

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	08/11/2024 18:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/11/2024 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T-JUNCTION OF MARSILING DR AND MARSILING RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1028T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	INDRA SURYADI BIN ADI NEGARA
NRIC No	SXXXX955A
Email Address	BURN_ALIVE10@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-93252519
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1193
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	5134836306-01

DRIVER

Name of Driver	INDRA SURYADI BIN ADI NEGARA
NRIC No	SXXXX955A
Date Of Birth	22/02/1985
Occupation	Outdoor
Driving Pass Date	10/07/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93252519
Alt. Phone Number	-
Email Address	BURN_ALIVE10@YAHOO.COM.SG
Address	BLK 8 MARSILING DR
Address complement	#11-26
Postcode	730008
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	NAZUHA BTE MOHAMAD
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 YN5944Z
 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 INDRA SURYADI BIN ADI NEGARA
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained 3 DAYS MC
 Injured person in which vehicle? SMH1028T
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person NAZUHA BTE MOHAMAD
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained 3 DAYS MC
 Injured person in which vehicle? SMH1028T
 Were seat belts worn? Yes
 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.

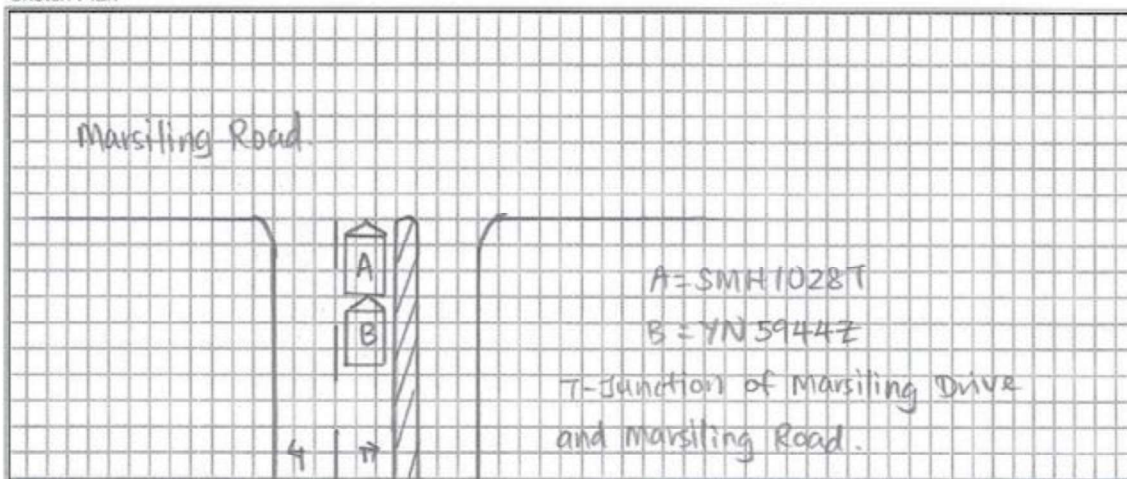
Policyholder's Signature / Date & Time

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

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



Sketch Plan



Describe Circumstance of the Accident


Refer to Police Report


T/20241108/7034

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/20241108/7034

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

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Report No. T/20241108/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2024 11:34		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: INDRA SURYADI BIN ADI NEGARA			Address: 8 MARSILING DRIVE #11-26 SINGAPORE 730008		
ID Type / ID No.: NRIC NO / S8506955A			Contact No.: Home/Office: Mobile: 93252519		
Nationality: SINGAPORE CITIZEN			Email: BURN_ALIVE10@YAHOO.COM.SG		
Sex: Male	Age: 39	Date of Birth: 22/02/1985	Type of Informant: Vehicle Owner		
Race: Indonesian			Language: English		
Occupation: ICA Officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/11/2024 15:00	Type of Location: T-Junction
Location: MARSILING ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SMH1028T	Motor car	MITSUBISHI	Attrage			1

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



**SINGAPORE
POLICE FORCE**



T/20241108/7034

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

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Report No. T/20241108/7034

CONTINUATION OF REPORT

Vehicle Owner			
Name	INDRA SURYADI BIN ADI NEGARA	ID No.	S8506955A
Related Vehicle	SMH1028T (Motor car)	Contact No.	93252519
Hospital/Clinic	TOA PAYOH CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/11/2024	Date Discharge	07/11/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

On 07.11.2024 at about 15:00 hours at T-Junction of Marsiling Drive and Marsiling Road, my vehicle SMH1028T was stationary on the right lane waiting for the traffic light to turn green before proceeding turning right into Marsiling Road.

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised vehicle YN5944Z hit onto the rear portion of my vehicle SMH1028T.

My wife (Nazuha Bte Mohamad) was sitting at the front seat at the time of accident.

After the accident, both of us feeling unwell and we went to Unihealth 24-HR Clinic (Toa Payoh) and was given 3 MC Days each.



**SINGAPORE
POLICE FORCE**

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



T/20241108/7034

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Report No. T/20241108/7034

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/11/2024 11:34
Officer In Charge Of Case: TP / AEIT / PHNG KAR SOON Contact No.: 65476439	Classification Of Case:

NP168