

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	20/08/2024 18:50 (SGT)
Reported by	Actual Driver
Date of Accident	18/08/2024 12:30 (SGT)
Exact Location of Accident	504 Bedok North Street 3, Singapore 460504
Additional Location Information	BLK 503 BEDOK NORTH STREET 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNM6078C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE.LTD.
Company Reg No	201607970Z
Email Address	ADLINE@AUTOBAHNRENTACAR.SG
Mobile Phone No	(Phone) +65-96461329
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	04/10/2023
Chassis no	ZWR909000818
Effective Date/Time of Ownership	04/10/2023 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00004652400

DRIVER

Name of Driver	LIM THIAM TECK
NRIC No	S7270332D
Date Of Birth	10/01/1972
Occupation	Outdoor
Driving Pass Date	14/01/1993
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	31 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88926786
Alt. Phone Number	-
Email Address	ARACXKY@GMAIL.COM
Address	BLK 503 BEDOK NORTH STREET 3
Address complement	#12-98
Postcode	460503
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	Collided into Motorcyclist
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 THE 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	FBU8270A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	HAMZAH BIN JALALUDEEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBU8270A
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

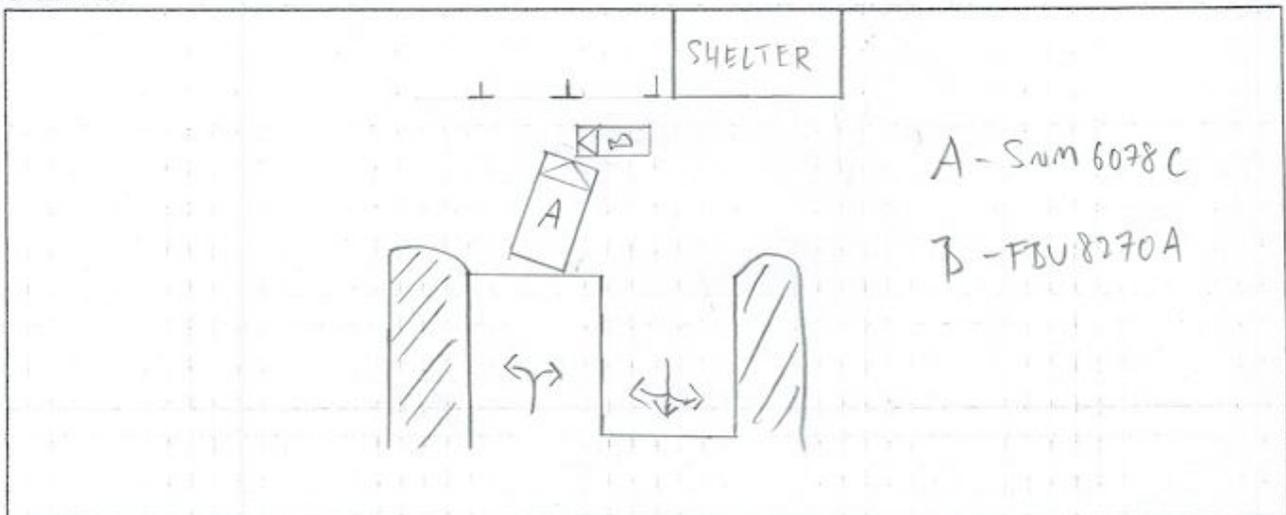


Driver's Signature (if driver is not the policyholder) / Date & Time



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

Sketch Plan



Describe Circumstance of the Accident

Refer to Police report

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

[Signature]
Policyholder's Signature / Date & Time



[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time


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

























**SINGAPORE
POLICE FORCE**



T/20240818/7054

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

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Report No. T/20240818/7054

CONTINUATION OF REPORT

Rider			
Name	HAMZAH BIN JAMALUDEEN	ID No.	T0124144Z
Related Vehicle	FBU8270A (Motorcycle)	Contact No.	91065946
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/08/2024	Date Discharge	18/08/2024
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight
Driver			
Name	LIM THIAM TECK	ID No.	S7270332D
Related Vehicle	SNM6078C (Motor car)	Contact No.	88926786
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On the 18th Aug 2024, at approximately 12.30am, my vehicle (SNM6078C) was involved in a minor collision with a motorcycle (FBU8270A) at the T-junction in the carpark in front of Blk 504 Bedok North St 3 S460504.

As I was approaching the T-junction to make a right turn, I checked traffic on my right and it was clear with no approaching vehicles. I started to make a right turn while checking traffic on my left to ensure there was no oncoming vehicles. As I turned my head to check back on the right to complete the right turn, I suddenly saw a motorcycle in front of me but was unable to stop in time as it was very close, thereby resulting in the collision. I immediately stopped my vehicle and came down to render assistance to the rider and his female pillion rider. With the help of another motorcyclist that was nearby, we helped to prop up the fallen motorcycle. I enquired if both the rider and his pillion rider was alright before proceeding to exchange particulars and took some photos. The rider is Mr Hamzah Bin Jamaludeen, IC no. T0124144Z, HP no. 91065946. As the rider was in shorts and slippers, I noticed visible scratch marks on his feet and he was limping slightly on one foot while there was no visible injury to his female pillion rider. Mr Hamzah said he was unable to continue riding his motorcycle, so we pushed his motorcycle to a nearby parking lot and I volunteered to bring Mr Hamzah and his female pillion rider to Changi General Hospital. After sending them to CGH A&E department, I went back home.

At 4.01am, I received a call from Traffic Police, asking me to go down to TP HQ at 10 Ubi Ave 3 to give a statement as well as handover my in-vehicle camera SD card to Investigating Officer Ms Farhan. The SD card was handed over to Ms Farhan at approximately 4.50am.

As it was very dark at the site of incident, I was unable to take photos of my vehicle's damage or the motorcycle's. Although it was a clear night with no rain, the spot where the collision happened had very bad visibility as it was very dark.

In the morning when it was bright, I managed to take photos of my vehicle that was affected in the collision. There was slight damage to my vehicle number plate and very mild scratch marks around the area. I also took photos and videos of the motorcycle, which was still parked at the spot where we left it earlier and there was also no visible damage to the motorcycle. (Photos and videos to be submitted upon request when needed to assist with investigation.)

In addition, as it was clearer in the day, I did a video as a walk-through of what might actually happened as



**SINGAPORE
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T/20240818/7054

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

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Report No. T/20240818/7054

CONTINUATION OF REPORT

described in my statement. (Video to be submitted in support of statement given herein.) The account of which is to the best of my knowledge and recollection of the events that occurred. A simple sketch is also available.



**SINGAPORE
POLICE FORCE**

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



T/20240818/7054

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Report No. T/20240818/7054

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 18/08/2024 20:27
Classification Of Case:

NP168

