

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	19/11/2024 15:20 (SGT)
Reported by	Actual Driver
Date of Accident	17/11/2024 01:00 (SGT)
Exact Location of Accident	630A Tampines North Dr 2, Singapore 521630
Additional Location Information	CARPARK GANTRY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW1625R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PRIME CAR LIMO PTE. LTD.
Company Reg No	201826883W
Email Address	SUPREMELEASINGSG@GMAIL.COM
Mobile Phone No	(Phone) +65-86836000
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1496
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	5119549919-04

DRIVER

Name of Driver	MD RAMAN BIN AHMAT
NRIC No	S1672893D
Date Of Birth	19/08/1964
Occupation	Outdoor
Driving Pass Date	15/02/2015
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	9 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83224864
Alt. Phone Number	-
Email Address	MDRAMAN6465@GMAIL.COM
Address	630B TAMPINES NORTH DRIVE 2
Address complement	#06-101
Postcode	522630
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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 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	SHC3381U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	DRIVER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SMW1625R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

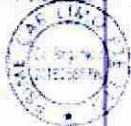
Describe Circumstances of the Accident

Refer to Police Report

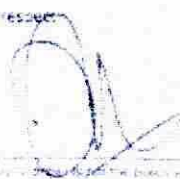
7/20/24 1118 / 7147

Declaration

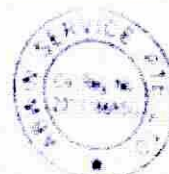
I/we declare the foregoing statements are true and correct.



Signature of the driver or owner of the vehicle



Signature of the witness or other party involved in the accident



Signature of the Service Center Representative

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim settlement.
2. This Form must be submitted to the Police and the Insurance Company.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or providing false information may constitute an offence under the Insurance Companies Act and/or the Penal Code.
4. The issue and acceptance of this Form by the Insurance Company is not an admission of liability on the part of the Insurance Company.
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 have to be made available upon application by interested parties.
7. By the lodging 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 elsewhere.
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 be 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 insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in the 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 purposes 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 Insurers who have insured vehicle(s) involved in the accident and the Insurers' lawyers/law firms, may be 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 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 based outside of Singapore, for one or more of the above Purposes.



Reported by: Signature: Date & Time:

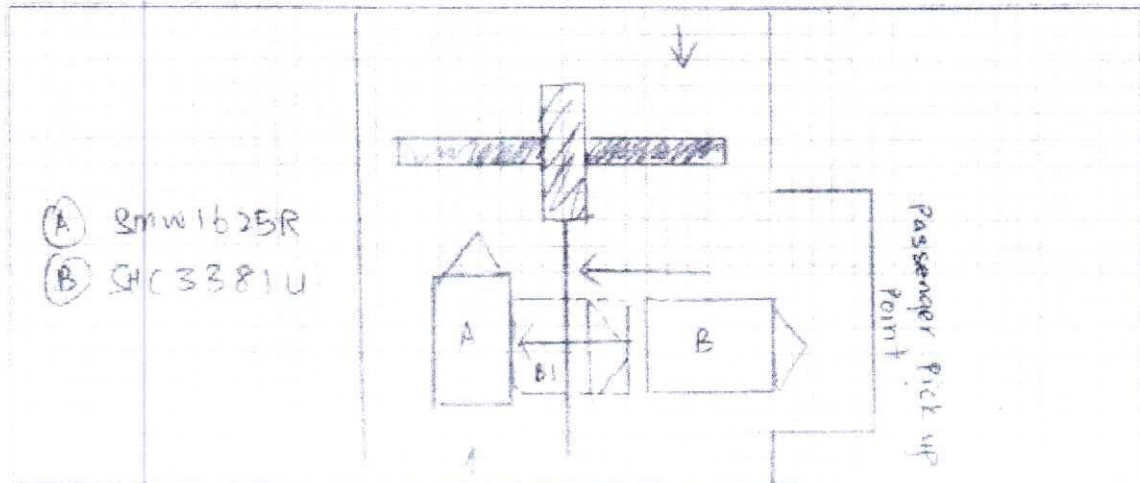


Driver's Signature: Date & Time:



Witnessed by: Reporting Centre Personnel (Name as on MR-DR card):

Sketch Plan:





**SINGAPORE
POLICE FORCE**



T/20241118/7147

1 of 3

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

Report No. T/20241118/7147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2024 16:53		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MD RAMAN BIN AHMAT			Address: 630B TAMPINES NORTH DRIVE 2 #06-101 SINGAPORE 522630		
ID Type / ID No.: NRIC NO / S1672893D			Contact No.: Home/Office: Mobile: 83224864		
Nationality: SINGAPORE CITIZEN			Email: MDRAMAN6465@GMAIL.COM		
Sex: Male	Age: 60	Date of Birth: 19/08/1964	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Self employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/11/2024 01:00	Type of Location:
Location: TAMPINES NORTH DRIVE 2				
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
SMW1625R	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/20241118/7147

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

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Report No. T/20241118/7147

CONTINUATION OF REPORT

Driver			
Name	MD RAMAN BIN AHMAT	ID No.	S1672893D
Related Vehicle	SMW1625R (Motor car)	Contact No.	83224864
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 vehicle SMW1625R was travelling straight in the carpark compound of Tampines Greencourt.

As I was going straight towards the carpark, vehicle SHC3381U who was on my opposite direction reversed and hit onto my vehicle's right portion.

The impact was great and caused my car to rock sideways violently.

The impact caused my right elbow and right knee to hit onto my door.

After a while I start to feel pain on my neck area.

Today I proceeded to LifePlus medical group bedok 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/20241118/7147

3 of 3

Report No. T/20241118/7147

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No: 65476414

NP168

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 16:53

Classification Of Case: