

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	16/09/2024 18:50 (SGT)
Reported by	Actual Driver
Date of Accident	14/09/2024 15:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG1091C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	A-TEC LEASING PTE LTD
Company Reg No	202209244G
Email Address	DREAMCARZLEASING@GMAIL.COM
Mobile Phone No	(Phone) +65-83994133
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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 hire
Transmission	Auto
CC	1580
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD YAZID BIN MOHAMAD DIN
NRIC No	S7028407C
Date Of Birth	27/08/1970
Occupation	Outdoor
Driving Pass Date	07/11/1990
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	33 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91113491
Alt. Phone Number	-
Email Address	YAZIDDIN1970@GMAIL.COM
Address	BLK 168 BEDOK SOUTH AVE 3
Address complement	#03-465
Postcode	460168
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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 1
Gender	Male

PASSENGER 2

Name	PASSENGER 2
Gender	Female

PASSENGER 3

Name	PASSENGER 3
Gender	Female

PASSENGER 4

Name	PASSENGER 4
Gender	Female

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 ATTACH

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	SHA3398H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	MOHAMAD YAZID BIN MOHAMAD DIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SNG1091C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER 2
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SNG1091C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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.



Wesley

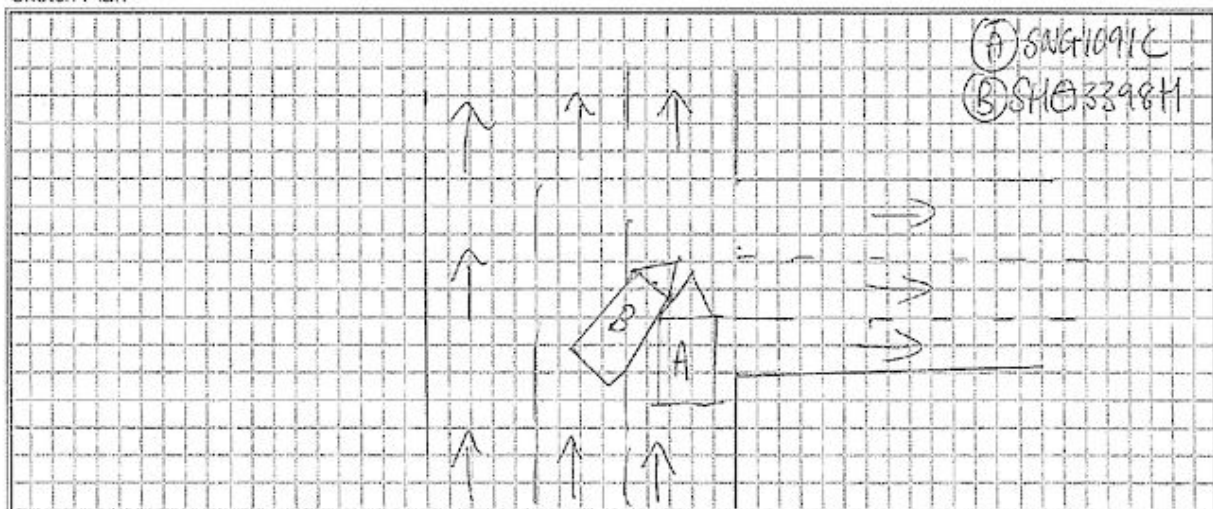


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident:

Refer to Police Report as Attached.

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**



T/20240915/7022

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

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Report No. T/20240915/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2024 12:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMAD YAZID BIN MOHAMAD DIN			Address: 168 BEDOK SOUTH AVENUE 3 #03-465 SINGAPORE 460168		
ID Type / ID No.: NRIC NO / S7028407C			Contact No.: Home/Office: Mobile: 91113491		
Nationality: SINGAPORE CITIZEN			Email: YAZIDDIN1970@GMAIL.COM		
Sex: Male	Age: 54	Date of Birth: 27/08/1970	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Self Employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/09/2024 15:10	Type of Location:
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNG1091C	Motor car					4

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



**SINGAPORE
POLICE FORCE**



T/20240915/7022

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

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Report No. T/20240915/7022

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD YAZID BIN MOHAMAD DIN	ID No.	S7026407C
Related Vehicle	SNG1091C (Motor car)	Contact No.	91113491
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)	03	Degree of Injury	Serious

Brief Details.

On the stated date and time, I was driving SNG1091C along PIE(Tuas) Slip Road towards Jalan Toa Payoh.

My family members:

Fauziah - wife
Asyiqin - daughter
Abdul Zaimie - son in law
Taliya - granddaughter

were on board my vehicle and all wearing seat belt.

I was travelling straight along the extreme right lane which could turn right or go straight towards CTE.

At the junction of Upper Serangoon Road, SHA3398H, abruptly swerved into my vehicle's path when it was alongside me along the lane to my left as the taxi wanted to turn right towards Upper Serangoon Road.

There was no way for me to avoid the collision as I was caught completely off guard by the rogue manoeuvre as only my lane could have turned right.

As such, the taxi slammed into the front left portion of my vehicle as a result.

The impact was great and my vehicle jerked violently.

Taliya knocked her head as a result of the impact and begun crying profusely.

Upon alighting, I realised that my vehicle's front left portion was badly dented.

Initially all of us were in shock and more concerned about my baby granddaughter.

However, the same evening, all four of us adults started feeling body aches.

My wife Fauziah had a sharp pain at her right shoulder and back areas while I had aches over my left hand and neck areas.

As such, we sought treatment at LifePlus Bedok the following morning and was given 3 days MC each.

The same afternoon after our initial consultation, my wife also complained of aches over her neck, upper and lower back areas.



**SINGAPORE
POLICE FORCE**

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



T/20240915/7022

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Report No. T/20240915/7022

CONTINUATION OF REPORT

I too experienced similar symptoms over my shoulders and lower back areas as well.

We will seek follow up treatment if the pain does not go away.

My daughter, granddaughter and son in law will be seeking their own treatment.



**SINGAPORE
POLICE FORCE**

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



T/20240915/7022

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Report No. T/20240915/7022

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

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

Date/Time:
15/09/2024 12:09

Classification Of Case:

NP168