

# 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        | 18/11/2024 16:07 (SGT)              |
| Reported by                     | Both Policyholder and Actual Driver |
| Date of Accident                | 17/11/2024 18:20 (SGT)              |
| Exact Location of Accident      | Marina Blvd, Singapore              |
| Additional Location Information | TWDS ECP                            |
| Country/State of Loss           | Singapore                           |

## DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMR9037L |
|-----------------------------|----------|

### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | Yes                  |
| Name Of Registered Owner | 365 INFINITY PTE LTD |
| Company Reg No           | 202135530Z           |
| Email Address            | CHEHSINE@GMAIL.COM   |
| Mobile Phone No          | (Phone) +65-91822687 |
| Alternative Phone No     | -                    |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | Sienta                    |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Private hire              |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Private car               |
| Transmission   | Auto                      |
| CC   | 1500                      |
| 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 | 5148016634-000078        |

### DRIVER

|  |  |
|--|--|
| Name of Driver   | MOHAMMAD FADIL BIN SANUSI              |
| NRIC No  | S8223357A                              |
| Date Of Birth  | 18/08/1982                             |
| Occupation   | Outdoor                                |
| Driving Pass Date  | 15/01/2018                             |
| Driving License Pass Class                                   | 3                                      |
| Driving License Validity                                     | Valid                                  |
| Driving experience   | 6 YEARS AND 10 MONTHS                  |
| Gender   | Male                                   |
| Mobile Number  | (Phone) +65-88335494                   |
| Alt. Phone Number  | -                                      |
| Email Address  | CHEHSINE@GMAIL.COM                     |
| Address  | BLK 271 BUKIT BATOK EAST AVE 4 #03-146 |
| Address complement   | -                                      |
| Postcode   | 650271                                 |
| Is the driver the policyholder?                              | No                                     |
| If No, Relationship of the Driver with the Insured           | Hirer                                  |
| 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 - Change/cross lane |
| 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?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| Was any other vehicle or property damaged?  | Yes |
| Number of Passengers (Including Driver)   | 5   |
| 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   | UNKNOWN |
| Gender | Male    |

#### PASSENGER 2

|        |         |
|--------|---------|
| Name   | UNKNOWN |
| Gender | Female  |

#### PASSENGER 3

|        |         |
|--------|---------|
| Name   | UNKNOWN |
| Gender | Female  |

#### PASSENGER 4

|        |         |
|--------|---------|
| Name   | UNKNOWN |
| 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  
Police Station Address  
Was notice of intended Prosecution given?  
If yes, against whom?

(Fax) +65-65474900  
10 Ubi Avenue 3 Singapore 408865  
No  
-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20241118/7091

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             | SHD1503T             |
| Vehicle Manufacturer                    | -                    |
| Vehicle Model                           | -                    |
| Vehicle Variant                         | -                    |
| Vehicle Colour                          | -                    |
| Vehicle Category                        | Private car          |
| Name of Driver                          | JARRY PANG KIA PHENG |
| Contact Number                          | -                    |
| Address                                 | -                    |
| Address complement                      | -                    |
| Postcode                                | -                    |
| Insurance Company Name                  | -                    |
| Nature Of Damage                        | -                    |
| Details of property damaged in accident | VEHICLE B            |
| No. Of Passenger (Including Driver)     | 3                    |

**SKETCH PLAN****IMPORTANT NOTICE**

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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 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.

**6. 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

Actual 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-SMR 7037L   |  | B-SHD 1537 |  |
|   |  |            |  |
| <p>1. Direction of movement of vehicle(s) involved in the accident</p> <p>2. Direction of movement of vehicle(s) involved in the accident</p> |  |            |  |

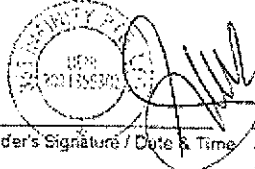
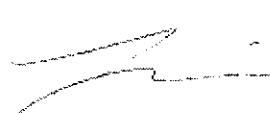
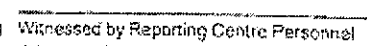
vJun2022

Describe Circumstance of the Accident

*[Handwritten sketch of a vehicle accident scene showing a car and a truck with arrows indicating movement.]*

**Declaration**

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

|   |  |   |
|---|--|---|
| <br>Policyholder's Signature / Date & Time | <br>Actual Driver's Signature (if driver is not the policyholder) / Date & Time | <br>Witnessed by Reporting Centre Personnel (Name as in NR/CID card) |
|---|--|---|



