

## 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 .....	28/10/2024 18:44 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	26/10/2024 17:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE CHANGI NEAR LORONG 6 TOA PAYOH
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNR9137U
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SINGAPORE ELECTRIC VEHICLES PTE LTD
Company Reg No .....	199803133G
Email Address .....	fatso_78@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-96264510
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	GAC
Model .....	AION Y PLUS
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 .....	0
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Singapore Life Ltd
Policy Number / Cover Note Number .....	20005051-08

#### DRIVER

Name of Driver .....	MOHAMED FAHZIL BIN MOHD NOOR
NRIC No .....	S7830500B
Date Of Birth .....	24/10/1978
Occupation .....	Outdoor
Driving Pass Date .....	06/02/2003
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	21 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96264510
Alt. Phone Number .....	-
Email Address .....	fatso_78@yahoo.com.sg
Address .....	NA
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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) .....	3
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 .....	ALVIN
Gender .....	Male

#### PASSENGER 2

Name .....	Boss Wife
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

Refer to Police Report.  
YES I HAVE VIDEO  
OPPOSITE TOA PAYOH SAFRA.  
ALONG PIE TOWARDS CHANGI.  
NO.

On the stated date and time I was ferrying my boss and his wife (Alvin and Mei) on board vehicle SNR9137U.  
I was travelling straight on the extreme right lane along PIE towards Changi direction.  
As the vehicle in front stopped I also stopped.  
Suddenly vehicle SML4240E came from behind and slammed into my vehicle's rear portion.  
The impact was great.  
TP and ambulance came and someone was conveyed to the hospital.  
The next day I felt pain on my neck, shoulders and back areas.  
The pain persisted till today and I proceeded to Brightview clinic to seek treatment and I was given 3 days MC.

#### 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 ..... SML4240E  
Vehicle Manufacturer ..... Honda  
Vehicle Model ..... Fit  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... MUHAMMAD ZAHIER BIN ISMAIL  
NRIC No ..... S9201133Z  
Contact Number ..... (Phone) +65-81003218  
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 ..... UNKNOWN  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SML4240E  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... Yes

##### INJURED 2

Name of injured person ..... MOHAMED FAHZIL BIN MOHD NOOR  
Gender ..... Male  
Phone No ..... (Phone) +65-96264510  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... I felt pain on my neck, shoulders and back areas.  
The pain persisted till today and I proceeded to Brightview clinic to seek treatment and I was given 3 days MC.

Injured person in which vehicle? .....	SNR9137U
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 Authorised 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**.
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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

28102024

**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMMAD AZALY BIN ABDULLAH**

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

**SKETCH PLAN**

REFER TO ATTACHED ACCIDENT DIAGRAM

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to Police Report

**DECLARATION**

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

Policyholder's Signature  
Date & Time:

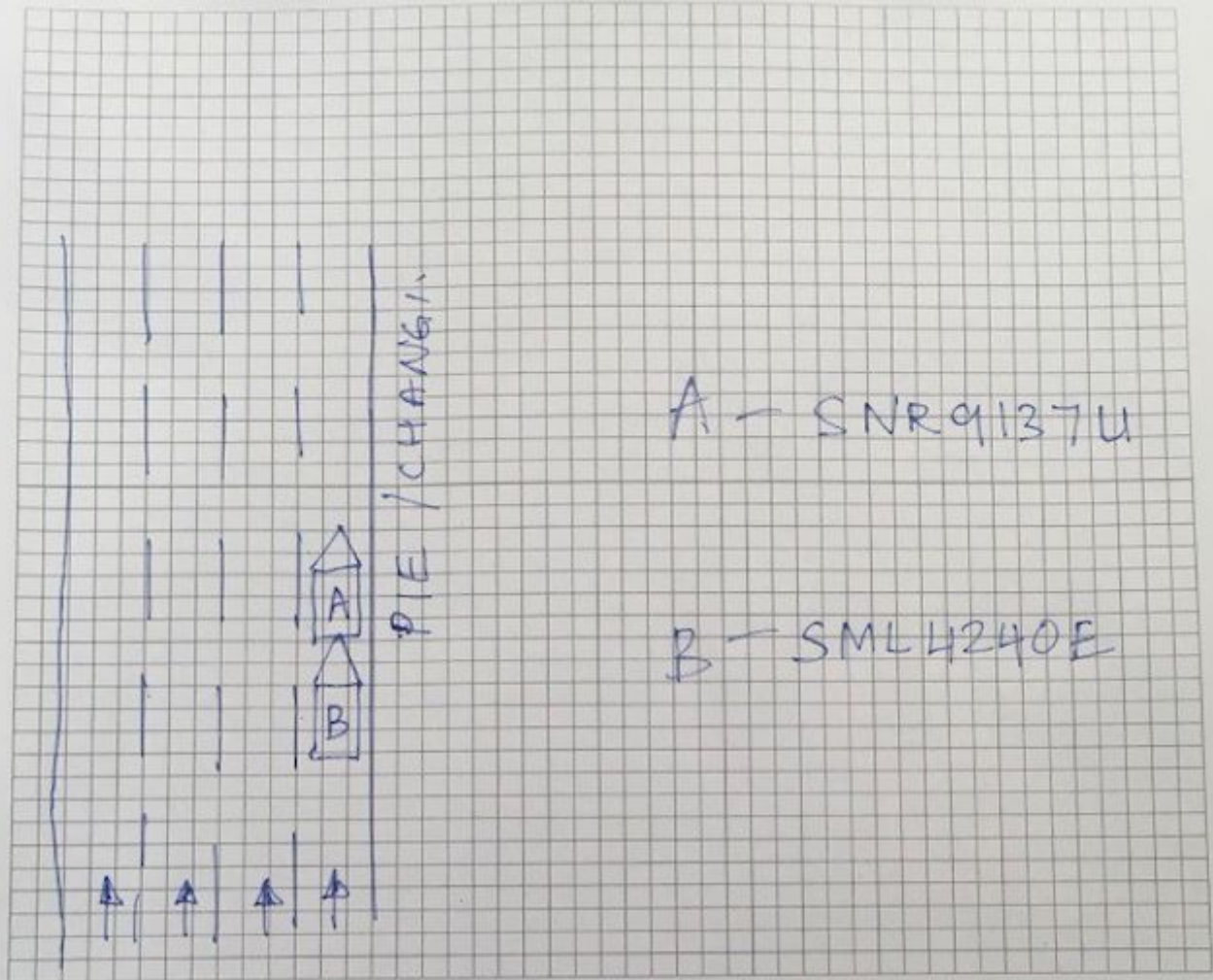
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 28102024



**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMMAD AZALY BIN ABDULLAH**

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

ACCIDENT DIAGRAM



Policyholder's Signature  
Date & Time:

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

28/10/24

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMMAD AZALY BIN ABDULLAH

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











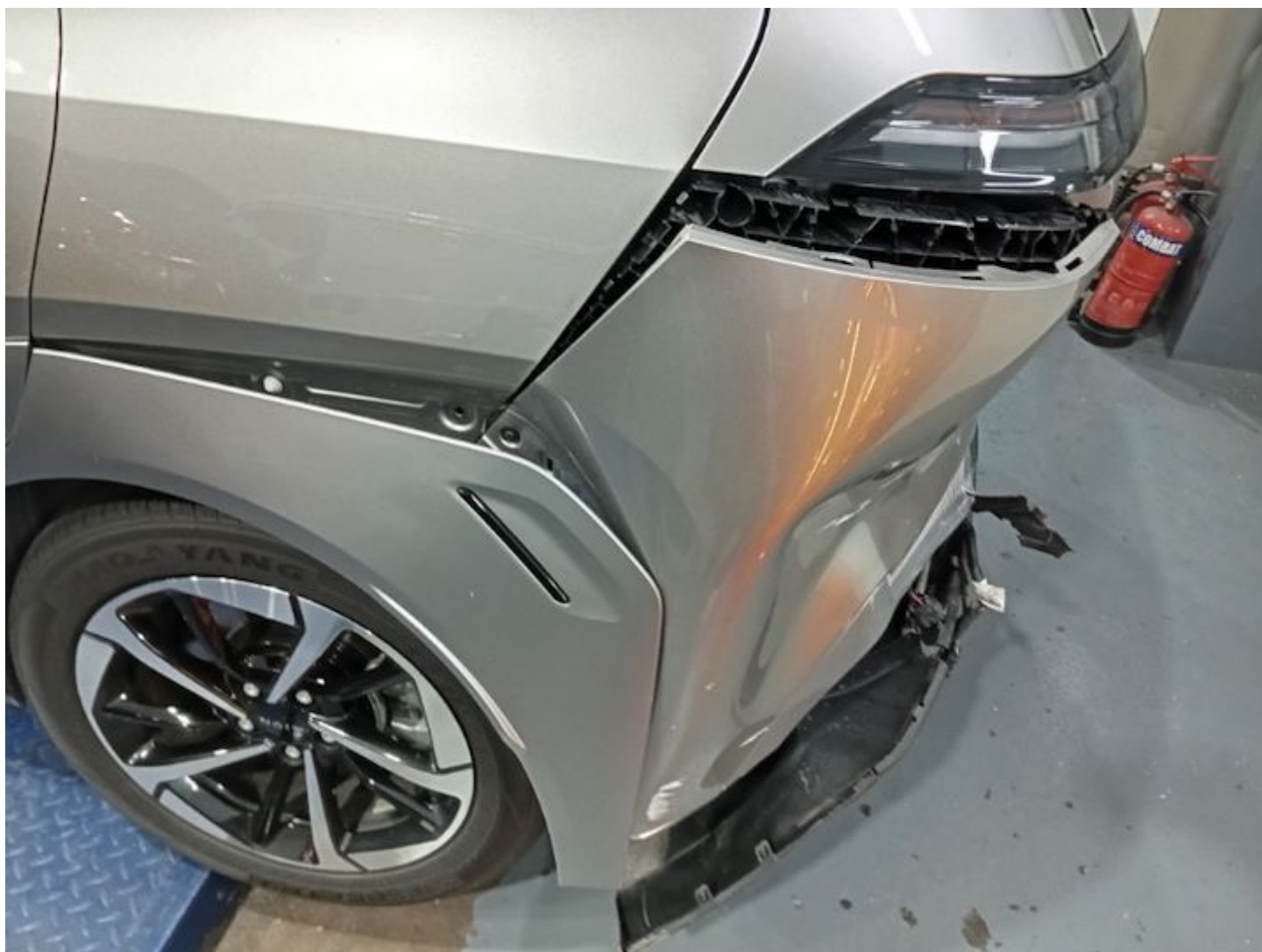








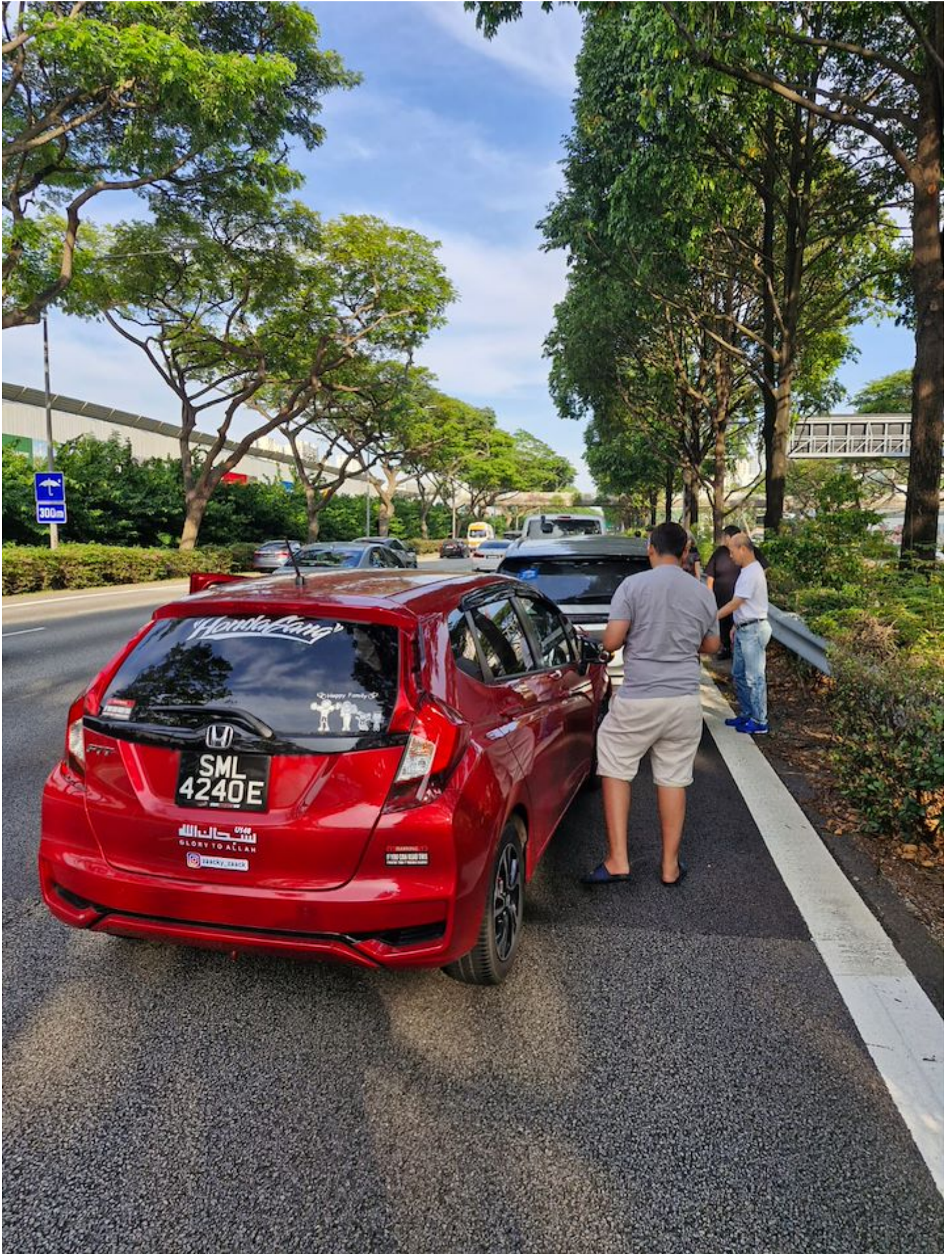


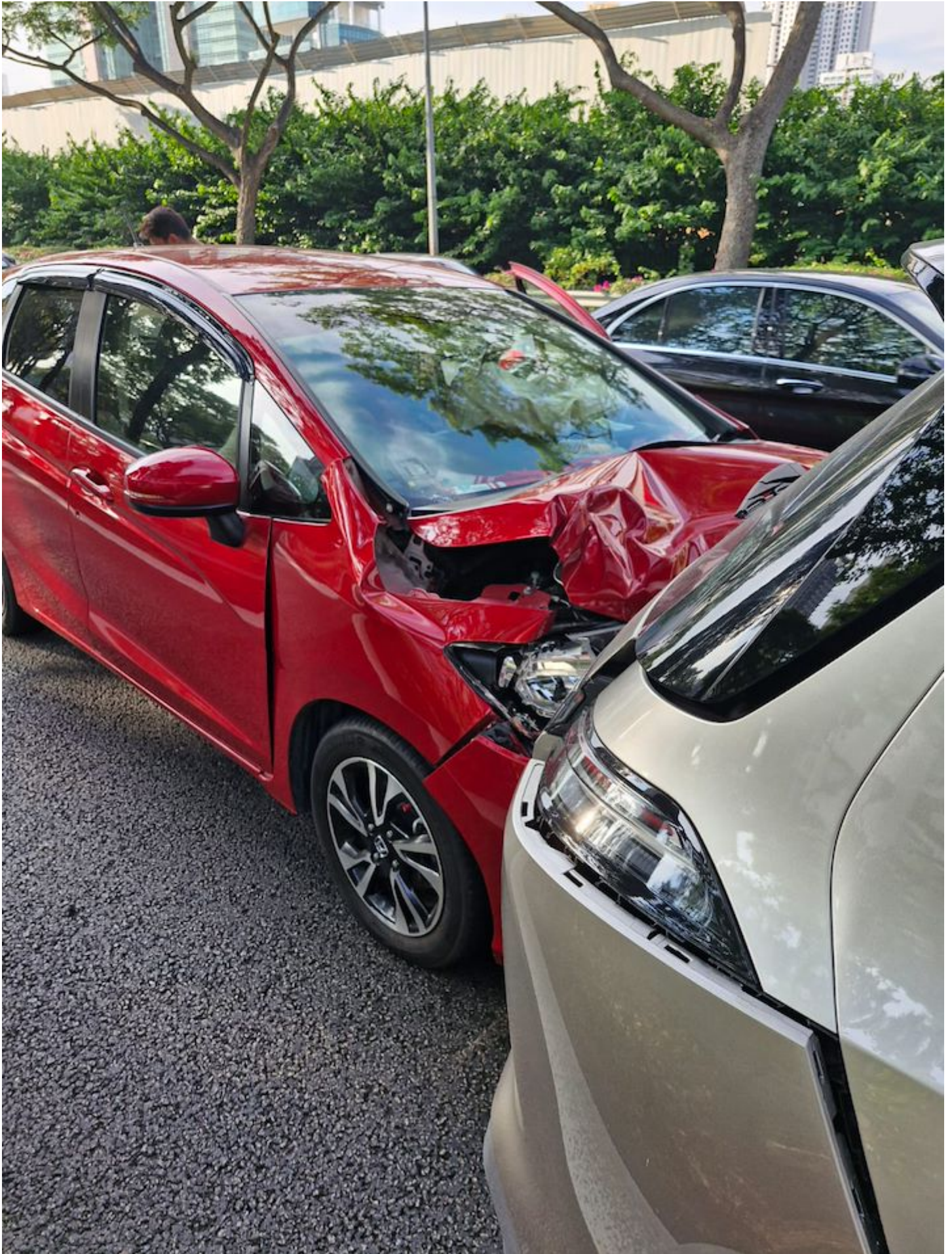


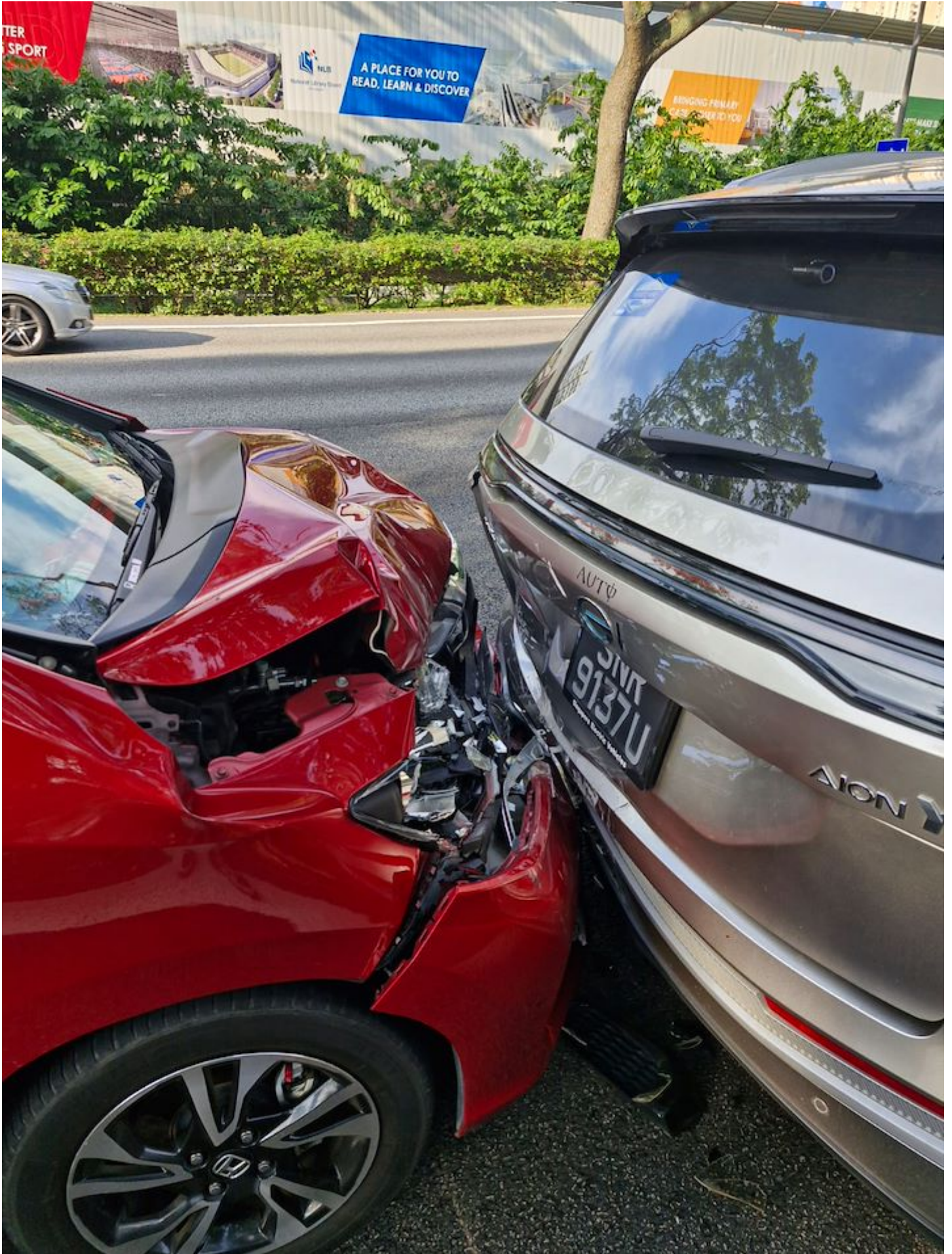


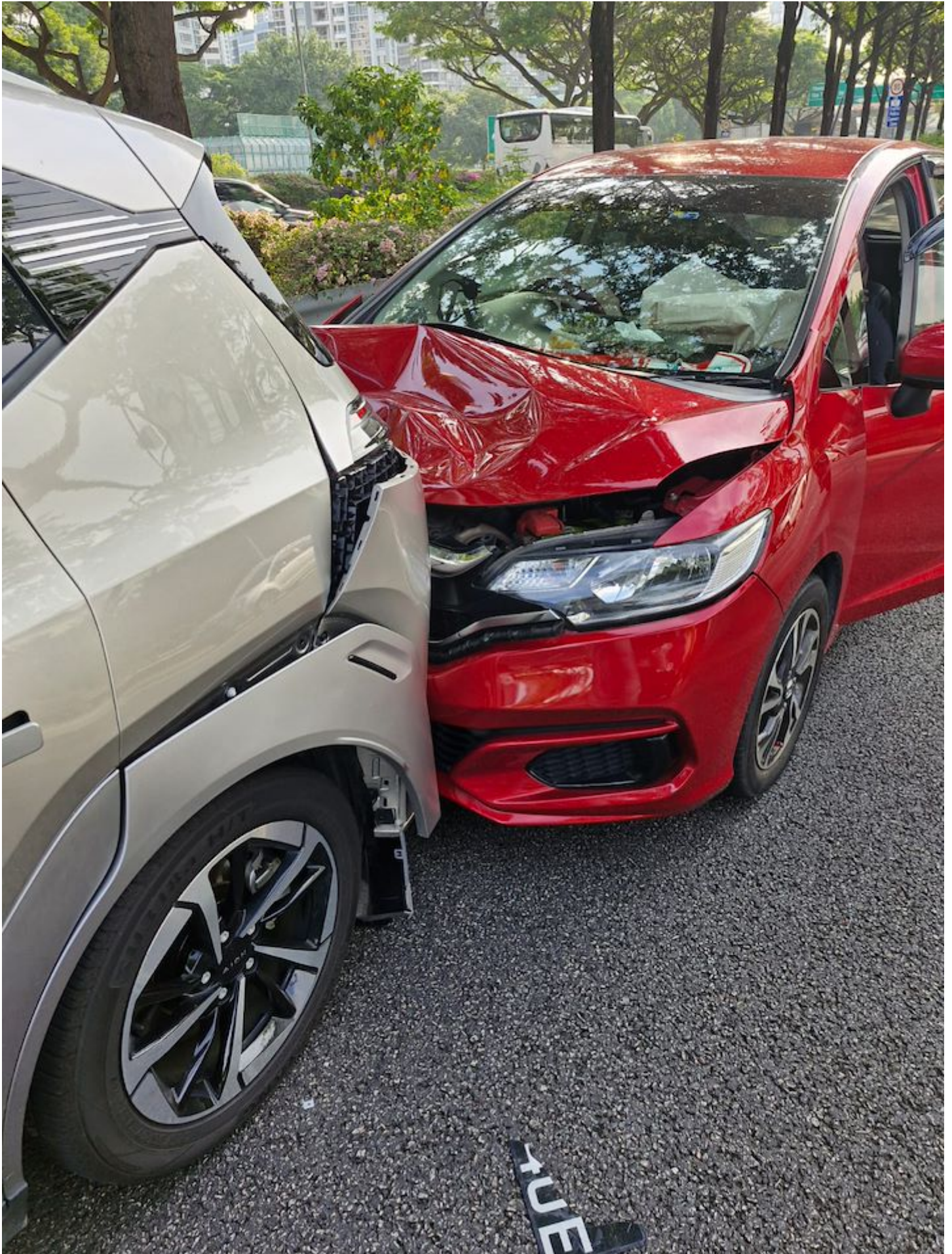








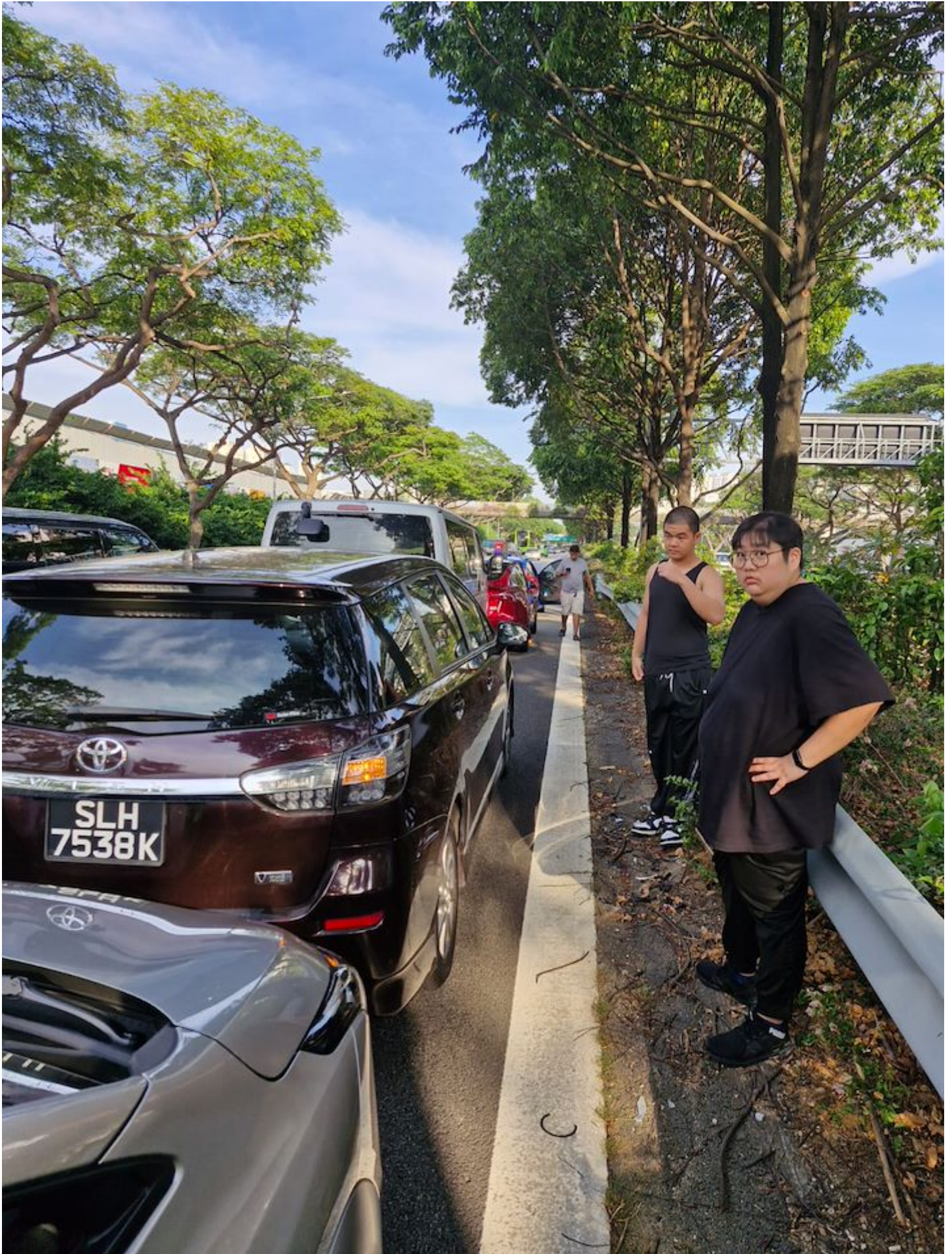














**SINGAPORE  
POLICE FORCE**



T/20241026/7117

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

1 of 3

Report No. T/20241026/7117

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2024 23:52		Vide Report No.: E/20241026/0100		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: MOHAMED FAHZIL BIN MOHD NOOR		Address: 814 TAMPINES ST 81 #02-558 SINGAPORE 520814		
ID Type / ID No.: NRIC NO / S7830500B		Contact No.: Home/Office: Mobile: 96264510		
Nationality: SINGAPORE CITIZEN		Email: fatso_78@yahoo.com.sg		
Sex: Male	Age: 46	Date of Birth: 24/10/1978	Type of Informant: Driver	
Race: Indian		Language: English		
Occupation: Other personal service workers		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/10/2024 17:00	Type of Location: PIE expressway
Location:  LORONG 6 TOA PAYOH				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SML4240E	Motor car	HONDA	FIT	Red	Seriously Damaged	2
SNR9137U	Motor car					0

Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20241026/7117

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

2 of 3  
Report No. T/20241026/7117

CONTINUATION OF REPORT

Passenger			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SML4240E (Motor car)		Contact No. NIL
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	Slight
Driver			
Name	MOHAMED FAHZIL BIN MOHD NOOR		ID No. S7830500B
Related Vehicle	SNR9137U (Motor car)		Contact No. 96264510
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

**Brief Details.**

Yes I have video  
Opposite Toa payoh Safra  
Along PIE towards Changi  
No



**SINGAPORE  
POLICE FORCE**

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



T/20241026/7117

3 of 3

Report No. T/20241026/7117

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
FADLI SHAFUDDIN BIN MOHAMED SANI  
Contact No.: 65476845

NP168

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

Date/Time:  
26/10/2024 23:52

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20241028/7091

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

1 of 3

Report No. T/20241028/7091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2024 16:38		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED FAHZIL BIN MOHD NOOR			Address: 814 TAMPINES STREET 81 #02-558 SINGAPORE 520814		
