

## 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 17:35 (SGT)        |
| Reported by .....                     | Actual Driver                 |
| Date of Accident .....                | 09/09/2024 13:46 (SGT)        |
| Exact Location of Accident .....      | River Valley Green, Singapore |
| Additional Location Information ..... | -                             |
| Country/State of Loss .....           | Singapore                     |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | GBM4246P |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                         |
|--------------------------------|-------------------------|
| Is company? .....              | Yes                     |
| Name Of Registered Owner ..... | GLORY LEASING PTE. LTD. |
| Company Reg No .....           |                         |
| Email Address .....            |                         |
| Mobile Phone No .....          | (Phone)                 |
| Alternative Phone No .....     | -                       |

#### VEHICLE PARTICULARS

|                                                                                    |                           |
|------------------------------------------------------------------------------------|---------------------------|
| Manufacturer .....                                                                 | Toyota                    |
| Model .....                                                                        | PROACE CITY ELECTRIC AUTO |
| Variant .....                                                                      | ELECTRIC                  |
| 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 .....                                                             | Commercial vehicle        |
| Transmission .....                                                                 | Auto                      |
| CC .....                                                                           | 0                         |
| 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 ..... | 5137837958-01            |

#### DRIVER

|                                                                    |                     |
|--------------------------------------------------------------------|---------------------|
| Name of Driver .....                                               | JUARIME BIN IBRAHIM |
| NRIC No .....                                                      | [REDACTED]          |
| Date Of Birth .....                                                | [REDACTED]          |
| Occupation .....                                                   | Outdoor             |
| Driving Pass Date .....                                            | [REDACTED]          |
| Driving License Pass Class .....                                   | [REDACTED]          |
| Driving License Validity .....                                     | Valid               |
| Driving experience .....                                           | [REDACTED]          |
| Gender .....                                                       | Male                |
| Mobile Number .....                                                | (Phone) [REDACTED]  |
| Alt. Phone Number .....                                            | -                   |
| 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 .....           | 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 .....   | Hit and run / Vandalism / Damaged whilst parked |
| 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 ATTACHED SKETCH PLANS

#### 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 .....             | SNE3959Y     |
| Vehicle Manufacturer .....                    | Toyota       |
| Vehicle Model .....                           | ALTIS        |
| Vehicle Variant .....                         | -            |
| Vehicle Colour .....                          | -            |
| Vehicle Category .....                        | Private hire |
| 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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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

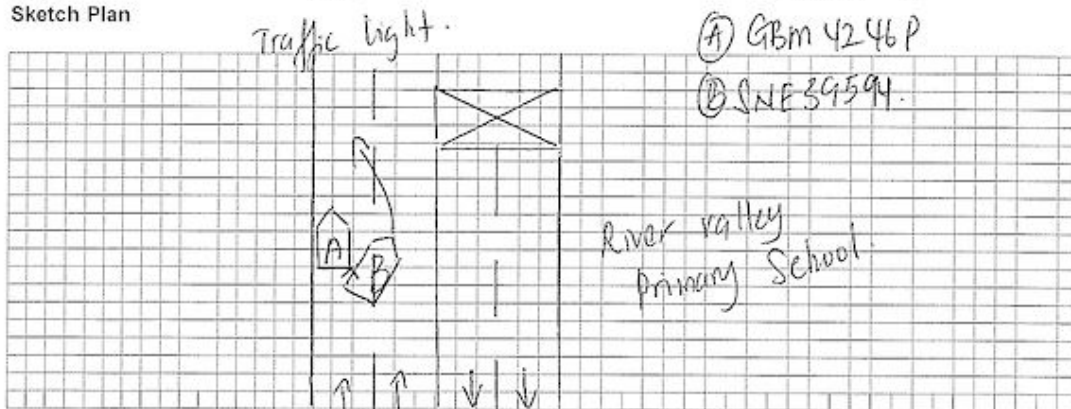
*[Signature]*

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



Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

*Refer police report*  
*T/20240909/7058*

☐ Claim OD    ☐ Claim Third Party    ☒ Claim ~~OD~~TP at other workshop    ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

## Declaration

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



Policyholder's Signature / Date & Time

*Chinua*

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



Witnessed by Reporting Centre Personnel











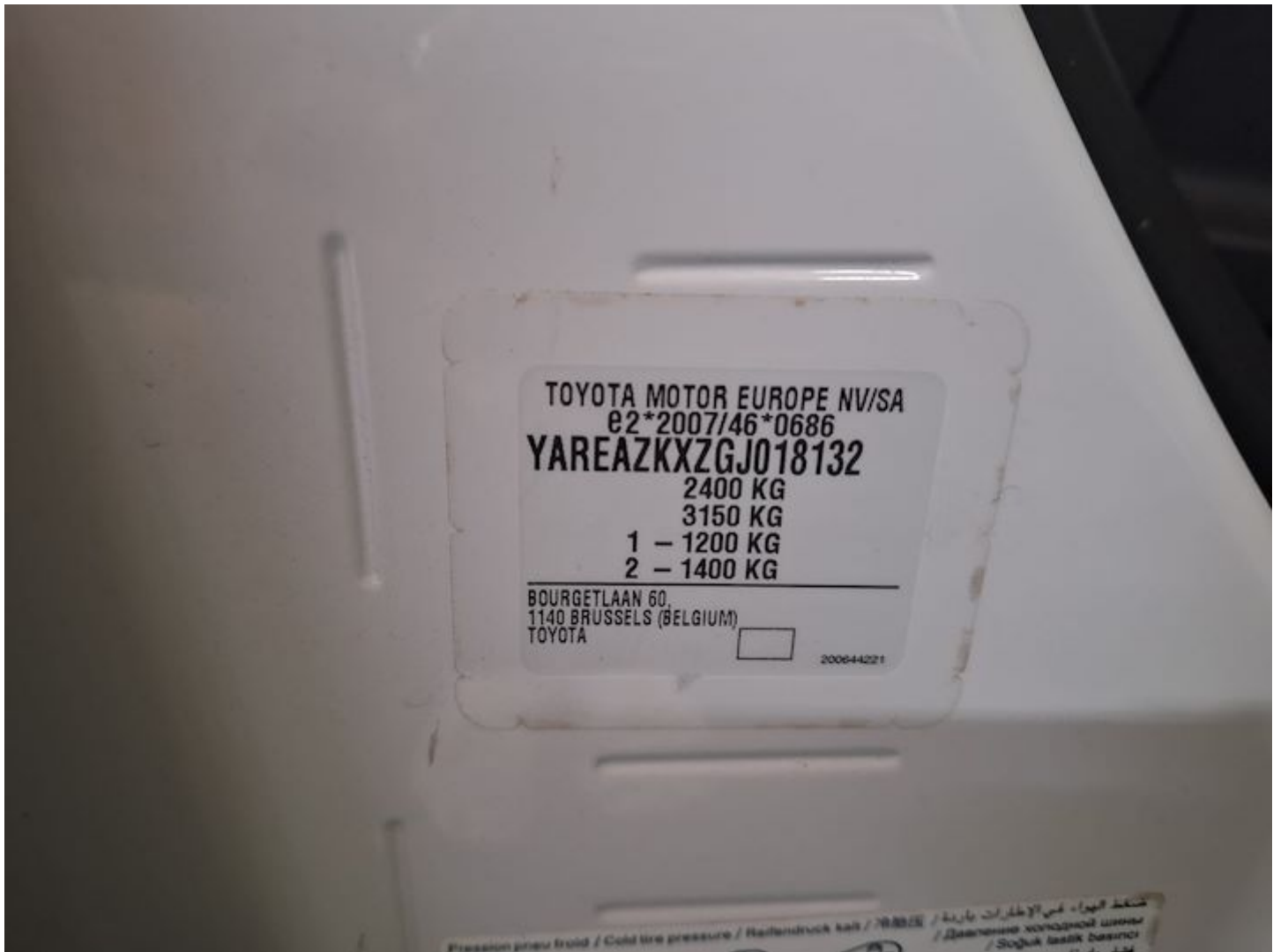


























**SINGAPORE  
POLICE FORCE**



T/20240909/7058

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

1 of 3

Report No. T/20240909/7058

**REPORT OF A TRAFFIC ACCIDENT**

|                                            |                    |                              |                                        |                    |                    |
|--------------------------------------------|--------------------|------------------------------|----------------------------------------|--------------------|--------------------|
| Date/Time Report Made:<br>09/09/2024 15:18 |                    | Vide Report No.:             |                                        | Station Diary No.: |                    |
| <b>Informant's Particulars</b>             |                    |                              |                                        |                    |                    |
| Name of Informant:<br>JUARIME BIN IBRAHIM  |                    |                              | Address:<br>[REDACTED]                 |                    |                    |
| ID Type / ID No.:<br>NRIC NO / [REDACTED]  |                    |                              | Contact No.:<br>Home/Office:           |                    | Mobile: [REDACTED] |
| Nationality:<br>SINGAPORE CITIZEN          |                    |                              | Email:<br>SAMSHAHMIL@GMAIL.COM         |                    |                    |
| Sex:<br>Male                               | Age:<br>[REDACTED] | Date of Birth:<br>[REDACTED] | Type of Informant:<br>Driver           |                    |                    |
| Race:<br>Boyanese                          |                    |                              | Language:<br>English                   |                    |                    |
| Occupation:<br>Parcel Delivery             |                    |                              | Driving Licence Information:<br>Class: |                    | Date of Expiry:    |

|                                                                             |                      |                                    |                                            |                                        |
|-----------------------------------------------------------------------------|----------------------|------------------------------------|--------------------------------------------|----------------------------------------|
| <b>General Information of the Accident</b>                                  |                      |                                    |                                            |                                        |
| Type of Accident:                                                           | Non-Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>09/09/2024 13:46 | Type of Location:<br>Straight Road     |
| Location:<br><br>RIVER VALLEY GREEN                                         |                      |                                    |                                            |                                        |
| Weather:<br>Clear                                                           |                      | Road Surface:<br>Dry               |                                            |                                        |
