



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	02/10/2024 17:50 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/10/2024 17:30 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	TOWARDS PUNGGOL (BEFORE EXIT 2B)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNR8166S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD ZAHIRUDDIN AFIQ BIN ZAINAL ABIDIN
NRIC No	SXXXX579Z
Email Address	ZAHIRUDDINAFIQ@HOTMAIL.COM
Mobile Phone No	(Phone) +65-87710106
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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 hire
Transmission	Auto
CC	1395
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	5149629493

DRIVER



Name of Driver	MUHAMMAD ZAHIRUDDIN AFIQ BIN ZAINAL ABIDIN
NRIC No	SXXXX579Z
Date Of Birth	06/08/1992
Occupation	Outdoor
Driving Pass Date	14/11/2012
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87710106
Alt. Phone Number	-
Email Address	ZAHIRUDDINAFIQ@HOTMAIL.COM
Address	BLK 744 PASIR RIS ST 71
Address complement	#06-01
Postcode	510744
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)	2
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	PASSENGER 1
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 ATTACH

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLB3937A
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 MUHAMMAD ZAHIRUDDIN AFIQ BIN ZAINAL ABIDIN
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained 3 DAYS MC
Injured person in which vehicle? SNR8166S
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLANIMPORTANT NOTICE

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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.


Policyholder's Signature / Date & Time


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


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

Sketch Plan

A	KPE Towards Punggol (Before Exit 2B)	(A) SNR8166S (B) SLB3937A
B		

Describe Circumstance of the Accident

Refer with police Report No. T/2024/002/7087

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



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



**SINGAPORE
POLICE FORCE**



T/20241002/7087

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

1 of 3

Report No. T/20241002/7087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2024 16:27		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD ZAHIRUDDIN AFIQ BIN ZAINAL ABIDIN			Address: 744 PASIR RIS STREET 71 #06-01 SINGAPORE 510744		
ID Type / ID No.: NRIC NO / S9226579Z			Contact No.: Home/Office: Mobile: 90060916		
Nationality: SINGAPORE CITIZEN			Email: ZAHIRUDDINAFIQ@HOTMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 06/08/1992	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Private hirer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/10/2024 17:30	Type of Location:
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB3937A	Motor car				Seriously Damaged	0
SNR8166S	Motor car	VOLKSWAGON	GOLF A7 1.4 TSI AT 5G13GZ W/O HID	Black	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20241002/7087

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

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Report No. T/20241002/7087

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNR8166S	NTUC Income Insurance Co-Operative Limited	5149629493	25/09/2024	24/09/2025

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD ZAHIRUDDIN AFIQ BIN ZAINAL ABIDIN	ID No.	S9226579Z
Related Vehicle	SNR8166S (Motor car)	Contact No.	90060916
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 driving my vehicle SNR8166S along KPE going towards Punggol with 1 female passenger on board. We were both wearing our seatbelts.

I was travelling on the 3rd lane on the said expressway. As the vehicle in front of me gradually slowed down and came to a stop due to traffic conditions, I also gradually slowed down my vehicle and just as I was about to come to a stop, Suddenly, a huge impact slammed into the rear of my vehicle, causing my vehicle to surge forward greatly. The impact caught us totally off guard. My body lurch forward and was restrained by the seatbelt due to the huge impact. I felt pain on my left wrist as I was holding onto the steering wheel. We were both shocked. I checked on my passenger before alighting, she told me she was feeling abit unwell.

Upon alighting, I realised vehicle SLB3937A had collided onto my vehicle rear portion, leaving it badly dented. My vehicle rear carplate was cracked and my rear bumper was badly dented. I also realised the front portion of SLB3937A was damaged, carplate was badly dented and the alignment of his bumper had gone off.

Later at night, I started feeling pain on my neck, shoulders and lower back area. The pain got worse the following morning. I decided to seek medical treatment at Healthmark clinic near my place.

I was given 3 days MC for injuries caused by the accident.

I will be seeking follow up treatment at my family doctor at Tampines if needed.

My passenger was also injured but had not seek treatment.



**SINGAPORE
POLICE FORCE**

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



T/20241002/7087

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Report No. T/20241002/7087

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
TAN JEOK LENG
Contact No.: 65476151

NP168

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

Date/Time:
02/10/2024 16:27

Classification Of Case: