

## 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 17:30 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	14/09/2024 03:35 (SGT)
Exact Location of Accident .....	Near 68 Orchard Rd, Singapore 238839
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNA1792U
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SG VEHICLE RENTAL PRIVATE LIMITED
Company Reg No .....	201136198R
Email Address .....	sales@carhub.com.sg
Mobile Phone No .....	(Phone) +65-92729299
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	CN7 AVANTE 1.6 DOHC CVT S
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 hire
Transmission .....	Auto
CC .....	1598
Vehicle Fuel .....	Petrol
First Registration Date .....	09/06/2021
Chassis no .....	KMHLN41ETNU184795
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	AIS/2024/0000378/000222

#### DRIVER

Name of Driver .....	MUHAIMIN BIN IDRIS
NRIC No .....	S8006064E
Date Of Birth .....	06/03/1980
Occupation .....	Outdoor
Driving Pass Date .....	20/01/2015
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	9 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-89491577
Alt. Phone Number .....	-
Email Address .....	AIMINMIN17@GMAIL.COM
Address .....	22 HOUGANG AVENUE 3 #06-271 S 530022
Address complement .....	-
Postcode .....	-
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 .....	Collision - Change/cross lane
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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 .....	SD CARD TAKEN BY TRAFFIC POLICE

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	QX225R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government
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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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.

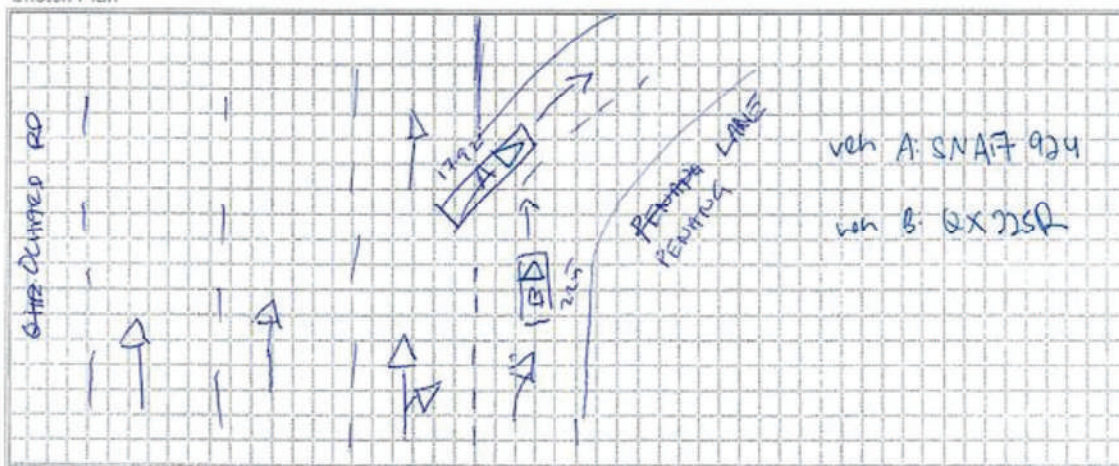


Policyholder's Signature / Date & Time

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

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

## Sketch Plan



vJun2022

Describe Circumstance of the Accident

Refer to police report. Report number: T/20240915/ 7027.

Declaration

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



Policyholder's Signature / Date & Time

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

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













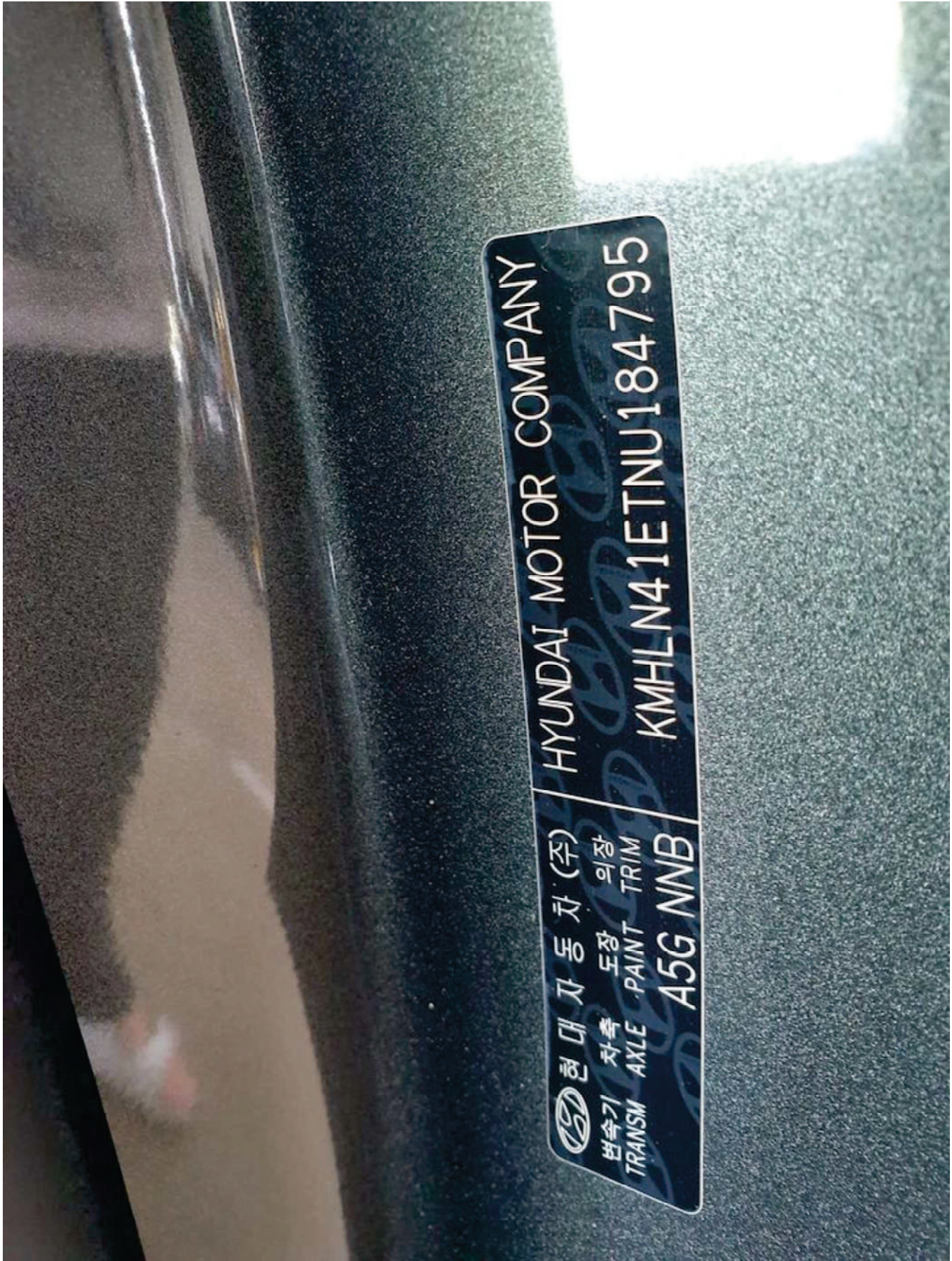


















**SINGAPORE  
POLICE FORCE**



T/20240915/7027

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

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Report No. T/20240915/7027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/09/2024 13:40		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD BIN IDRIS			Address: 22 HOUGANG AVENUE 3 #06-271 SINGAPORE 530022		
ID Type / ID No.: NRIC NO / S8006064E			Contact No.: Home/Office: Mobile: 89491577		
Nationality: SINGAPORE CITIZEN			Email: AIMINMIN17@GMAIL.COM		
Sex: Male	Age: 44	Date of Birth: 06/03/1980	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 14/09/2024 03:35	Type of Location: Bend
Location:  ORCHARD ROAD				
Weather: Heavy rain		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNA1792U	Motor car					0

**Details of Person Involved**

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



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Tel No: 65470000



T/20240915/7027

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Report No. T/20240915/7027

CONTINUATION OF REPORT

Driver			
Name	MUHAIMIN BIN IDRIS	ID No.	S8006064E
Related Vehicle	SNA1792U (Motor car)	Contact No.	89491577
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	NIL
Driver			
Name	MUHAIMIN BIN IDRIS	ID No.	S8006064E
Related Vehicle	SNA1792U (Motor car)	Contact No.	89491577
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight
Driver			
Name	MUHAIMIN BIN IDRIS	ID No.	S8006064E
Related Vehicle	SNA1792U (Motor car)	Contact No.	89491577
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight
Driver			
Name	MUHAIMIN BIN IDRIS	ID No.	S8006064E
Related Vehicle	SNA1792U (Motor car)	Contact No.	89491577
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL





**SINGAPORE  
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T/20240915/7027

Police Station Of Origin:  
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Tel No: 65470000

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Report No. T/20240915/7027

CONTINUATION OF REPORT

<b>Driver</b>			
Name	MUHAIMIN BIN IDRIS	ID No.	S8006064E
Related Vehicle	SNA1792U (Motor car)	Contact No.	89491577
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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	MUHAIMIN BIN IDRIS	ID No.	S8006064E
Related Vehicle	SNA1792U (Motor car)	Contact No.	89491577
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	MUHAIMIN BIN IDRIS	ID No.	S8006064E
Related Vehicle	SNA1792U (Motor car)	Contact No.	89491577
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Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MUHAIMIN BIN IDRIS	ID No.	S8006064E
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Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL





**SINGAPORE  
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T/20240915/7027

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Report No, T/20240915/7027

CONTINUATION OF REPORT

Driver			
Name	MUHAIMIN BIN IDRIS	ID No.	S8006064E
Related Vehicle	SNA1792U (Motor car)	Contact No.	89491577
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

Along Orchard rd opposite plaza Singapura there's

Two lane turning right

1.-lane going straight and can turn right

2-lane going left only

My car SNA1792 was at the no 1 and was going to turn right

Vehicle QX 225 R was at the no 2 which was supposed to turn right

When I was turning right , instead QX225R supposed to turn right also but it went straight to my car and hit to my rear passenger right door .



**SINGAPORE  
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T/20240915/7027

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Report No. T/20240915/7027

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / DDGVT /  
MUHAMMAD ISMAIL BIN AMZAH  
Contact No.: 65476204

NP168

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 13:40

Classification Of Case:





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SS37249G0001 Vehicle Registration No: SNA1792U

Name (as shown in NRIC): MUHAIMIN BIN IDRIS NRIC/FIN/Passport No: S8006064E

(\***Vehicle Driver** / Vehicle Owner) (\*) Please delete as appropriate

Address: 22 HOUGANG AVENUE 3 #06-271 Singapore (530022)

Contact (Tel): \_\_\_\_\_ Mobile No.: 8949 1577

Email Address: sales@carhub.com.sg

Date of Accident: 14/09/2024 Time of Accident: 03.35am

Place of Accident: ORCHARD ROAD

Insurance Company: ALLIANZ

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

WANT TO AMEND EMAIL ADDRESS TO sales@carhub.com.sg.

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

GIARMC Addendum Form