

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	13/09/2024 17:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/09/2024 16:40 (SGT)
Exact Location of Accident	Malaysia
Additional Location Information	CIQ TOWARDS SINGAPORE
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE9697M
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED UZAIR BIN MOHAMED NOOR
NRIC No	SXXXX184E
Email Address	UZZZZYYY1994@GMAIL.COM
Mobile Phone No	(Phone) +65-97631994
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	GOLF 1.4 TSI AT 5G13HZ HID SR
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	1395
Vehicle Fuel	Petrol
First Registration Date	29/11/2017
Chassis no	WVWZZZAUZHW125391
Effective Date/Time of Ownership	24/08/2022 01:08 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5141112508

DRIVER

Name of Driver	MOHAMED UZAIR BIN MOHAMED NOOR
NRIC No	SXXXX184E
Date Of Birth	02/08/1994
Occupation	Indoor
Driving Pass Date	23/08/2017
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97631994
Alt. Phone Number	-
Email Address	UZZZZYYYY1994@GMAIL.COM
Address	BLK 334B ANCHORVALE CRESCENT 10-132 SINGAPORE 542334
Address complement	-
Postcode	-
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 - Head to Rear
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 POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	EMAIL TO INSURER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGC7777Y
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)	1

SKETCH PLAN

VEH NO: SNE 9697M
INSURER: Income
DATE OF ACC: 12/09/24 @ 1640

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

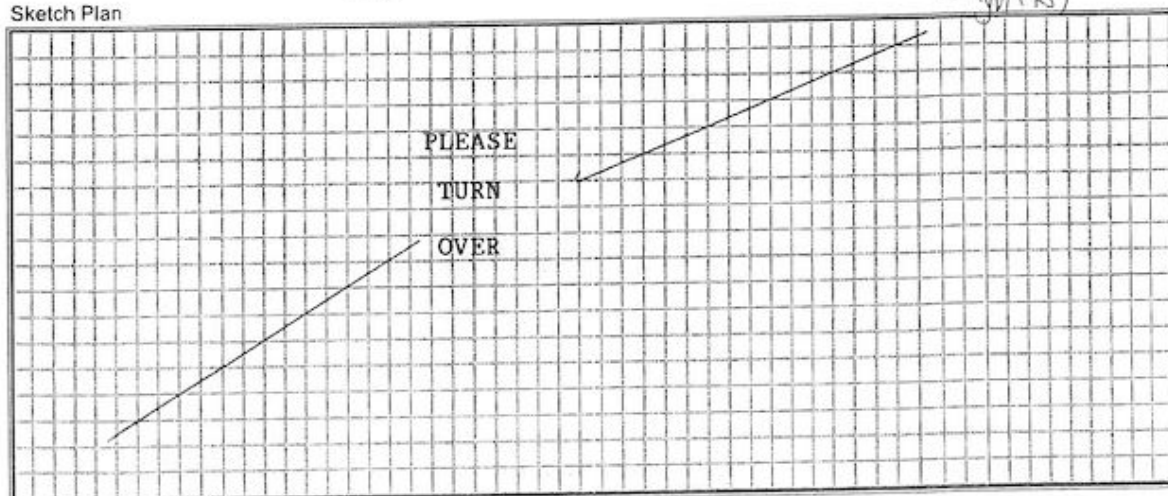
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

[Signature]
Policyholder's Signature / Date & Time

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

[Signature] 13/09/24 ✓
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) Dorlyn (XS)

Sketch Plan



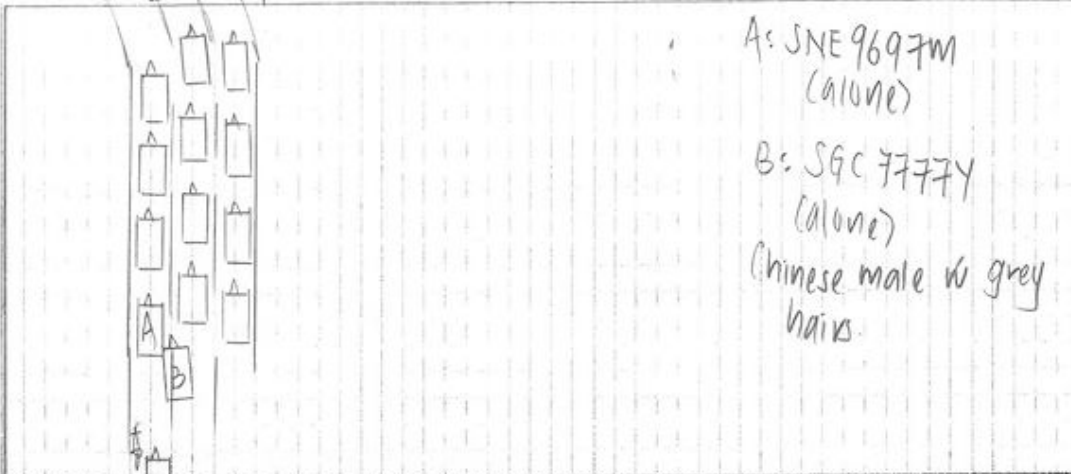
Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy Pls check your policy for more information.

() Claim Own Policy (☒) Claim Third party () Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan C10 → SG



Vehicle Nos: SNE 9697M (Income)

Date & Time: 12/09/24 @ 1640 (Clear/dry)

Refer to police report.

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) (YS)





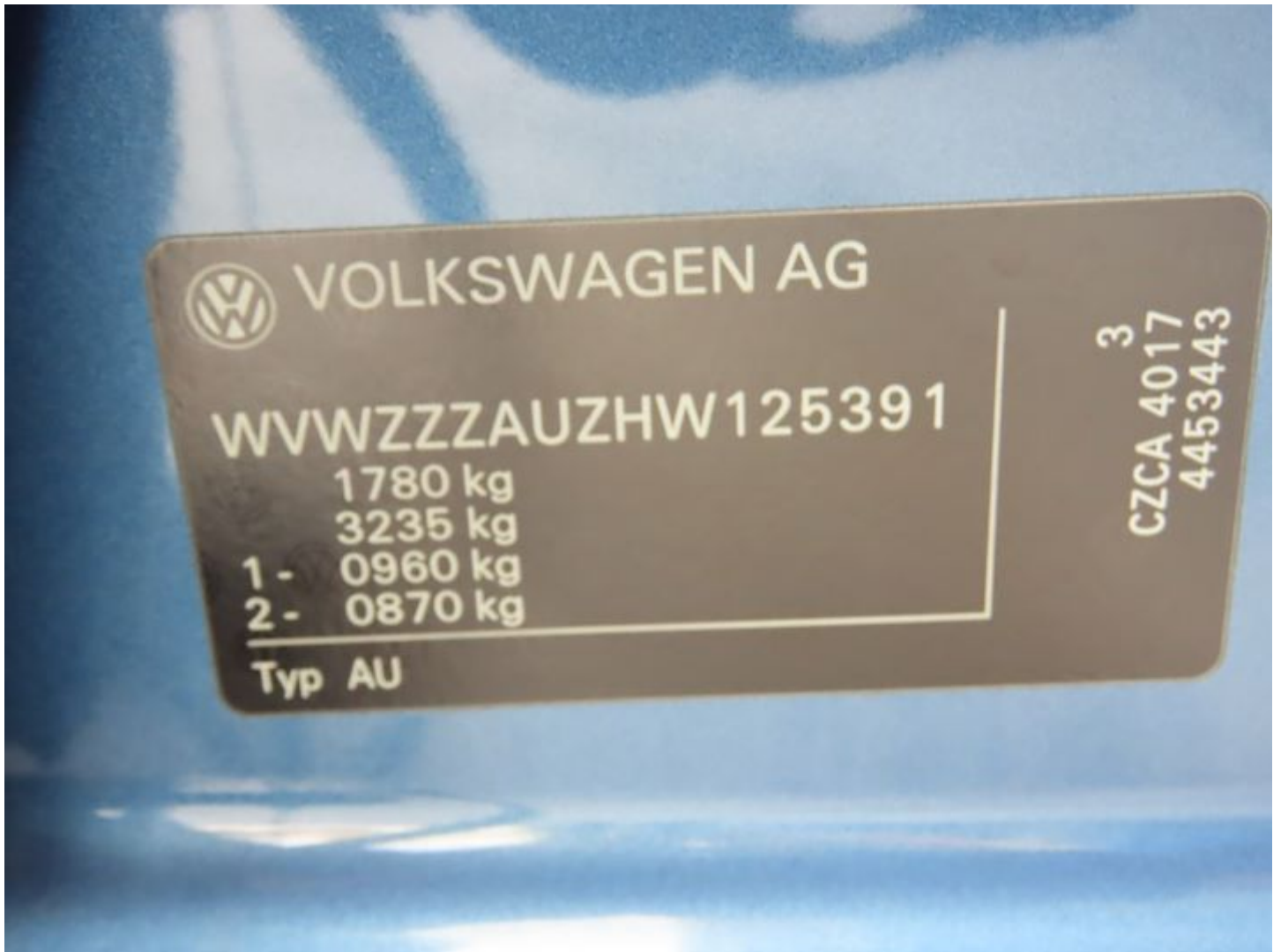














**SINGAPORE
POLICE FORCE**



T/20240912/7090

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

1 of 3

Report No. T/20240912/7090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2024 19:56		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED UZAIR BIN MOHAMED NOOR			Address: 334B ANCHORVALE CRESCENT #10-132 SINGAPORE 542334		
ID Type / ID No.: NRIC NO / S9431184E			Contact No.: Home/Office: Mobile: 97631994		
Nationality: SINGAPORE CITIZEN			Email: UZZZZYYY1994@GMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 02/08/1994	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Train service supervisor			Driving Licence Information: Class: 3 Date of Expiry: 12/09/2024		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/09/2024 16:40	Type of Location: downward slope
Location: Johor Bahru Custom				
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: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGC7777Y	Motor car	HONDA	vezel	Black		0
SNE9697M	Motor car	VOLKSWAGON	GOLF	Green	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNE9697M	Income	5141112508	29/11/2023	28/11/2024



**SINGAPORE
POLICE FORCE**



T/20240912/7090

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

2 of 3

Report No. T/20240912/7090

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED UZAIR BIN MOHAMED NOOR	ID No.	S9431184E
Related Vehicle	SNE9697M (Motor car)	Contact No.	97631994
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 12/09/2024
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

I was heading towards JB custom when vehicle number plate SGC7777Y made a lane change and hit my car from the back, i have a video footage of the accident and a witness from the back is my witness. As there was heavy traffic, i looked at him from my car and he directed me to meet to meet at the front, i waited and he did not show up, the white vehicle behind me saw him at the bridge and told him that he hit my vehicle. This shows that he did not wait for me to discuss the matter. He tried to escape and got caught by the white vehicle. I have a video footage saved.



**SINGAPORE
POLICE FORCE**



T/20240912/7090

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

3 of 3

Report No. T/20240912/7090

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
12/09/2024 19:56

Officer In Charge Of Case:
TP / HRT /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476902

Classification Of Case:

This report is lodged at Sengkang NPC Kiosk 1
NP168