

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 |
|-----------------------------------|---------|

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

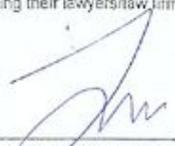
IMPORTANT NOTICE

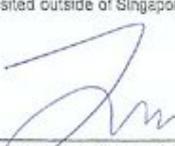
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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

I understand, acknowledge, agree and consent that:

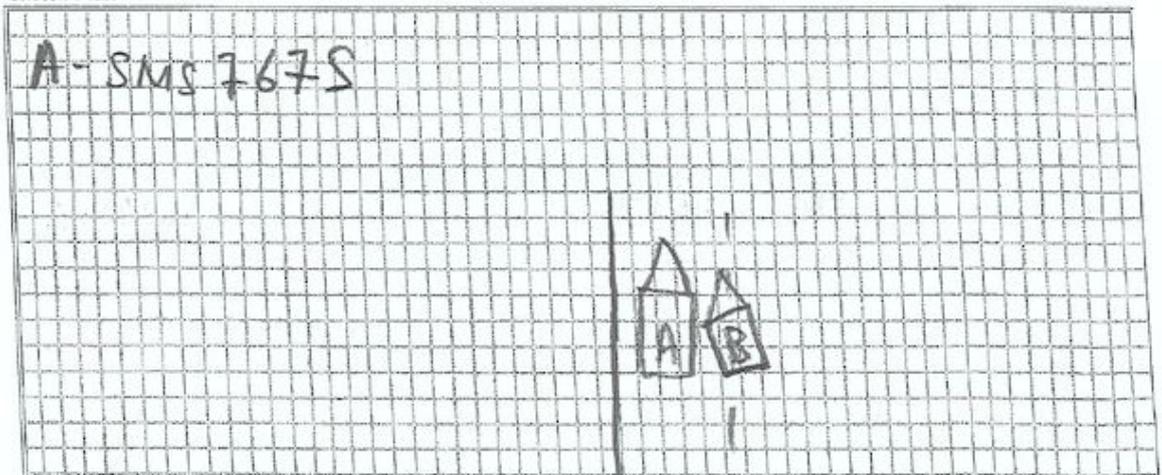
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/small 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

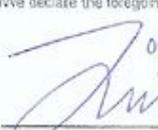
vehicle 1 : SMS 767S
Vehicle 2 : EV 9229Z

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.

 04/09/24
15:10hrs

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)











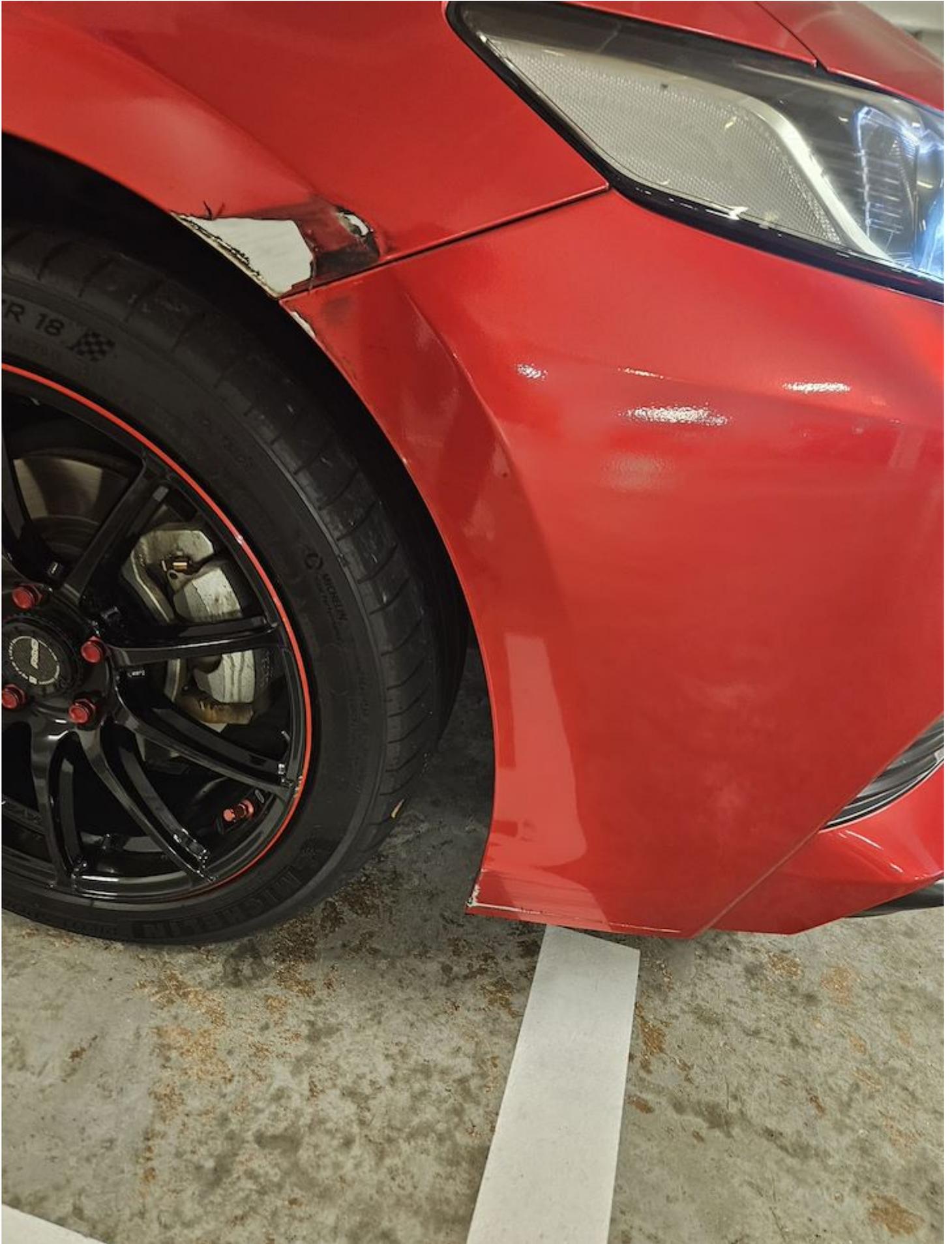


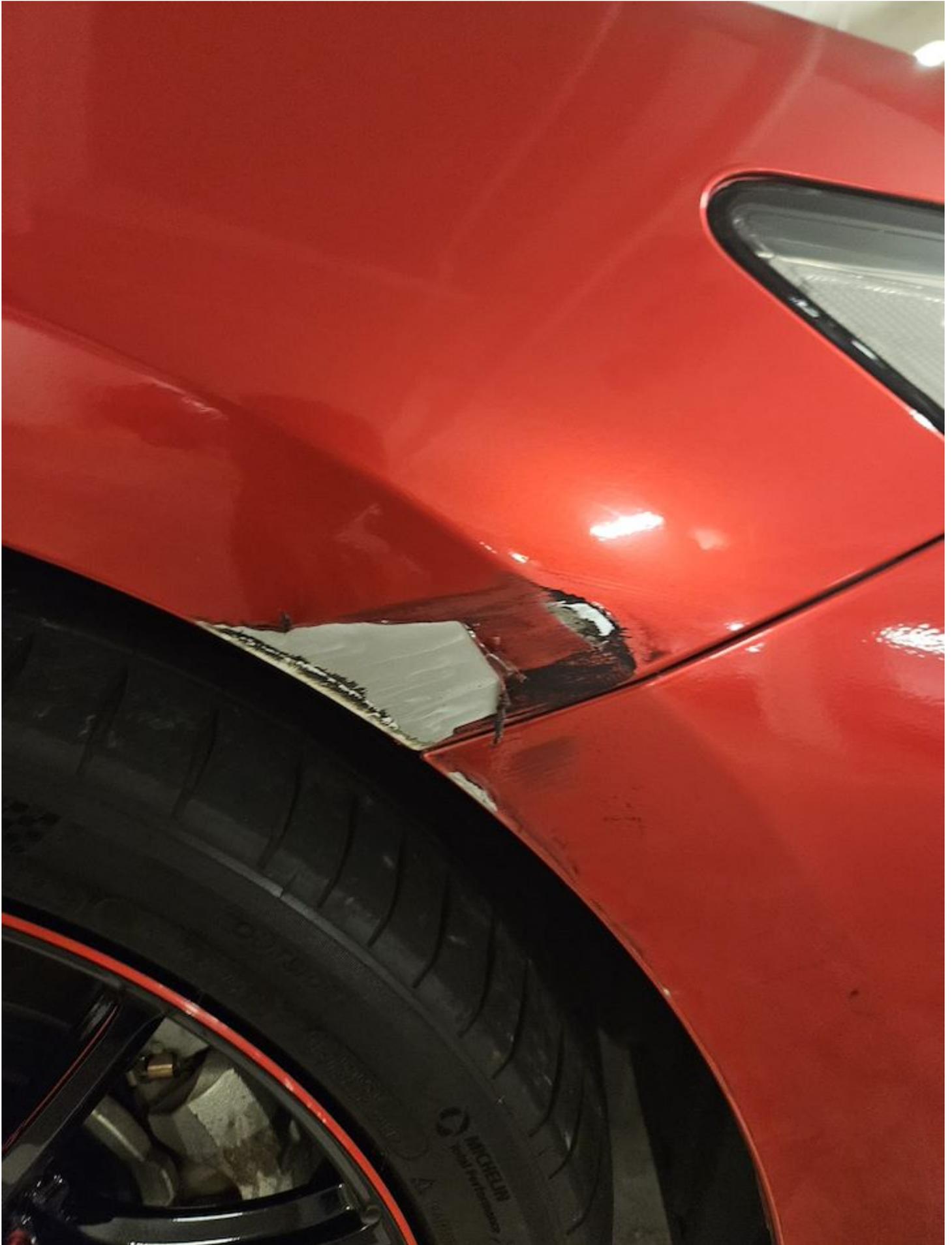




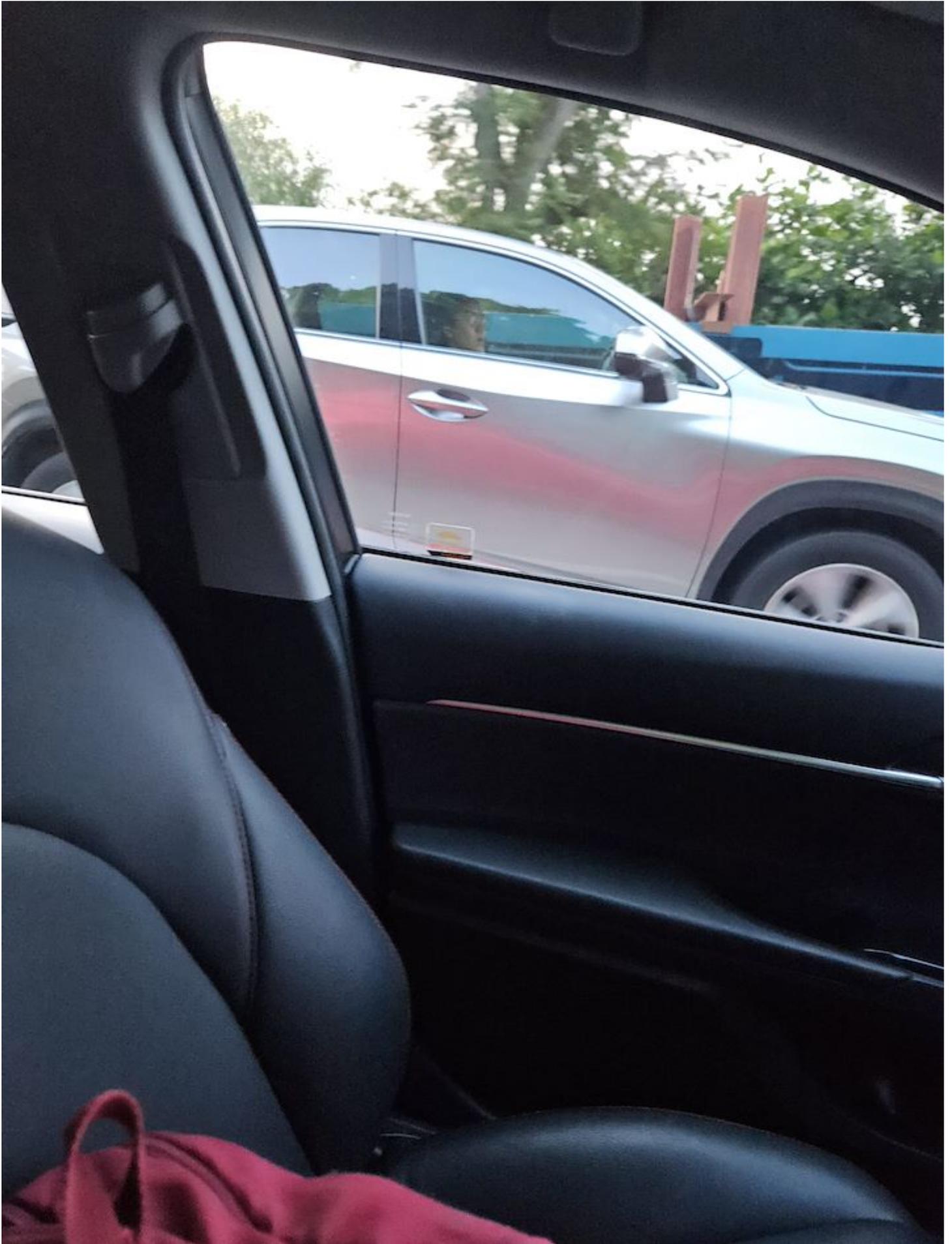














**SINGAPORE
POLICE FORCE**



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.: | |
| Informant's Particulars | | | | | |
| 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: |

| | | | | |
|---|--------------------|--|------------------------------------|-------------------------------------|
| General Information of the Accident | | | | |
| 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 |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|-----------|--------|---|--------|------------------|-----------------|
| 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 |

| Details of Vehicle Insurance | | | | |
|-------------------------------------|-------------------|--------------|----------------|-------------|
| 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

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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