# SINGAPORE POLICE FORCE



T/20241118/7091

1 of 3

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

Report No. T/20241118/7091

## REPORT OF A TRAFFIC ACCIDENT

|   |            |                              |  |                    |  |
|---|------------|------------------------------|--|--------------------|--|
| Date/Time Report Made:<br>18/11/2024 13:55      |            | Vide Report No.:             |  | Station Diary No.: |  |
| <b>Informant's Particulars</b>                  |            |                              |  |                    |  |
| Name of Informant:<br>Mohammad Fadil Bin Sanusi |            |                              | Address:<br>271 BUKIT BATOK EAST AVENUE 4 #03-146 SINGAPORE 650271 |                    |  |
| ID Type / ID No.:<br>NRIC NO / S8223357A        |            |                              | Contact No.:<br>Home/Office: Mobile: 88335494                      |                    |  |
| Nationality:<br>SINGAPORE CITIZEN               |            |                              | Email:<br>fadilmimi@gmail.com                                      |                    |  |
| Sex:<br>Male                                    | Age:<br>42 | Date of Birth:<br>18/08/1982 | Type of Informant:<br>Driver                                       |                    |  |
| Race:<br>Malay                                  |            |                              | Language:<br>English   |                    |  |
| Occupation:<br>Private-hire car driver          |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:           |                    |  |

|   |                  |                                    |  |  |
|---|------------------|------------------------------------|--|--|
| <b>General Information of the Accident</b>            |                  |                                    |  |  |
| Type of Accident:                                     | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>17/11/2024 18:20 | Type of Location:<br>T-Junction        |
| Location:<br><br>SHEARES AVENUE                       |                  |                                    |  |  |
| Weather:<br>Clear                                     |                  | Road Surface:<br>Dry               |  |  |
| Traffic Flow:<br>One Way                              |                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate            |
| Type of Collision:<br>Moving Vehicle Against - Others |                  |                                    |  | Anyone conveyed by<br>ambulance:<br>No |

|                                    |           |         |        |        |                     |                 |
|------------------------------------|-----------|---------|--------|--------|---------------------|-----------------|
| <b>Details of Vehicle Involved</b> |           |         |        |        |                     |                 |
| Vehicle No.                        | Type      | Make    | Model  | Color  | Condition           | No of Passenger |
| SHD1503T                           | Taxi      | HYUNDAI |        | Silver | Slightly<br>Damaged | 2               |
| SMR9037L                           | Motor car | TOYOTA  | Sienta | Black  | Slightly<br>Damaged | 4               |

|                                     |   |                   |                |             |
|-------------------------------------|---|-------------------|----------------|-------------|
| <b>Details of Vehicle Insurance</b> |   |                   |                |             |
| Vehicle No.                         | Insurance Company                             | Insurance No      | Effective Date | Expiry Date |
| SMR9037L                            | NTUC Income Insurance Co-Operative<br>Limited | 5148016634-000078 | 15/08/2024     | 14/08/2025  |



# SINGAPORE POLICE FORCE



T/20241118/7091

2 of 3

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

Report No. T/20241118/7091

## 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                                   | JARRY PANG KIA PHENG          | ID No.                                 | S2002922F                       |
| Related Vehicle                        | SHD1503T (Taxi)               | Contact No.                            | NIL                             |
| Hospital/Clinic                        | NIL                           | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                         | NIL                           | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave (MC) | NIL                           | Degree of Injury                       | NIL                             |
| <b>Driver</b>                          |                               |  |                                 |
| Name                                   | MOHAMMAD FADIL BIN SANUSI     | ID No.                                 | S8223357A                       |
| Related Vehicle                        | SMR9037L (Motor car)          | Contact No.                            | 88335494                        |
| Hospital/Clinic                        | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                         | 17/11/2024                    | Date Discharge                         | 17/11/2024                      |
| No. of Days granted Medical Leave (MC) | 02                            | Degree of Injury                       | Slight                          |

**Brief Details.**

I was driving my vehicle SMR9037L, along Marina Boulevard towards ECP. I was on the third lane making a turn towards ECP. Suddenly the other vehicle, SHD1503T on the second lane hit onto my left side. This vehicle on the second lane is suppose to turn, but instead it went straight and hit onto my front left portion. I have video footage to show that the other vehicle is making a illegal straight towards my vehicle. We alighted and exchange particulars and left the scene. After the accident, I left pain on my neck, back and left leg. I went to Ng Teng Fong hospital to see doctor for treatment after that.



**SINGAPORE  
POLICE FORCE**



T/20241118/7091

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

3 of 3

Report No. T/20241118/7091

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65476404

Signature Of Informant:

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

Date/Time:  
18/11/2024 13:55

Classification Of Case:

NP168