

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	11/09/2024 13:17 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/09/2024 06:50 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	(PIE CHANGI) BEFORE LOR HALUS EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN4120H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YAHYA BIN MOHD
NRIC No	S1217676G
Email Address	KALIMAH.ALI@GMAIL.COM
Mobile Phone No	(Phone) +65-92309662
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2400
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	5141101916

DRIVER

Name of Driver	YAHYA BIN MOHD
NRIC No	S1217676G
Date Of Birth	30/08/1956
Occupation	Indoor
Driving Pass Date	01/08/1978
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92309662
Alt. Phone Number	-
Email Address	KALIMAH.ALI@GMAIL.COM
Address	475 SEMBAWANG DR #01-323
Address complement	-
Postcode	750475
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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)	3
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	KALIMAH BTE ALI
Gender	Female

PASSENGER 2

Name	KHAIRIL ARIFFIN BIN YAHYA
Gender	Male

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

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 SMG3122X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver LOUIS LEW
 Contact Number (Phone) +65-93738883
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMZ513X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKU8488H
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLM1168H



Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	YAHYA BIN MOHD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMN4120H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KALIMAH BTE ALI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMN4120H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	KHAIRIL ARIFFIN BIN YAHYA
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMN4120H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-

Injured person in which vehicle?	SMG3122X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

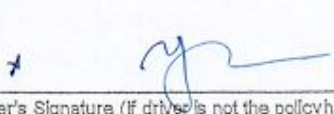
Describe Circumstances of the Accident

As per police report no. T/20240911/17036

Declaration

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























**SINGAPORE
POLICE FORCE**



T/20240911/7036

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

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Report No. T/20240911/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2024 11:50		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: YAHYA BIN MOHAMED			Address:	
ID Type / ID No.: NRIC NO / S1217676G			Contact No.: Home/Office: Mobile: 92309662	
Nationality: SINGAPORE CITIZEN			Email: KALIMAH.ALI@GMAIL.COM	
Sex: Male	Age: 68	Date of Birth: 30/08/1956	Type of Informant: Driver	
Race: Indian			Language: English	
Occupation: Retiree			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/09/2024 06:50	Type of Location: Straight Road
Location: SENGKANG EAST DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU8488H	Motor car	RENAULT	GRAND SCENIC	White	Slightly Damaged	0
SLM1168H	Motor car	TESLA	MODEL 3	Red	Slightly Damaged	0
SMG3122X	Motor car	HONDA	VEZEL	White	Seriously Damaged	2
SMN4120H	Motor car	TOYOTA	ESTIMA AERAS 2.4 A	Black	Seriously Damaged	2
SMZ513X	Motor car	TOYOTA	PRIUS	Silver	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20240911/7036

Police Station Of Origin:
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Tel No: 65470000

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Report No. T/20240911/7036

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMN4120H	NTUC Income Insurance Co-Operative Limited	5141101916	21/12/2023	20/12/2024

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	YAHYA BIN MOHAMED	ID No.	S1217676G
Related Vehicle	SMN4120H (Motor car)	Contact No.	92309662
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight

Passenger

Name	KHAIRIL ARIFFIN BIN YAHYA	ID No.	S9435643A
Related Vehicle	SMN4120H (Motor car)	Contact No.	92336367
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight

Passenger

Name	KALIMAH BINTE ALI	ID No.	S1444523D
Related Vehicle	SMN4120H (Motor car)	Contact No.	92309662
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20240911/7036

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

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Report No. T/20240911/7036

CONTINUATION OF REPORT

Brief Details.

AS PER ABOVE DATE & TIME, I WAS DRIVING SMN4120H ALONG TPE TOWARDS PIE(CHANGI) ON THE EXTREME LEFT LANE. SOMEWHERE BEFORE LOR HALUS EXIT (LAMP POST NO.419) VEHICLES IN FRONT OF ME SLOWED DOWN AND STOPPED. AS SUCH, I APPLIED BRAKE AND STOPPED ACCORDINGLY. I LOOK ONTO MY REAR VIEW MIRROR AND I SAW VEHICLE (SMG3122X) WHICH WAS BEHIND ME WAS FULLY STOPPED ALREADY. I THEN HEARD A LOUD BANG FROM THE REAR AND THEN FOLLOWED BY AN IMPACT FROM THE REAR. DUE TO THE IMPACT, MY VEHICLE SURGED FORWARD AND COLLIDED ONTO VEHICLE IN FRONT OF ME EVEN THOUGH I STEPPED HARD ONTO MY BRAKE PEDAL. I ALIGHTED FROM MY VEHICLE AND DISCOVERED I WAS INVOLVED IN 5-VEHICLES CHAIN COLLISION ACCIDENT. THE DRIVER & PASSENGER OF SMG3122X WERE INJURED AND CONVEYED TO HOSPITAL DUE TO THE ACCIDENT IMPACT. MY SON, WIFE & MYSELF WERE SLIGHT INJURED DUE TO THE ACCIDENT IMPACT AND WILL SEEK MEDICAL ATTENTION.



**SINGAPORE
POLICE FORCE**



T/20240911/7036

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

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Report No. T/20240911/7036

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD GHAZALI BIN ABDUL RAZAK
Contact No.: 65476367

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
11/09/2024 11:50

Classification Of Case:



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5141101916

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMN4120H**
 Chassis Number : ACR500056525
2. Name of Policyholder : **YAHYA BIN MOHAMED**
3. Effective Date of Insurance : **21 Dec 2023**
4. Expiry Date of Insurance : **20 Dec 2024**
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: YAHYA BIN MOHAMED
NAMED DRIVER (1)	: KHAIRIL ARIFFIN BIN YAHYA
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CHAY FONG MUI (00000525297)
 Date of Issue : 24 Nov 2023 12:52 hrs

For INCOME INSURANCE LIMITED

Chief Executive