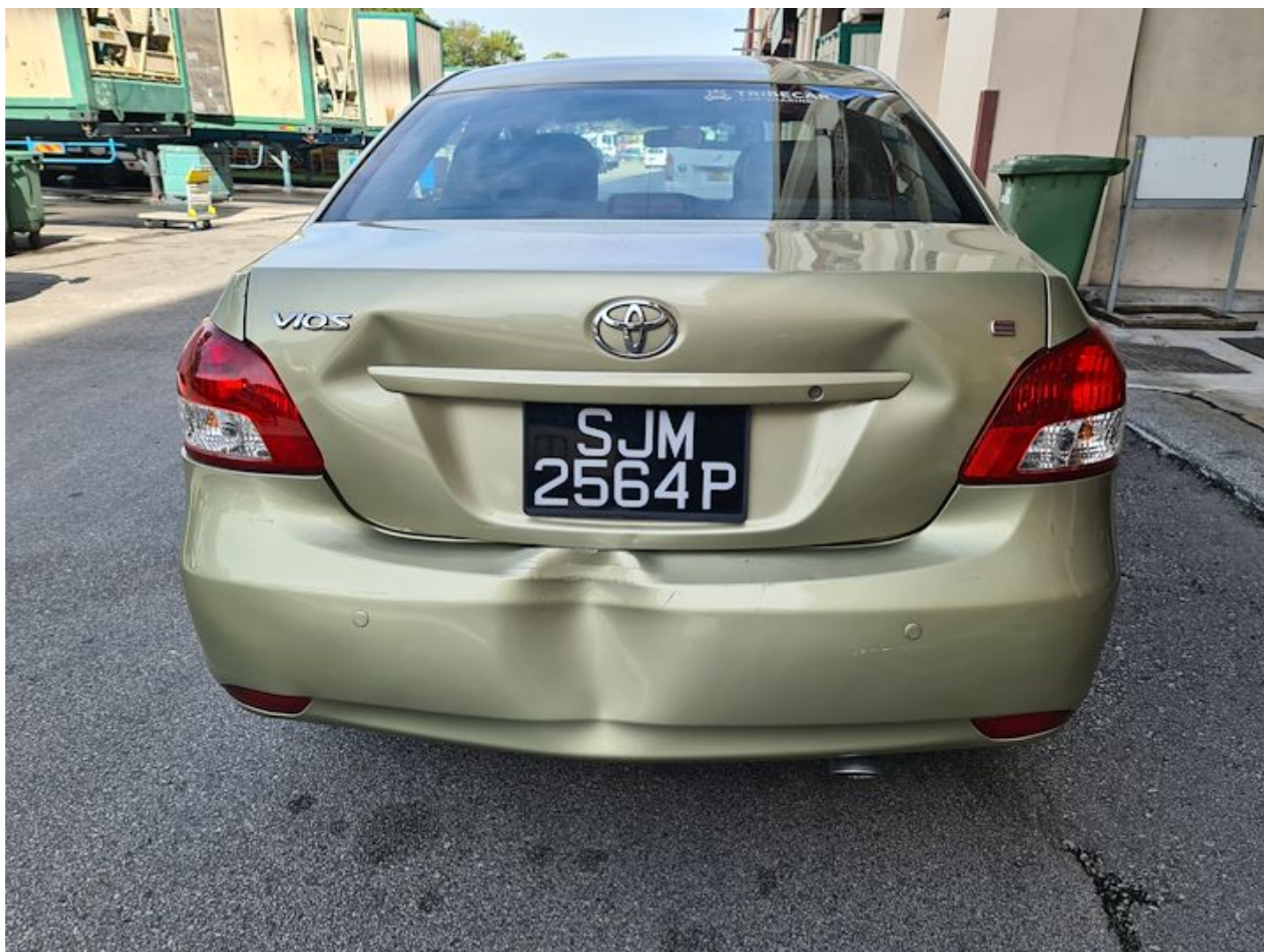
Subjects Involved			
<b>Suspect</b>			
Person Name	Misrab Bin Muden		
ID Type	OTHERS / 710715-01-5547	ID No	710715-01-5547
Gender	Male	Age	50-60
Race	Malay	Language	Malay
Occupation	Delivery Driver		
<b>Victim</b>			
Person Name	SYAIFUDDIN EKAPUTRA BIN SJAFRIL		
ID Type	NRIC NO	ID No	S7807301B
Gender	Male	Age	44
Race	Malay	Language	English
Occupation	Local Fish Shop	Address	261C PUNGGOL WAY #02-331 SINGAPORE 823261

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1 of 3

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ID Type / ID No. NRIC NO / S7807301B	Contact No. Home/Office:                      Mobile: 87546554			
Nationality SINGAPORE CITIZEN	Email Address DEANGEROUS@LIVE.COM			
Occupation Local Fish Shop	Sex Male	Age 44	Date of Birth 11/03/1978	Race Malay
Institution/School Name	Language English			
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**SINGAPORE  
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F/20220523/7050

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220523/7050

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Subjects Involved			
<b>Suspect</b>			
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**SINGAPORE  
POLICE FORCE**



F/20220523/7050

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220523/7050

Mobile No	87546554	Is Informant A Victim?	Yes
Person Name	SYAIFUDDIN EKAPUTRA BIN SJAFRIL (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/05/2022 16:47
Officer In-Charge Of Case:	Classification Of Case: