# **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 witholding 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.

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   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 04/06/2024 09:08 (SGT) Reported by **Actual Driver** Date of Accident 03/06/2024 01:10 (SGT) Exact Location of Accident Selegie Rd, Singapore Additional Location Information **TOWARDS SERANGOON** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

No - Claiming third party

Private hire

Auto

2400

Vehicle Registration Number SKZ4387R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner GUSTO ENTERPRISE (S) PTE. LTD. Company Reg No 2XXXXX064W Email Address SAYRAZKHAN@LIVE.COM Mobile Phone No (Phone) +65-93371048 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Vellfire 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? Vehicle Category Transmission

**INSURANCE COMPANY** 

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5120714280-03

DRIVER

CC

Name of Driver MUHAMMAD RAFI BIN AHMAD NRIC No SXXXX874G Date Of Birth 02/02/1979 Occupation Outdoor

Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	14/09/2004 19 YEARS AND 9 MONTHS Male (Phone) +65-93371048 - ANGUSMICHAEL94@GMAIL.COM 213A PUNGGOL WALK 02-755 821213 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface  OTHER INFORMATION	Collision - Change/cross lane Clear Dry
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	Yes Rochor Neighbourhood Police Centre (Phone) +65-18002949999 (Fax) +65-63918583 11 Kampong Kapor Road Singapore 208678 No -
REFER TO SKETCH PLAN AND POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes WITH TP
DETAILS OF OTHER	VEHICLE PROPERTY 1

QX1768J

Vehicle Model

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

#### SKETCH PLAN

#### 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
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wiful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for Investigation.
- 6 This report will be forwarded by the insurers to 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.
- 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,
- (ii) 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 frms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

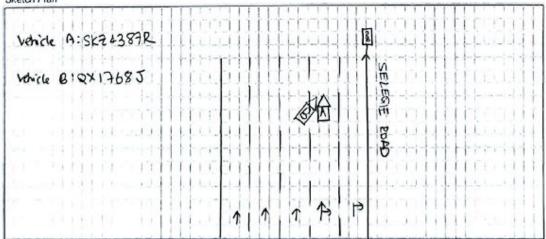
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



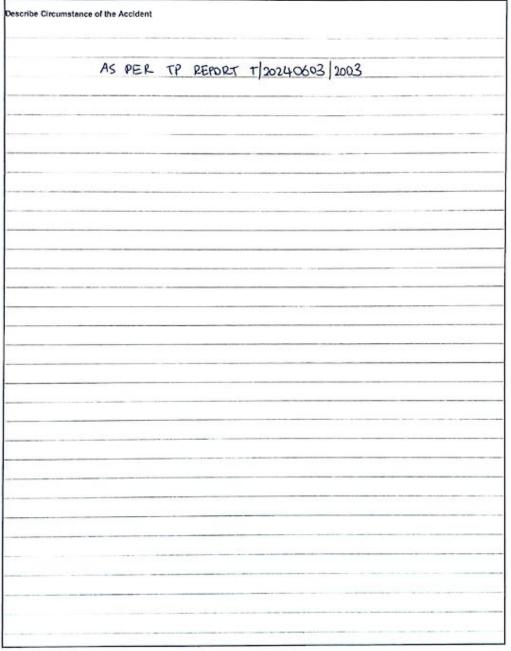
Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1



Declaration

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





Driver's Signature (if driver is not the policyholder) / Date



Witnessed by Reporting Centre Personnel (Name as in NRIG1D card)

2





Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

T/20240603/2003

Report No. T/20240603/2003

 Date/Time Report Made:
 Vide Report No.:
 Station Diary No.:

 03/06/2024 02:40
 A/20240603/0007
 23

Informant's Particulars Name of Informant: Address: MUHAMMAD RAFI BIN AHMAD 213A PUNGGOL WALK #02-755 SINGAPORE 821213 ID Type / ID No .: Contact No.: NRIC NO / S7904874G Home/Office: Mobile: 90050202 Nationality: Email: SINGAPORE CITIZEN ruffy\_64@yahoo.com.sg Sex: Age: Date of Birth: Type of Informant: Male 45 02/02/1979 Driver Race: Language: Boyanese English Occupation: Driving Licence Information: GRAB DRIVER Class: 2B,2A,2,3 Date of Expiry:

General Inform	mation of the Acciden	it	The state of the state of	w	
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 03/06/2024 01:10	Type of Location: X-Junction	
Location:					
ROCHOR CA	NAL ROAD	Road Surface:			
Clear		Dry			
Traine From:		Traffic Control: Traffic Light - Wor	king	Traffic Volume: Light	
Type of Collis	ion: ing Vehicles - Side Sw	ipe - Same Direction		Anyone conveyed by ambulance:	

Details of V	ehicle Involv	ed			WARP	
Vehicle No.	Туре	Make	Model	Color	Conditio	No of Passenger
QX1768J	Motor car	HYUNDAI		White	No Damage	1
SKZ4387R	Motor car	TOYOTA	VELLFIRE	Black	Slightly Damaged	0

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



Report No. T/20240603/2003

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

## CONTINUATION OF REPORT

Driver						The second
Name	Unknown Driver		ID No.		NIL	
Related Vehicle	QX1768J (Motor car)		Contact No.		NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc		Date Disch	charge NIL		
No. of Days granted Medical Leave NIL		Degree of	ee of NIL			
Driver						
Name	MUHAMMAD RAFI BIN AHMAD			ID No.		S7904874G
Related Vehicle	SKZ4387R (Motor car)		Contact No.		90050202	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL C		Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of N		NIL	

## Brief Details.

On 03/06/24 at about 0110hrs, I was driving my car (Black Toyota Vellfire, SKZ4387R) along Selegie Rd towards Serangoon Rd. I was driving along the 2nd lane from the right. When my car stopped at the junction of Selegie Rd and Rochor Canal Rd due to a red traffic light, there was a police car (QX1768J) on my left. When the traffic light turned green and both my car and the police car moved off, my car was side swiped on the front left bumper by the police car. Both my car and the police car then stopped along Sunger Rd.

No one was injured. My car have damages on the front left bumper.

Traffic police came and took my micro SD card for my in car camera. I was told to lodge a police report by the traffic police





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999 3 of 3 Report No. T/20240603/2003

CONTINUATION OF REPORT

Signature of Officer Recording The	Signature Of Informant:		
SGT 3 FOONG JING KAI	ý,		
Signature Of Interpreter: Not applicable	Date/Time: 03/06/2024 02:40		
Officer In Charge Of Case: TP / DDGVT / SI STEPHANIE, CHEUNG TSZ YING Contact No.: 65476209	Classification Of Case:		
NP168			