

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 17:58 (SGT)
Reported by	Actual Driver
Date of Accident	19/08/2024 18:15 (SGT)
Exact Location of Accident	Lentor Flyover, Singapore
Additional Location Information	TOWARDS WOODLANDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR1169S
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ABY ANCESTRY
Company Reg No	
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1497
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131546001-01

DRIVER

Name of Driver	NUR HAKIM BIN GUL ZAMAN
NRIC No	[REDACTED]
Date Of Birth	[REDACTED]
Occupation	Outdoor
Driving Pass Date	[REDACTED]
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	[REDACTED]
Gender	Male
Mobile Number	[REDACTED]
Alt. Phone Number	[REDACTED]
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	[REDACTED]
Postcode	[REDACTED]
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND 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 GBF5674S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
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) 1

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.
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 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.

B. 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

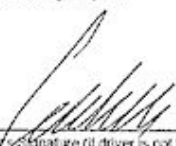
Please refer to Police Report: T/20240819/2116
J/20240820/2043



Declaration

I/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

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



















**SINGAPORE
POLICE FORCE**



J/20240820/2043

1 of 2

POLICE REPORT (NP299)



Report No. J/20240820/2043

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Date/Time Report Made 20/08/2024 14:32	Vide Report No. T/20240819/2116	Station Diary No. 69	
Name Of Informant NUR HAKIM BIN GUL ZAMAN	Address 679 HOUGANG AVENUE 8 #02-577 SINGAPORE 530679		
ID Type / ID No. NRIC NO / S9122749E	Contact No. Home/Office	Mobile 88281903	
Nationality SINGAPORE CITIZEN	Email Address supprize@gmail.com		
Occupation Private Hire Car Driver	Sex Male	Age 33	Date of Birth 26/06/1991
Institution/School Name	Race Indian		
Date/Time Of Incident 19/08/2024 18:15	Location Of Incident SELETAR EXPRESSWAY SINGAPORE		

Brief details.

Reference to my previous report: T/20240819/2116 under my TP IO Supt (1A) Chua Soon Keong, I wish to add on facts that I found out that the lorry driver of GBF5674S is making false claim. The lorry driver namely: Islam Mohammad Tazmul HP: 80107615 has filed a claim that his lorry sustained a damage on its front bumper and front light. I wish to state that during the traffic accident, I did not observe any visible damage on the right side of GBF5674S. I tried to contact Islam however he was uncontactable. I am lodging this police report for record purposes as I will be informing my insurance company about the matter.

Signature Of Officer Recording The Report: J / SGT 1 Er Jin Yi 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/08/2024 14:32
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / SGT 3 KELVIN KOK JING XIANG Contact No.: 63167508	Classification Of Case:



SINGAPORE
POLICE FORCE





J/20240820/2043

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20240820/2043

Signature Of Officer Recording The Report: J / SGT 1 Er Jin Yi 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/08/2024 14:32
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / SGT 3 KELVIN KOK JING XIANG Contact No.: 63167508	Classification Of Case:



SINGAPORE POLICE FORCE



T/20240819/2116

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 4

Report No. T/20240819/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2024 22:34	Vide Report No.: T/20240819/2099	Station Diary No.: 151
--	-------------------------------------	---------------------------

Informant's Particulars

Name of Informant: NUR HAKIM BIN GUL ZAMAN	Address: [REDACTED]
ID Type / ID No.: NRIC NO / [REDACTED]	Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]
Nationality: SINGAPORE CITIZEN	Email: [REDACTED]
Sex: Male Age: [REDACTED] Date of Birth: [REDACTED]	Type of Informant: Driver
Race: Indian	Language:
Occupation: Private-hire car driver	Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/08/2024 18:15	Type of Location: Flyover
Location: SELETAR EXPRESSWAY			
Weather: Clear	Road Surface: Dry		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Vehicle Involved

Plate No.	Type	Make	Model	Color	Condition	No of Passenger
GBF5674S	Lorry				No Damage	0
SMR1169S	Motor car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240819/2116

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 4

Report No. T/20240819/2116

CONTINUATION OF REPORT

Driver			
Name	ISLAM MOHAMMAD TAZMUL		ID No. G2507832U
Related Vehicle	GBF5674S (Lorry)		Contact No. 80107615
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	QISTINA		ID No. NIL
Related Vehicle	SMR1169S (Motor car)		Contact No. [REDACTED]
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	NUR HAKIM BIN GUL ZAMAN		ID No. [REDACTED]
Related Vehicle	SMR1169S (Motor car)		Contact No. [REDACTED]
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

This report is in reference to T/20240819/2099.

I am making this report to include further information in the report.

On the 19/08/2024, at around 1815hrs, I was driving my vehicle bearing the plate SMR1169S along Lentor flyover, SLE towards BKE, on the first lane. I am a Grab driver driving to Choa Chu Kang with a passenger (Qistina, HP:81688497). While I was driving vehicle on the first lane, my vehicle was signaling left. I wanted to enter the second lane and was still driving on the first lane when the accident happened. The lorry had swerved to the first lane and hit onto my left side front bumper.



**SINGAPORE
POLICE FORCE**



T/20240819/2116

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 4

Report No. T/20240819/2116

CONTINUATION OF REPORT

When the accident happened, I noticed that the driver was on call and using his handphone.

Furthermore, when I was exchanging particulars, the other driver apologized to me and admitted that he was using his handphone while driving.

As such, I exchanged particulars with the other driver and enquired whether he wants to settle the matter privately. Subsequently, he assured me that he will call me to settle the matter. However, driving off, the other driver did not reply to me calls. Hence, I decided to lodge a police report.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20240819/2116

4 of 4

Report No. T/20240819/2116

CONTINUATION OF REPORT

Signature of Officer Recording The
J /
SGT 1 MUHAMMAD HAZIM BIN
AZMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SUPT (1A) CHUA SOON KEONG
Contact No.: 65476030

Signature Of Informant:

Date/Time:
19/08/2024 22:34

Classification Of Case:

NP168

