

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	13/06/2024 13:34 (SGT)
Reported by	Actual Driver
Date of Accident	12/06/2024 18:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FILTER LANE FROM ALEXANDRA ROAD TO TELOK BLANGAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU4641J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUNTI'AH BINTE SAHADAT
NRIC No	S1641299F
Email Address	YEHYOT6364@GMAIL.COM
Mobile Phone No	(Phone) +65-91214262
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Asx
Variant	ASX 2.0 CVT
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	1998

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP320837

DRIVER

Name of Driver	MOHAMED SALIM BIN SULAIMAN
NRIC No	S1608606A
Date Of Birth	30/07/1963

Occupation	Indoor
Driving Pass Date	07/01/1985
Driving experience	39 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93426240
Alt. Phone Number	-
Email Address	YEHYOT6364@GMAIL.COM
Address	BLK 168B PUNGGOL EAST #03-369
Address complement	-
Postcode	822168
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Hit by fallen tree / Other objects
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)	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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO SKETCH PLAN

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	SMR6209C
Vehicle Manufacturer	Kia
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)	-

SKETCH PLAN

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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.

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	
VEHICLE NO: SMU 4641 J	ACCIDENT DATE & TIME: 12.6.24 6:35 pm
CONTACT NUMBER: 93426240	E-MAIL: YehYot6364@gmail.com
LOCATION: Alexandria Rd Junction Telok Blangah Rd.	
<p>I was driving along Alexandria Road, on reaching the junction Telok Blangah Road (turning left). While waiting to turn into Telok Blangah Rd, suddenly one vehicle driving swiftly and knock my car from behind.</p> <p>A lady driver, Kia SMR 6209C. So I took photo of the car she's driving. So she asked me to move to the side so that we can change particulars, but unfortunately she sped away.</p> <p>Refer to Police Report.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY	

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**



D/20240613/7016

1 of 2

POLICE REPORT (NP299)

Report No. D/20240613/7016

Police Station Of Origin
Clementi Division HQ
6 Lempeng Drive SINGAPORE 128496
Tel No:1800-7740000

Date/Time Report Made 13/06/2024 11:33	Vide Report No.	Station Diary No.
Name Of Informant mohamed salim bin sulaiman	Address 355A ANCHORVALE LANE #04-23 ANCHORVALE PLAINS SINGAPORE 541355	
ID Type / ID No. NRIC NO / S1608606A	Contact No. Home/Office: Mobile: 93426240	
Nationality SINGAPORE CITIZEN	Email Address yehyot6364@gmail.com	
Occupation Hawker/Stall holder (prepared food or drinks)	Sex Male	Age 60
	Date of Birth 30/07/1963	Race Malay
Institution/School Name	Language English	
Date/Time Of Incident 12/06/2024 18:35 - 12/06/2024 18:35	Location Of Incident ALEXANDRA ROAD	

Brief details.

I was driving my wife's Mitsubishi car, SMU4641J, along Alexandra Road outside ARC MapleTree. When making a left turn towards Telok Blangah Rd, I was checking my blindspots and saw a Blue KIA car, SMR6209C speeding from behind and hit the rear of my vehicle. There are no passengers inside my car and I am not injured. My vehicle suffered damages to the rear from the impact. I went out to confront the driver whom is a chinese lady and we agreed to pull over ahead. I managed to grab a photo of the vehicle plate. When i stopped my vehicle ahead, she sped off and I do not have her contact details. I require this report for insurance claim.

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: 13/06/2024 11:33
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Queenstown NPC Kiosk 1



**SINGAPORE
POLICE FORCE**



D/20240613/7016

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20240613/7016

Subjects Involved			
Victim			
Person Name	mohamed salim bin sulaiman		
ID Type	NRIC NO	ID No	S1608606A
Gender	Male	Age	60
Race	Malay	Language	English
Occupation	Hawker/Stall holder (prepared food or drinks)	Address	355A ANCHORVALE LANE #04-23 ANCHORVALE PLAINS SINGAPORE 541355
Mobile No	93426240	Is Informant A Victim?	Yes
Person Name	mohamed salim bin sulaiman (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
13/06/2024 11:33

Classification Of Case:

This report is lodged at Queenstown NPC Kiosk 1