ID Type / ID No.: NRIC NO / S7830500B			Contact No.: Home/Office:                      Mobile: 96264510		
Nationality: SINGAPORE CITIZEN			Email: fatso_78@yahoo.com.sg		
Sex: Male	Age: 46	Date of Birth: 24/10/1978	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Chauffeur			Driving Licence Information: Class:                      Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/10/2024 17:00	Type of Location:
Location:  PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNR9137U	Motor car					2

Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20241028/7091

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

2 of 3  
Report No. T/20241028/7091

CONTINUATION OF REPORT

Driver			
Name	MOHAMED FAHZIL BIN MOHD NOOR		ID No. S7830500B
Related Vehicle	SNR9137U (Motor car)		Contact No. 96264510
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)	03	Degree of Injury	Serious

**Brief Details.**

On the stated date and time I was ferrying my boss and his wife (Alvin and Mei) on board vehicle SNR9137U.

I was travelling straight on the extreme right lane along PIE towards Changi direction.

As the vehicle in front stopped I also stopped.

Suddenly vehicle SML4240E came from behind and slammed into my vehicle's rear portion.

The impact was great.

TP and ambulance came and someone was conveyed to the hospital.

The next day I felt pain on my neck, shoulders and back areas.

The pain persisted till today and I proceeded to Brightview clinic to seek treatment and I was given 3 days MC.



**SINGAPORE  
POLICE FORCE**

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



T/20241028/7091

3 of 3

Report No. T/20241028/7091

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
FADLI SHAFUDDIN BIN MOHAMED SANI  
Contact No.: 65476845

NP168

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

Date/Time:  
28/10/2024 16:38

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: SA1D24AS0004 Vehicle Registration No: SNR9137U

Name (as shown in NRIC): MOHAMED FAHZIL BIN MOHD NOOR NRIC/FIN/Passport No: SXXXX500B

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

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 96264510

Email Address: \_\_\_\_\_

Date of Accident: 26/10/2024 Time of Accident: 17:00

Place of Accident: PIE CHANGI NEAR LORONG 6 TOA PAYOH

Insurance Company: Singapore Life Ltd

**(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:

1. ATTACH POLICE REPORT .

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

*MEERA*  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: MEERA  
NRIC/FIN No.:  
Date: 28/10/2024