

## 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 .....	26/09/2024 17:59 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	25/09/2024 19:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TELOK BLANGAH ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMF8691S
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ZULKIFLEE BIN MOHAMED
NRIC No .....	SXXXX292H
Email Address .....	zulkiflee_mohamed@outlook.com
Mobile Phone No .....	(Phone) +65-90060542
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	Q2
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 .....	1000
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number .....	MA041447

#### DRIVER

Name of Driver .....	ZULKIFLEE BIN MOHAMED
NRIC No .....	SXXXX292H
Date Of Birth .....	22/10/1983
Occupation .....	Indoor
Driving Pass Date .....	03/12/2003
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	20 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90060542
Alt. Phone Number .....	-
Email Address .....	zulkiflee_mohamed@outlook.com
Address .....	228A ANG MO KIO STREET 23 #22-29
Address complement .....	-
Postcode .....	561228
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 .....	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? .....	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 .....	FARAH LIZA
Gender .....	Female

#### PASSENGER 2

Name .....	NORA LYNN
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

## ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SKV9586X  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 Name of Driver ..... LOW KWEE GEK, GINA (LIU GUIYU, GINA)  
 NRIC No ..... SXXXX222C  
 Contact Number ..... (Phone) +65-97421285  
 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 ..... ZULKIFLEE BIN HOHAMED  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SMF8691S  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 2

Name of injured person ..... FARAH LIZA BINTE MOHAMMAD YUSOFF  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SMF8691S  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 3

Name of injured person ..... NORA LYNN GAMMELL  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -

Injured person in which vehicle? .....	SMF8691S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

## 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.

26/5/2024  
1630hrs

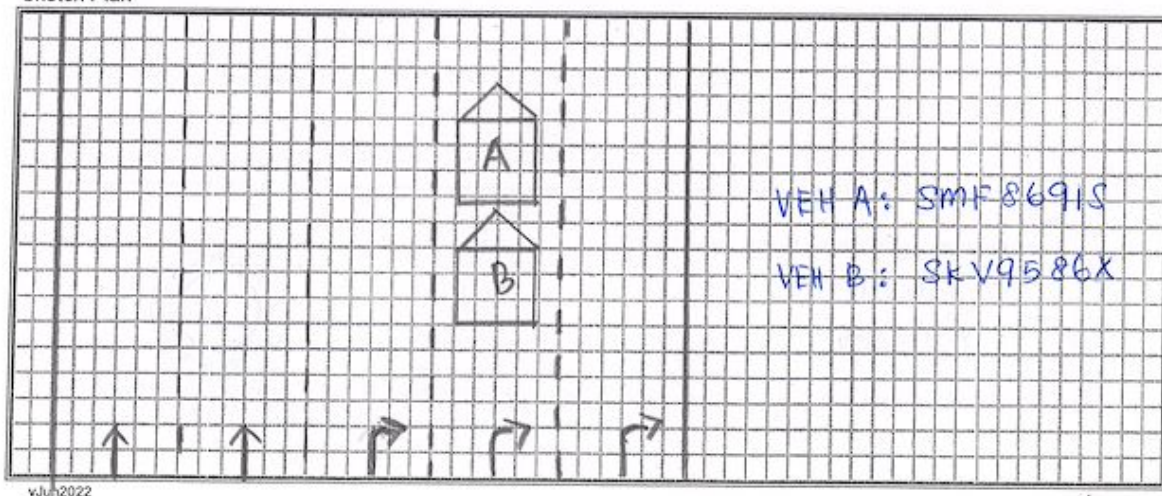
Policyholder's Signature / Date & Time

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



Describe Circumstance of the Accident

Refer to the police report NO: T/20240926 / 7049

Declaration

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

*[Signature]* 26/9/2024  
P1630M

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/20240926/7049

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

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Report No. T/20240926/7049

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2024 13:06		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: ZULKIFLEE BIN MOHAMED		Address: 228A ANG MO KIO STREET 23 #22-29 SINGAPORE 561228		
ID Type / ID No.: NRIC NO / S8303292H		Contact No.: Home/Office: Mobile: 90060542		
Nationality: SINGAPORE CITIZEN		Email: ZULKIFLEE_MOHAMED@OUTLOOK.COM		
Sex: Male	Age: 40	Date of Birth: 22/10/1983	Type of Informant: Driver	
Race: Boyanesse		Language: English		
Occupation: Risk & Incident Manager		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/09/2024 19:55	Type of Location: Straight Road
Location:  TELOK BLANGAH ROAD				
Weather: Clear		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SKV9586X	Motor car	SSANGYONG		Brown	Slightly Damaged	0
SMF8691S	Motor car	AUDI	Q2 1.0 TFSI S TRONIC	Silver	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMF8691S	ETIQA INSURANCE BERHAD	MA041447	21/06/2024	20/06/2025





**SINGAPORE  
POLICE FORCE**

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



T/20240926/7049

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Report No. T/20240926/7049

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW KWEE GEK, GINA (LIU GUIYU, GINA)	ID No.	S8008222C
Related Vehicle	SKV9586X (Motor car)	Contact No.	97421285
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
Passenger			
Name	NORA LYNN GAMMELL	ID No.	S8426545D
Related Vehicle	SMF8691S (Motor car)	Contact No.	88111287
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/09/2024	Date Discharge	26/09/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Driver			
Name	ZULKIFLEE BIN MOHAMED	ID No.	S8303292H
Related Vehicle	SMF8691S (Motor car)	Contact No.	90060542
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	26/09/2024	Date Discharge	26/09/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight



**SINGAPORE  
POLICE FORCE**



T/20240926/7049

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

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Report No. T/20240926/7049

CONTINUATION OF REPORT

Passenger			
Name	FARAH LIZA BINTE MOHAMMAD YUSOFF	ID No.	S8714647B
Related Vehicle	SMF8691S (Motor car)	Contact No.	81114680
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/09/2024	Date Discharge	26/09/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

**Brief Details.**

On 25 Sep (Wed), I was driving (V1) SMF 8691 S (Audi /Silver) along Telok Blangah Road before the right turn junction to Alexandra Road. The traffic light was red and the cars in front of me and myself had come to a complete stop. I was stationary for a few minutes. When the traffic light turns green, the vehicles were moving off. I was still waiting for the vehicle in front of me to move off when I heard a loud bang and my car jerked forward. I was still pressing my brake pedal at that time. I looked at the rear-view mirror and confirmed that another car, (V2) SKV 9586 X (SsangYong / Champagne), had hit the rear of my vehicle. Both myself and the driver of V2 alighted from the vehicle.

V1 suffered scratches and dent on the rear bumper. The rear bumper of V1 was also slightly dislodged.

From what I observed, V2 suffered a broken number plate.

Both myself and the driver of V2 exchanged particulars and contact. Driver of V2 indicated at scene that she was attending an online class on her handphone and was distracted.

The incident was captured on both my front and rear dash cams. I have reviewed the rear dash cams and it showed that driver of V2 had also completely stopped her vehicle behind me when the traffic light was red. V2 can be seen looking down (presumably at her handphone). When the bus on her left moved off when the traffic light turned green, driver of V2 did not look up on the road and moved off and thereby caused a collision to occur. Based on the rear dash cam, I strongly believe that driver of V2 had contravened Section 65B of the Road Traffic Act 1961.

At the time of incident, I had 2 passengers with me, one seated at the front, (A1) Farah Liza Binte Mohammad Yusoff, and the other seated at the back, (A2) Nora Lynn Gammell. All 3 of us had our seat belts on. After the collision, we felt tenderness on our backs. On 26 Sep (Thu), after waking up from our sleep, all 3 of us felt the pain had worsened and sought medical attention. For our injuries, I was given 5 days MC while A1 and A2 were given 3 days MC.

IO may obtain the dashcam videos, medical receipts, insurance and photos taken at the incident location from me if required.

**SINGAPORE  
POLICE FORCE**

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



T/20240926/7049

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Report No, T/20240926/7049

## 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:  
26/09/2024 13:06

Classification Of Case:

NP168

FROM REPORT VEHICLE REGISTRATION AND LICENCE INFORMATION SINGAPORE POLICE

20 BROTHERS MOTOR WORKSHOP

SINGAPORE POLICE





MX1  
80000102  
COV.Type: Comprehensive

#### 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) • MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No. MA041447

1. Index Mark and Registration Number of Vehicle	SMF8691S	
2. Name of Policyholder	ZULKIFLEE BIN MOHAMED	
3. Effective Date of Commencement of Insurance for the purposes of the Act	21/06/2024	Engine No.: CHZ418736 Chassis No.: WAUZZZGA6JA064570 Hire Purchase: GENIE FINANCIAL SERVICES PTE LTD Excess (Named Drivers): S\$800.00 Excess (Unnamed Drivers): S\$1300.00 Excess (Windscreen): S\$100.00
4. Date of Expiry of Insurance	20/06/2025	
5. Persons or Class of Persons entitled to drive (A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION	ZULKIFLEE BIN MOHAMED  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 REGULATIONS IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.	
6. Limitations as to use	USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.  THE POLICY DOES NOT COVER: i. USE FOR HIRE OR REWARD. ii. USE FOR RACING, PACE MAKING, RELIABILITY TRIAL OR SPEED-TESTING. iii. USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS. iv. USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.	

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

#### Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the General Insurance Association Of Singapore (GIA) / Life Insurance Association Singapore (LIA) / SDIC websites.

I/WE HEREBY CERTIFY that the policy to which this Certificate relates to is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV for the Road Transport Act, 1987 (Malaysia).

For and on behalf of **Etika Insurance Pte. Ltd.**  
Approved Insurer

Authorised Signature

Etika Insurance Pte. Ltd. (Co. Reg No.: 201331905K)  
One Raffles Quay, #22-01 North Tower, Singapore 048583. T: 65 6336 0477 www.etika.com.sg

Etika Hotline +65 6887 8777 | www.etika.com.sg



eTiqa

Insurance

INTERVIEW FORM

Name (Driver) : ZULKIFLEF BIN MOHAMED  
 Policy No : MA041447  
 Vehicle No : SMP 8691S  
 Place of Accident : TELOK BLANGAH ROAD

Insured Driver's relationship with Insured : OWNER

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : 2

Injury to Insured and/or Insured driver, please indicate which hospital:

TRUCAPE MEDICAL & SURGERY

Third Party Vehicle No (if any) : SKV 95 86X

No of passenger(s) in Third Party Vehicle : 0

Injury to Third Party driver and/or passenger(s), please indicate which hospital:

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:

Head to Rear

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):

Traffic Police report (enclosed) ☒ Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

[Signature] 26/9/2014

Driver (Name & Signature) / Date  
 I, affirmed the above information is given to  
 my best knowledge



Attended by (Name & Signature) / Date

Workshop Name: Su Brothers

Etiqa Insurance Pte Ltd  
 One Raffles Quay  
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 Singapore 048583

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