



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	01/10/2024 16:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/09/2024 11:50 (SGT)
Exact Location of Accident	Near 528 Bedok North Street 3, Block 528, Singapore 460528
Additional Location Information	ALONG PIE TOWARDS CHANGI AFTER BEDOK NORTH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3801J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMED ZAINORDIN BIN MOHD BAHARIN
NRIC No	SXXXX288F
Email Address	DIN.BAHARIN@LIFELINE.COM.SG
Mobile Phone No	(Phone) +65-80221352
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	1800
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI24V09653/VPE/R00

DRIVER



Name of Driver	MOHAMED ZAINORDIN BIN MOHD BAHARIN
NRIC No	SXXXX288F
Date Of Birth	05/07/1980
Occupation	Indoor
Driving Pass Date	13/02/2012
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80221352
Alt. Phone Number	-
Email Address	DIN.BAHARIN@LIFELINE.COM.SG
Address	BLK 987B BUANGKOK GREEN #02-27 SINGAPORE 532987
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	MUHAMMAD AAIMAN ZAYYAN BIN SULAIMAN
Gender	Male

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
REPORT NO: T/20240929/7051

I WOULD LIKE O STATED THAT, AT THE POINT OF TIME I WAS SENDING SOME FOOD TO MY FRIENDS RELATIVES. AND THE IMPACT CAUSED MY FOOD SPREAD ALL INSIDE MY VEHICLE.

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 SGW3561Z
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKS3829B
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SNC3149D
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLB7088Z

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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED ZAINORDIN BIN MOHD BAHARIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLP3801J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MUHAMMAD AAIMAN ZAYYAN BIN SULAIMAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLP3801J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

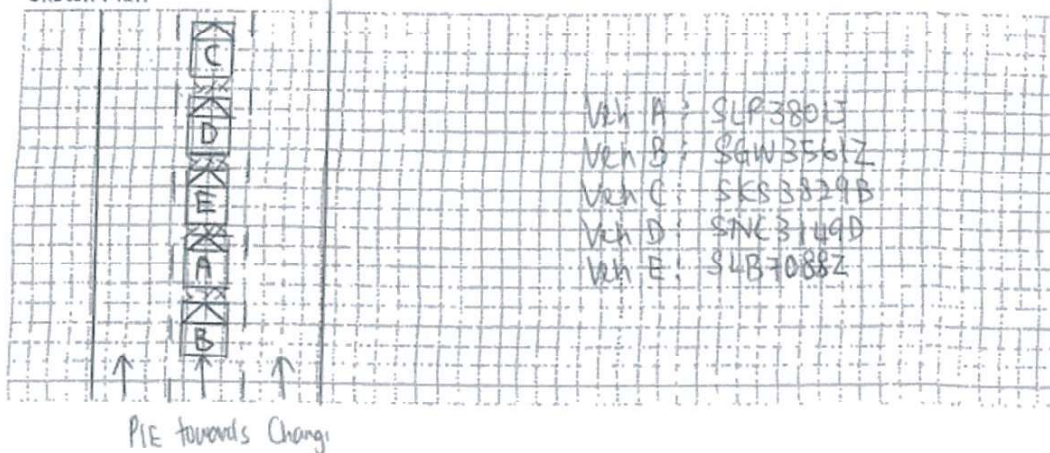
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report

Report No : T/20240929/7051

I would like to stated that , at the point of time I was sending some food to my friends and relatives, And the impact caused my food spread all inside my vehicle.

Declaration

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



**SINGAPORE
POLICE FORCE**



T/20240929/7051

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

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Report No. T/20240929/7051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2024 17:27	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: Mohamed Zainordin Bin Mohd Baharinn		Address: 987B BUANGKOK GREEN #02-27 BUANGKOK VALE SINGAPORE 532987	
ID Type / ID No.: NRIC NO / S8019288F		Contact No.: Home/Office: Mobile: 80221352	
Nationality: SINGAPORE CITIZEN		Email: din.baharin@lifeline.com.sg	
Sex: Male	Age: 44	Date of Birth: 05/07/1980	Type of Informant: Driver
Race: Malay		Language: English	
Occupation: Service Technician		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident: Injury Others	Drink Drive: No	Date/Time of Accident: 29/09/2024 11:49	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY			
Lamp Post Number: 352			
Weather: Sunny	Road Surface: Dry		
Traffic Flow: One Way	Traffic Control: Not Controlled	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
SLP3801J	Motor car	HONDA	Stream	Silver	Seriously Damaged	2
	Motor car					0
	Motor car					0
	Motor car					0
	Motor car					0



**SINGAPORE
POLICE FORCE**



T/20240929/7051

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

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Report No. T/20240929/7051

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
SLP3801J	Liberty Insurance Singapore	P-SI24V02646/VPE	23/09/2024	22/09/2025

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Foster Son			
Name	MUHAMMAD AAIMAN ZAYYAN BIN SULAIMAN	ID No.	T1739713Z
Related Vehicle	SLP3801J (Motor car)	Contact No.	87548290
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	MOHAMED ZAINORDIN BIN MOHD BAHARINN	ID No.	S8019288F
Related Vehicle	SLP3801J (Motor car)	Contact No.	80221352
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	29/09/2024	Date Discharge	29/09/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

At 11.40am I was at PIE towards Changi Airport. There's a litter picking on Lane 1, so I change to Lane 2 and that's where the incident occurred on Lane 2. During lane changing I saw my front vehicle slowing down & I slow down my speed but unfortunately the vehicle behind me hit my vehicle and I lost control and hit the front vehicle and I swift back to Lane 1. At that moment, there's 5 cars involved in the accident. I did not call any emergency lines as I was in pain and shocked. I was with my foster son. After sometime, there's 1 man known as Mr Goh approached me and claim that he have a workshop located in Regnant Automotive 53 Ubi Ave 1 #01-09 (98225633 HP) and mentioned that he can assist me on the car accident issue. He ask me to follow him to the workshop and he drove my car out from the scene before the traffic police arrived. Upon reaching the workshop he told me to go A&E Mount Alvernia hospital but instead I went to Changi Hospital A&E for my treatment. To my curiosity, he was there to approach me and drive my car to his workshop before the Traffic Police arrived. And I did not have the chance to exchange my details to the vehicle that is involved. He called at 2.52pm on 29/09/2024 to meet him at the workshop at 10.30am on 30/09/2024 to settle some paperworks and reports. He also did mention he will lodge a police report on 30/09/2024 with me after settling the paperworks.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000



T/20240929/7051

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Report No. T/20240929/7051

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
CHUA SOON KEONG
Contact No.: 65476030

This report is lodged at Changi 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:
29/09/2024 17:27

Classification Of Case: