

## 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 .....	21/10/2024 13:28 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	19/10/2024 14:19 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLIP RD FROM TPY LORNIE2 TWDS PIE (CHANGI)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLV4851B
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD DARWIS BIN HUSSEN
NRIC No .....	SXXXX168G
Email Address .....	darwis2102@gmail.com
Mobile Phone No .....	(Phone) +65-93200583
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	5
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 car
Transmission .....	Auto
CC .....	2000
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5125429679-02

#### DRIVER

Name of Driver .....	MUHAMMAD DARWIS BIN HUSSEN
NRIC No .....	SXXXX168G
Date Of Birth .....	22/08/1989
Occupation .....	Indoor
Driving Pass Date .....	18/02/2009
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	15 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93200583
Alt. Phone Number .....	-
Email Address .....	darwis2102@gmail.com
Address .....	787E WOODLANDS CRESCENT #03-14
Address complement .....	-
Postcode .....	735787
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	VIDEO FOOTAGE WITH OWNER

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YN6974E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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.

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

Sketch Plan area with grid lines and handwritten notes:

- Top left: pie (charter)
- Top right: (A) SLV 4851B, (B) YN 697AE
- Bottom center: Toa Payoh Lorong 2
- Bottom left: KA KB


Describe Circumstances of the Accident

Refer to Police NPORA No: 9/2024/019/7/01

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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/50/52 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

Witnessed by Reporting Centre Personnel










































**SINGAPORE  
POLICE FORCE**


T/20241019/7101

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

1 of 4  
Report No. T/20241019/7101

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2024 23:26		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD DARWIS BIN HUSSEN			Address: 787E WOODLANDS CRESCENT #03-14 SINGAPORE 735787		
ID Type / ID No.: NRIC NO / S8928168G			Contact No.: Home/Office: Mobile: 93200583		
Nationality: SINGAPORE CITIZEN			Email: darwis2102@gmail.com		
Sex: Male	Age: 35	Date of Birth: 22/08/1989	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Other financial, community & social services managers			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/10/2024 14:30	Type of Location: Bend
Location:  LORONG 1 TOA PAYOH				
Weather: Cloudy		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving vehicle hit stationary vehicle from rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV4851B	Motor car	MAZDA	MAZDA5 WAGON 2.0 AT EU6	Black		0
YN6974E	Lorry					0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLV4851B	NTUC Income Insurance Co-Operative Limited	5125429679-02	29/12/2023	28/12/2024





**SINGAPORE  
POLICE FORCE**



T/20241019/7101

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

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Report No. T/20241019/7101

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MUHAMMAD DARWIS BIN HUSSEN	ID No.	S8928168G
Related Vehicle	SLV4851B (Motor car)	Contact No.	93200583
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	KULANDAISAMY SAVARIMUTHU RICHARD	ID No.	G8526182G
Related Vehicle	YN6974E (Lorry)	Contact No.	NIL
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.**

Police Report of Motor Vehicle Accident

Date of Incident - 19th October 2024

Time of Incident - 2:30 PM

Location - Lorong 2 Toa Payoh exiting to PIE Changi

**Reporting Party**

Name - Muhammad Darwis Bin Hussien

NRIC Number - S8928168G

Vehicle Number - SLV4851B

**Other Party Involved**

Name - Kulandaisamy Savarimuthu Richard

License Number - G8526182G

Work permit under Kian Hock Piling Pte Ltd



**SINGAPORE  
POLICE FORCE**



T/20241019/7101

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

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Report No. T/20241019/7101

CONTINUATION OF REPORT

Vehicle Number - YN6974E

Details of the Incident

I was driving on the slip road entering the expressway and stopped at the line due to an incoming vehicle. While I was stationary, a lorry (driven by Kulandaisamy Savarimuthu Richard) collided with the rear of my car.

Injuries Sustained

Chest injury (sternum area)

Currently obtaining a medical report from my doctor.

Damage Report

Damage sustained - Rear of my vehicle

Taillights broken

Bumper damaged

Additional Notes

The lorry driver insisted on private settlement which i rejected as the damage repair is going to be costly.

He mentioned he was in another accident and had an insurance claimed against before.

He is most likely driving the company lorry hence persistent on private settling.

I insisted on claiming under insurance.



**SINGAPORE  
POLICE FORCE**

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



T/20241019/7101

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Report No. T/20241019/7101

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

NP168

Signature Of Informant:

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

Date/Time:  
19/10/2024 23:26

Classification Of Case: