

## 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 .....        | 20/11/2024 17:56 (SGT)              |
| Reported by .....                     | Both Policyholder and Actual Driver |
| Date of Accident .....                | 20/11/2024 11:30 (SGT)              |
| Exact Location of Accident .....      | Singapore                           |
| Additional Location Information ..... | BARTLEY ROAD                        |
| Country/State of Loss .....           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SKU5008E |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                              |
|--------------------------------|------------------------------|
| Is company? .....              | No                           |
| Name Of Registered Owner ..... | SYED MARICAR SALEEM          |
| NRIC No .....                  | SXXXX389B                    |
| Email Address .....            | mohd.saleem.ramzan@gmail.com |
| Mobile Phone No .....          | (Phone) +65-93837329         |
| Alternative Phone No .....     | -                            |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Volkswagen                |
| Model .....  | TOURAN 1.6 TDI AT 1T332Z  |
| 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 .....   | 1598                      |
| 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 ..... | 5145975654               |

#### DRIVER

|  |                               |
|--|-------------------------------|
| Name of Driver .....   | SYED MARICAR SALEEM           |
| NRIC No .....  | SXXXX389B                     |
| Date Of Birth .....  | 28/12/1966                    |
| Occupation .....   | Indoor                        |
| Driving Pass Date .....  | 30/01/1995                    |
| Driving License Pass Class .....                                   | 3                             |
| Driving License Validity .....                                     | Valid                         |
| Driving experience .....   | 29 YEARS AND 10 MONTHS        |
| Gender .....   | Male                          |
| Mobile Number .....  | (Phone) +65-93837329          |
| Alt. Phone Number .....  | -                             |
| Email Address .....  | mohd.saleem.ramzan@gmail.com  |
| Address .....  | BLK 108A CANBERRA WALK #08-09 |
| Address complement .....   | -                             |
| Postcode .....   | 751108                        |
| 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 .....   | 3   |
| Was anybody injured in the Accident? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | Yes |
| 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 .....                       | Sembawang Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18005549999               |
| Police Station Address .....                    | 4 Sembawang Crescent Singapore 757633 |
| Was notice of intended Prosecution given? ..... | No                                    |
| If yes, against whom? .....                     | -                                     |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.

#### ATTACHMENT(S)

|   |                              |
|---|------------------------------|
| Are accident photos available for attachment? .....     | Yes                          |
| Was there any video captured by Car Camera? .....       | Yes                          |
| Reasons for not uploading a video of the accident ..... | SD CARD WITH TRAFFIC POLICE. |

## DETAILS OF OTHER VEHICLE PROPERTY 1

|   |                    |
|---|--------------------|
| Vehicle Registration Number .....             | GBK4168S           |
| 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) .....     | 1                  |

## DETAILS OF OTHER VEHICLE PROPERTY 2

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SLV1583U    |
| 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) .....     | 1           |

## 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 .....                                  | -        |
| Injured person in which vehicle? .....                    | SLV1583U |
| Were seat belts worn? .....                               | -        |
| Was this injured conveyed to hospital by ambulance? ..... | Yes      |

## SKETCH PLAN

VEH NO. SKU 5008 E  
 INSURER Income  
 DATE OF ACC. 20/11/24 @ 11:30am

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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:

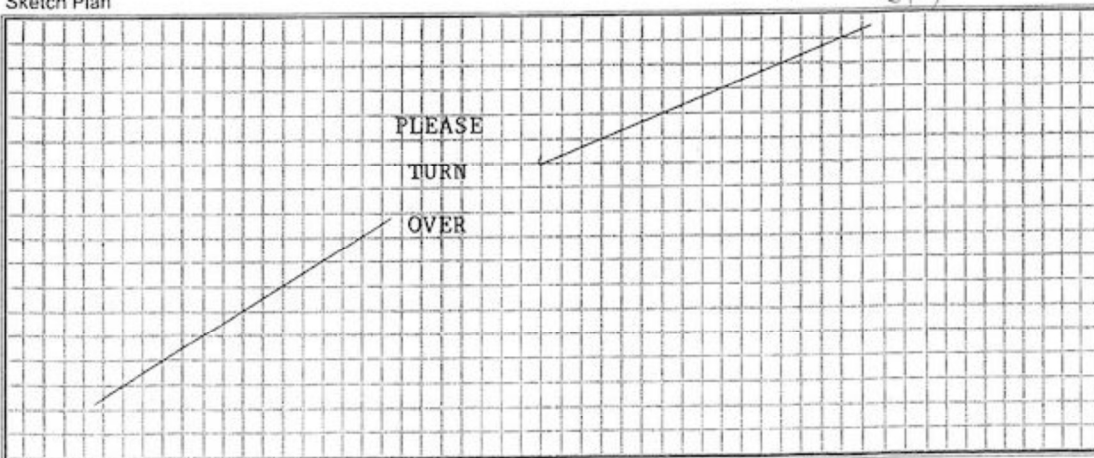
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

[Signature]  
 Policyholder's Signature / Date & Time

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

[Signature] 20/11/24  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card) (YS)

## Sketch Plan



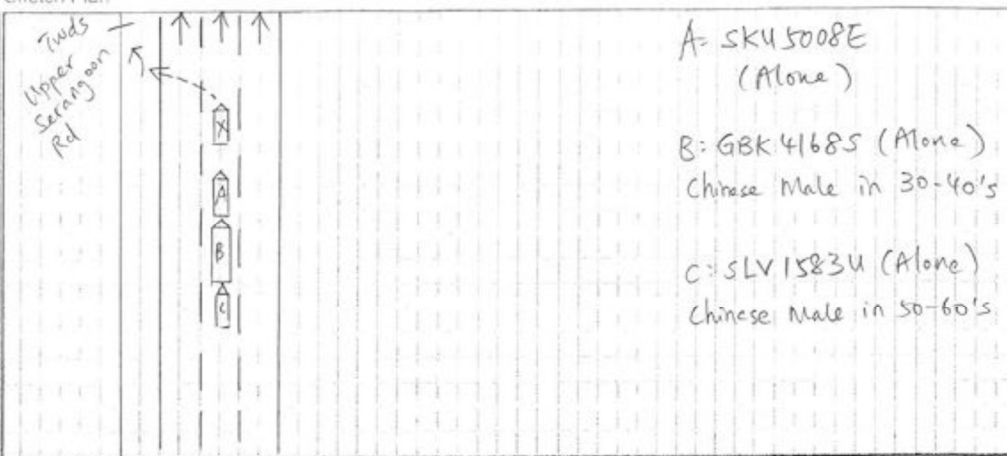
Describe Circumstance of the Accident

\*\* NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ) Reporting Only

( ) Claim OD/ TP at other workshop ( )

Sketch Plan



A: SKU5008E (Alone)

B: GBK41685 (Alone)  
Chinese Male in 30-40's

C: SLV1583U (Alone)  
Chinese Male in 50-60's


Refer to Police Report attached.

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

 20/11/24  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) (Ys)





**SINGAPORE  
POLICE FORCE**



T/20241120/2040

1 of 3

Report No. T/20241120/2040

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>20/11/2024 14:46 | Vide Report No.: | Station Diary No.:<br>29 |
|--|------------------|--------------------------|

**Informant's Particulars**

|   |  |                              |                              |
|---|--|------------------------------|------------------------------|
| Name of Informant:<br>SYED MARICAR SALEEM | Address:<br>108A CANBERRA WALK #08-09 SINGAPORE 751108         |                              |                              |
| ID Type / ID No.:<br>NRIC NO / S2672389B  | Contact No.:<br>Home/Office: Mobile: 93837329                  |                              |                              |
| Nationality:<br>SINGAPORE CITIZEN         | Email:   |                              |                              |
| Sex:<br>Male                              | Age:<br>57   | Date of Birth:<br>28/12/1966 | Type of Informant:<br>Driver |
| Race:<br>Indian                           | Language:  |                              |                              |
| Occupation:<br>ENGINEER                   | Driving Licence Information:<br>Class: 2B,2A,3 Date of Expiry: |                              |                              |

**General Information of the Accident**

|  |                                  |                                    |  |                                     |
|--|----------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Non-Injury<br>Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>20/11/2024 11:30 | Type of Location:<br>Straight Road  |
| Location:<br><br>BARTLEY ROAD                                |                                  |                                    |  |                                     |
| Lamp Post Number: 12   |                                  |                                    |  |                                     |
| Weather:<br>Clear  |                                  | Road Surface:<br>Dry               |  |                                     |
| Traffic Flow:<br>One Way                                     |                                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Light            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                                  |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type      | Make | Model | Color | Conditio         | No of Passenger |
|-------------|-----------|------|-------|-------|------------------|-----------------|
| GBK4168S    | Lorry     |      |       |       | Slightly Damaged | 0               |
| SKU5008E    | Motor car |      |       |       | Slightly Damaged | 0               |
| SLY1583U    | Motor car |      |       |       | Slightly Damaged | 0               |



**SINGAPORE  
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T/20241120/2040

Police Station Of Origin:  
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4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20241120/2040

**CONTINUATION OF REPORT**

| Details of Person Involved        |                     |                                   |                                       |
|-----------------------------------|---------------------|-----------------------------------|---------------------------------------|
| Any Pedestrian Involved: No       |                     |                                   |                                       |
| No. of Pedestrians Injured: NIL   |                     | Use of Pedestrian Crossing: NA    |                                       |
| Driver                            |                     |                                   |                                       |
| Name                              | SYED MARICAR SALEEM | ID No.                            | S2672389B                             |
| Related Vehicle                   | NIL                 | Contact No.                       | 93837329                              |
| Hospital/Clinic                   | NIL                 | Class of Driving Licence & Expiry | Class: 2B,2A,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                 | Date Discharge                    | NIL                                   |
| No. of Days granted Medical Leave | NIL                 | Degree of                         | NIL                                   |

**Brief Details.**

On the 20/11/2024 at about 1130hrs, I was driving along Bartley Road before Upper Sarangoon Road and there was a car accident involving 3 vehicles, after which at the filter lane, I was slowing down to let the car enter the filter lane as the driver was about to miss it thus he had stopped dangerously and I immediately slowed down to let the car enter the filter lane, this led to a lorry(GBK4168S) from behind my vehicle to hit the rear of my car which caused the right back light to be damaged and my back glass of my car to shatter and there were also dent on it. I sustained no injuries, and no government property was damaged. Subsequently, the lorry behind me had sustained dents on his front part of the lorry but no injuries was sustained. After which, the car vehicle (SLY1583U) that was behind the lorry hit the back part of the lorry which then caused the air bag of the car to protrude out. The driver of vehicle SLY1583U was conveyed by the ambulance. I was advised to lodge a police report by the traffic police. I wish to state that I was the first car among the two vehicles



**SINGAPORE  
POLICE FORCE**



T/20241120/2040

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Tel No: 1800-5549999

3 of 3

Report No. T/20241120/2040

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
L /  
SGT 1 JOHN MULALVIN SINGH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT MUHAMMAD AZHAR BIN  
ANUAR  
Contact No.: 96191462

Signature Of Informant:

Date/Time:  
20/11/2024 14:46

Classification Of Case:

NP168