

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 First Submission	16/08/2024 19:10 (SGT)
Reported by	Actual Driver
Date of Accident	16/08/2024 06:45 (SGT)
Exact Location of Accident	288B Bukit Batok Street 25, Block 288B, Singapore 651288
Additional Location Information	BUKIT BATOK EAST AVE 2 TURNING TO BUKIT BATOK EAST AVE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK8557J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RABBIT CAR RENTAL PTE. LTD.
Company Reg No	2XXXXX547M
Email Address	ARACXKY@GMAIL.COM
Mobile Phone No	(Phone) +65-81122447
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	LANDY
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?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797
Vehicle Fuel	Petrol-Electric
First Registration Date	19/05/2023
Chassis no	ZWR909000561
Effective Date/Time of Ownership	19/05/2023 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00013302400

DRIVER

Name of Driver	RIDUAN BIN CHUMADI
NRIC No	SXXXXX923J
Date Of Birth	21/12/1977
Occupation	Outdoor
Driving Pass Date	13/08/1998
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	26 YEARS
Gender	Male
Mobile Number	(Phone) +65-90770774
Alt. Phone Number	-
Email Address	ADLINE@AUTOBAHNRENTACAR.SG
Address	BLK 249 BUKIT BATOK EAST AVENUE 5
Address complement	#03-166
Postcode	650249
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?	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
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	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

REFER TO POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG5935R
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNK8557J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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



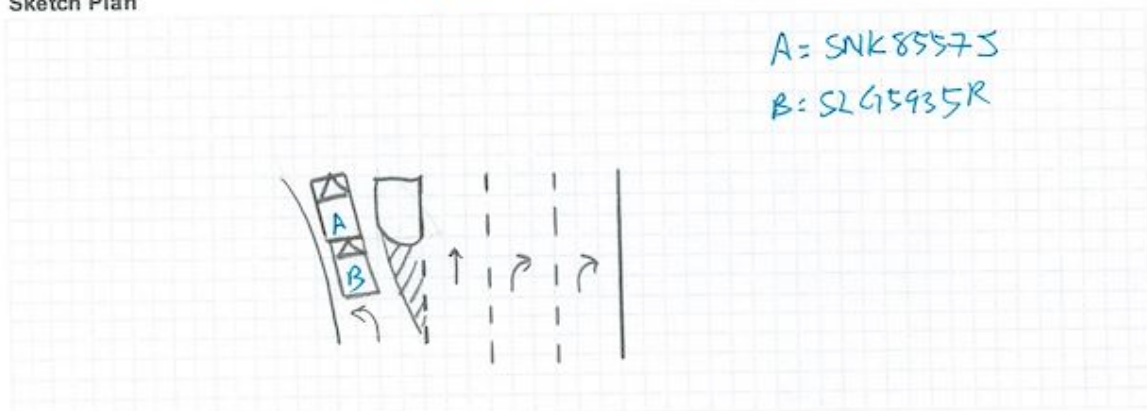
Driver's Signature (If driver is not the policyholder) / Date & Time

16/8/2024



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

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

16/8/2024



Witnessed by Reporting Centre Personnel

















REDMI NOTE 13

08/16/2024 06:46



**SINGAPORE
POLICE FORCE**



T/20240816/7073

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

1 of 3

Report No. T/20240816/7073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2024 17:51		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: RIDUAN BIN CHUMADI		Address: 249 BUKIT BATOK EAST AVENUE 5 #03-166 SINGAPORE 650249		
ID Type / ID No.: NRIC NO / S7735923J		Contact No.: Home/Office: Mobile: 90770774		
Nationality: SINGAPORE CITIZEN		Email: RIDZ.RC@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 21/12/1977	Type of Informant: Driver	
Race: Malay		Language: English		
Occupation: Private-hire car driver		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/08/2024 06:45	Type of Location: T-Junction
Location: BUKIT BATOK EAST AVENUE 2				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SLG5935R	Motor car	TOYOTA		Silver		0
SNK8557J	Motor car	SUZUKI	LANDY	Black	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNK8557J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA00013302 400	19/07/2024	18/07/2025



**SINGAPORE
POLICE FORCE**



T/20240816/7073

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

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Report No. T/20240816/7073

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RIDUAN BIN CHUMADI	ID No.	S7735923J
Related Vehicle	SNK8557J (Motor car)	Contact No.	90770774
Hospital/Clinic	EXCELSIOR CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/08/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

I SLOW DOWN MY CAR AT BUKIT BATOK EAST AVE 2 GOING TURN TO BUKIT BATOK EAST AVE 6 WHEN ROAD IS CLEAR. SUDDENLY, I FEEL A STRONG IMPACT FROM BEHIND AND NOTICE VEHICLE NUMBER : SLG5935R HIT INTO MY CAR AFTER THE IMPACT. I FEEL SHOCKED AND FEELING UNWELL AFTER THE ACCIDENT HAPPEN. I WAS GIVEN 5 DAYS MEDICAL LEAVE AFTER CONSULT BY DOCTOR.



**SINGAPORE
POLICE FORCE**

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



T/20240816/7073

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Report No. T/20240816/7073

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

NP168

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

Date/Time:
16/08/2024 17:51

Classification Of Case:

