

# 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 .....	04/09/2024 17:17 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	02/09/2024 18:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BKE KM 8 EXIT 8
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMS767S
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD AZHAR BIN ABDUL RAHIM
NRIC No .....	SXXXX269F
Email Address .....	RUMPSHAKER_23@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-98512326
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Camry
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	0
Vehicle Fuel .....	Petrol
First Registration Date .....	20/03/2020
Chassis no .....	JTNB23HK203052055
Effective Date/Time of Ownership .....	20/03/2020 00:00 (SGT)

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5116619576-04

### DRIVER

Name of Driver .....	MUHAMMAD AZHAR BIN ABDUL RAHIM
NRIC No .....	SXXXX269F
Date Of Birth .....	14/02/1989
Occupation .....	Outdoor
Driving Pass Date .....	13/07/2007
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	17 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98512326
Alt. Phone Number .....	-
Email Address .....	RUMPSHAKER_23@HOTMAIL.COM
Address .....	15 SEMBAWANG CRESCENT #02-25
Address complement .....	-
Postcode .....	757060
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 - Change/cross lane
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) .....	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 ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number ..... EV9229Z  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... NA / Unknown  
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

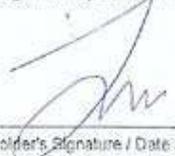
IMPORTANT NOTICE

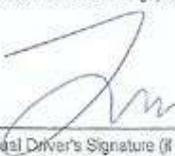
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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

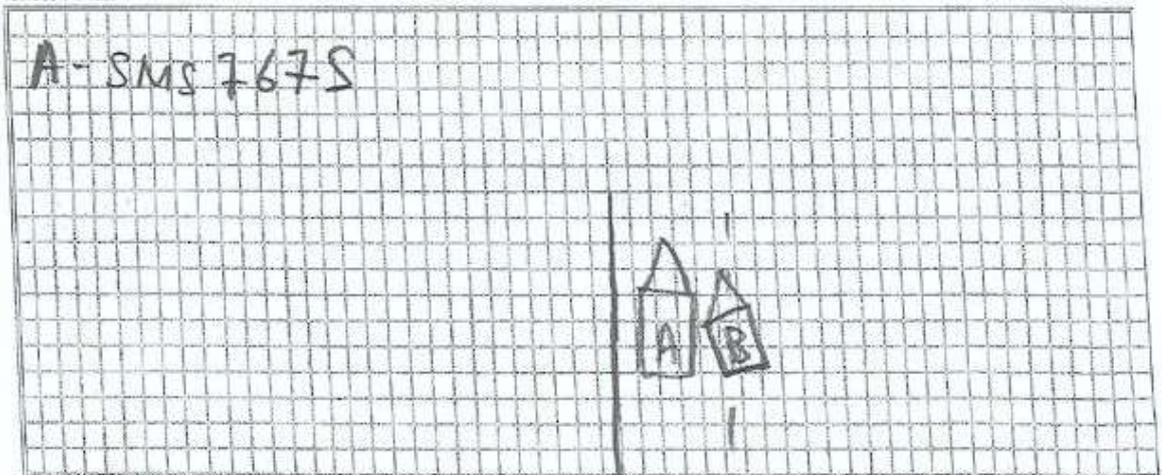
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in the 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

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

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

Sketch Plan



vJun2022

Describe Circumstance of the Accident:

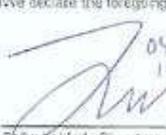
vehicle 1 : SMS 7675  
Vehicle 2 : EV 9229Z

Vehicle 1 was travelling straight towards Exit 8 at BKE on lane 3. Vehicle 2 from lane 2 ~~side~~ ~~sw~~ changed lane abruptly causing side swipe to vehicle 1.

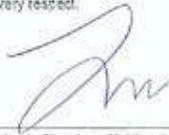
Vehicle 2 left without stopping.

Declaration

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

  
04/29/24  
15:06:15

Policyholder's Signature / Date & Time



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

LOH

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



**SINGAPORE  
POLICE FORCE**



T/20240902/7119

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

1 of 3

Report No. T/20240902/7119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2024 22:29		Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: MUHAMMAD AZHAR BIN ABDUL RAHIM		Address: 15 SEMBAWANG CRESCENT #02-25 SINGAPORE 757060	
ID Type / ID No.: NRIC NO / S8905269F		Contact No.:	Mobile: 98512326
Nationality: SINGAPORE CITIZEN		Email: mazhar1489@gmail.com	
Sex: Male	Age: 35	Date of Birth: 14/02/1989	Type of Informant: Driver
Race: Indian		Language: English	
Occupation: Regional sales manager		Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/09/2024 18:40	Type of Location: Straight Road	
Location: TURF CLUB AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EV9229Z	Motor car	LEXUS	NX200T	Silver		0
SMS767S	Motor car	TOYOTA	CAMRY HYBRID ASCENT SPORT 2.5 CVT	White	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20240902/7119

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

2 of 3

Report No. T/20240902/7119

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMS767S	NTUC Income Insurance Co-Operative Limited	5116619576-04	20/03/2024	19/03/2025

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MUHAMMAD AZHAR BIN ABDUL RAHIM	ID No.	S8905269F	
Related Vehicle	SMS767S (Motor car)	Contact No.	98512326	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL	

**Brief Details.**

**Additional Notes:**

Vehicle 1 dash cam front camera was facing in an incorrect position but glimpse of Vehicle 2 can be seen. Pictures of damaged Vehicle 1 is taken. Please advise further actions to be taken by driver in Vehicle 1 and actions taken against negligent Vehicle 2 driver.

Prepared By:  
Muhammad Azhar  
98512326  
mazhar1489@gmail.com



**SINGAPORE  
POLICE FORCE**



T/20240902/7119

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

3 of 3  
Report No. T/20240902/7119

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476902

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 02/09/2024 22:29
Classification Of Case:

NP168