| Traffic Flow:<br>Two Way                                                    |                      | Traffic Control:<br>Not Controlled |                                            | Traffic Volume:<br>Heavy               |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                      |                                    |                                            | Anyone conveyed by<br>ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |           |        |             |        |                     |                 |
|------------------------------------|-----------|--------|-------------|--------|---------------------|-----------------|
| Vehicle No.                        | Type      | Make   | Model       | Color  | Condition           | No of Passenger |
| GBM4246P                           | Motor van | TOYOTA | Proace City | White  | Slightly<br>Damaged | 0               |
| SNE3959Y                           | Motor car | TOYOTA | Allis       | Silver |                     | 1               |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20240909/7058

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

2 of 3  
Report No. T/20240909/7058

CONTINUATION OF REPORT

|                                        |                      |                                        |                                   |
|----------------------------------------|----------------------|----------------------------------------|-----------------------------------|
| <b>Driver</b>                          |                      |                                        |                                   |
| Name                                   | JUARIME BIN IBRAHIM  | ID No.                                 | [REDACTED]                        |
| Related Vehicle                        | GBM4246P (Motor van) | Contact No.                            | [REDACTED]                        |
| Hospital/Clinic                        | NIL                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                         | NIL                  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave (MC) | NIL                  | Degree of Injury                       | NIL                               |
| <b>Driver</b>                          |                      |                                        |                                   |
| Name                                   | Unknown Driver       | ID No.                                 | NIL                               |
| Related Vehicle                        | SNE3959Y (Motor car) | Contact No.                            | NIL                               |
| Hospital/Clinic                        | NIL                  | Class of Driving Licence & Expiry Date | Class: NIL<br>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 above-mentioned date, time and location, I was at River Valley Primary School to fetch my son at the school. While I was waiting for his arrival at the entrance of the school, I was involved in a minor accident with a Singapore Vehicle(SNE3959Y). The said car was behind me. I saw passengers board the said car. As the car about to drove off, the car slightly side-swiped the right rear of my van(GBM4246P). I heard an impact from the rear of my vehicle. I went out of my vehicle to approach the driver of the car(SNE3959Y) however the driver drove off. I also went to the rear of my van and saw scratches on the right rear bumper. I only managed to get a photo of the vehicle that side-swiped my van.

I decided to lodge a traffic accident report regarding the matter.

**SINGAPORE  
POLICE FORCE**

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



T/20240909/7058

3 of 3

Report No. T/20240909/7058

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
LEE GUANG HUI  
Contact No.: 65476414

This report is lodged at Bukit Merah West NPC Kiosk 1  
NP168

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

Date/Time:  
09/09/2024 15:18

Classification Of Case: