

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 Actual 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	15/05/2023 13:55 (SGT)
Reported by	Actual Driver
Date of Accident	12/05/2023 21:36 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	3RD LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD4058C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG SAGAWA AMERIOD PTE LTD
Company Reg No	199100423D
Email Address	SGSA-CLAIM@SGH-GLOBAL.COM
Mobile Phone No	(Phone) +65-66029932
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	Sh1eeka
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12913

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	J400002088MKF

DRIVER

Name of Driver	MOHAMMAD FAEZ BIN LATIFF
NRIC No	S9238879D
Date Of Birth	02/10/1992

Date Of Driving Pass	08/01/2014
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98589636
Alt. Phone Number	-
Email Address	SGSA-CLAIM@SGH-GLOBAL.COM
Address	BLK 105 SERANGOON NORTH AVENUE 1 #03-7375
Address complement	-
Postcode	550105
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	Chain 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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon North Neighbourhood Police Post
Police Station Address	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT T/20230512/2102

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV352P
Vehicle Manufacturer	Toyota
Vehicle Model	Vellfire
Vehicle Variant	-
Vehicle Colour	White

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)	-

PASSENGER 1

Name	UNKNOWN
Gender	-

PASSENGER 2

Name	UNKNOWN
Gender	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PH2880G
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMV352P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMV352P
Were seat belts worn?	-

SKETCH PLAN

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7. By the lodging 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) The 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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS



Policyholder's Signature

Date: / /

Unit & Tel: / /

Driver's Signature

(If driver is not the policyholder)

13/5/23
1040hrs

Reporting Centre Personnel's Signature

Name:

SKETCH PLAN

(A) XD 4058C

(B) SMV 3528

(C) PH 2880G

AYE Expressway to Bury

C
B
A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police statement

DECLARATION

I hereby declare that the following particulars are true in every respect



Policyholder's Signature

Date & Time

Centre & Time / RUC / PIN No.

Driver's Signature

(If driver is not the policyholder)

13/5/23
10 40hrs

Reporting Centre Personnel's Signature

Name:

- ☒ Claim own policy
- ☐ Claim third party
- ☒ Claim 100% TP at other workshop
- ☐ For record purpose

Policy No. JH0002088 MK F

Insured MS16(C) Veh No XD4058C

LYS

































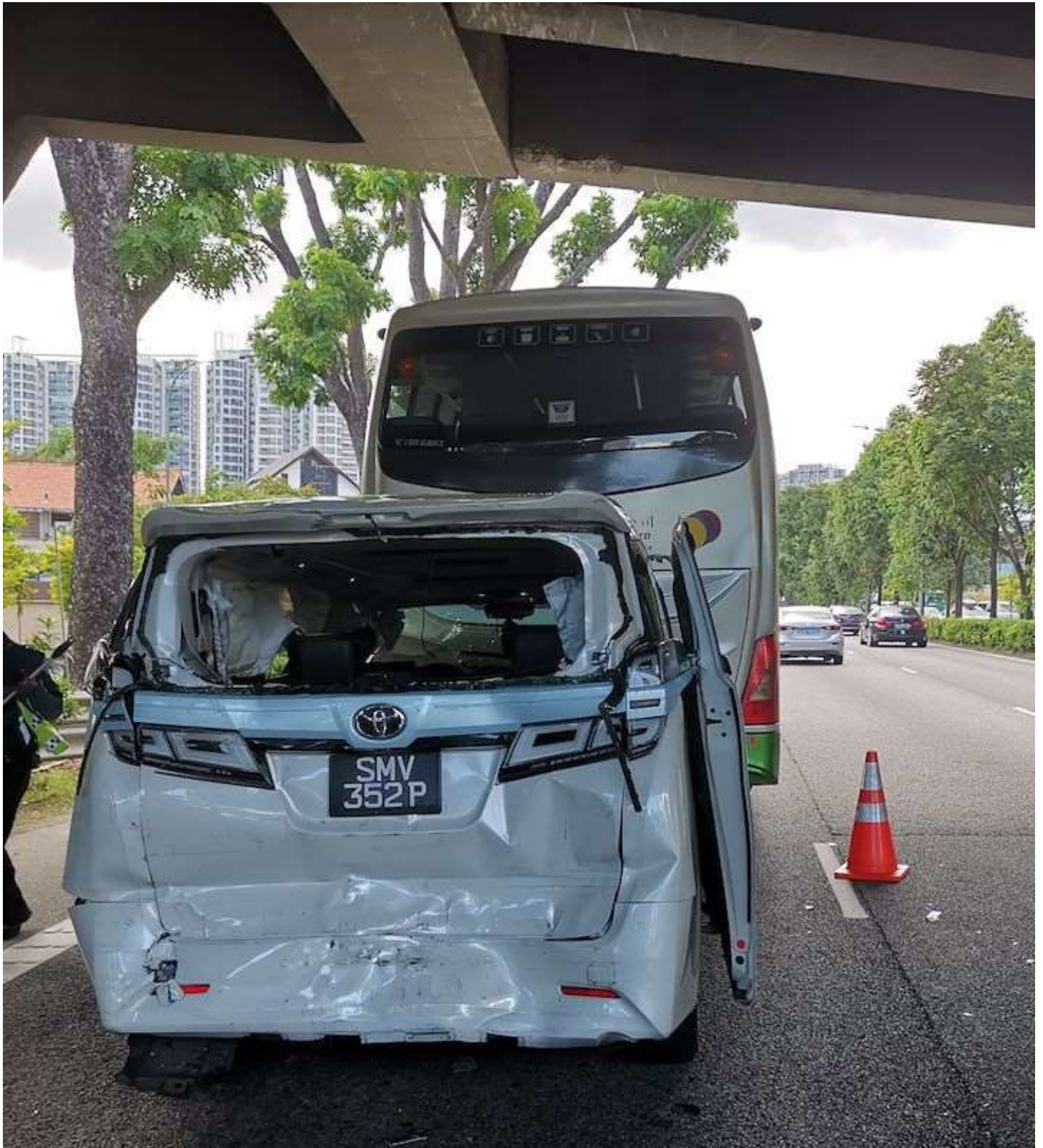

















**SINGAPORE
POLICE FORCE**


T/20230512/2102

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Report No. T/20230512/2102

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No. 1800-2849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2023 21:57	Video Report No.: D/20230512/0078	Station Diary No.: 49
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Informant's Particulars

Name of Informant: MOHAMMAD FAEZ BIN LATIFF			Address: APT BLK 105 SERANGOON NORTH AVENUE 1 #03-737 SINGAPORE 550105		
ID Type / ID No.: NRIC NO / S9238879D			Contact No.: Home/Office: Mobile: 98589636		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 02/10/1992	Type of Informant: Driver		
Race: Malay			Language:		
Occupation: DRIVER			Driving Licence Information: Class: 2B, 2A, 3, 4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/05/2023 14:20	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
PH2880G	Bus/Coach/Minibus	ISUZU	LT434P 7.8 SMT	Multi-Colored	Slightly Damaged	0
SMV352P	Car	TOYOTA	VELLFIRE ELEGANCE MOONROOF (AUTO)	White	Totally Damaged	2
XD4058C	Trailer	HINO	SH1EEKA	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T25235512/2102

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Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

Report No: T25235512/2102

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	PH2880G (Bus/Coach/Minibus)	Contact No.	NIL
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	Unknown Driver	ID No.	NIL
Related Vehicle	SMV352P (Car)	Contact No.	NIL
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	MOHAMMAD FAEZ BIN LATIFF	ID No.	S92388790
Related Vehicle	XD4058C (Trailer)	Contact No.	98589636
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 12/5/2023 2136hrs, I was driving my vehicle XD4058C along AYE (Tuas) on the 3rd lane and there are 2 vehicles in front of me, SMV352P and PH2880G. From a distant, I saw both vehicles brake lights are on. As such, I stepped on my brake while making a quick check on my right and when I turned back to the front, my vehicle is already nearing the vehicle SMV352P. My vehicle could not stop in time and collided onto SMV352P and the impact of my collision caused the vehicle SMV352P to collide onto vehicle PH2880G. I went down my vehicle and notice some passer by assisting SMV352P.

Subsequently, AETOS, ambulance and Traffic Police came down to scene.



**SINGAPORE
POLICE FORCE**



T/20230512/2102

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Report No. T/20230512/2102

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SINGAPORE 550108
Tel No. 1800-2849999

CONTINUATION OF REPORT

Due to the collision, I felt some aching on my shoulders and back but have not seen the doctor and was not conveyed. My vehicle damages are dent front and cracked windscreen.

The vehicle in front of, SMV352P, consist of the driver and two passengers. One of the passenger and the driver was conveyed by ambulance. The vehicle was damaged both front and back.

The other vehicle, PH2880G, had some dents at the back due to the impact from SMV352P. All vehicles were towed expect vehicle PH2880G.

Traffic police had already seized the SD card for my vehicle in car camera and they advised me to lodge a police report. As such, I am lodging this report as advised by traffic police.



SINGAPORE
POLICE FORCE



T/20230512/2102

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Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

Report No. T/20230512/2102

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 2 Muhammad Ridhwan Bin
Ahmad

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI PAN JIANHONG
Contact No.: 65476904

Signature Of Informant:

Date/Time:
12/05/2023 21:57

Classification Of Case: