

# 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 .....	03/10/2024 16:44 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	02/10/2024 16:00 (SGT)
Exact Location of Accident .....	Braddell Rd, Singapore
Additional Location Information .....	TOWARDS TOA PAYOH
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	CB8483R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TEO KIAN PHENG ALVIN
NRIC No .....	S1647610B
Email Address .....	alvinteokp@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-93866008
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2982
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D21MCV0004995_03

### DRIVER

Name of Driver .....	MUHAMMAD HASYRUL BIN ZAKARIA
NRIC No .....	S8918743E
Date Of Birth .....	03/06/1989
Occupation .....	Outdoor
Driving Pass Date .....	08/04/2011
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	13 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92252476
Alt. Phone Number .....	-
Email Address .....	alvinteokp@yahoo.com.sg
Address .....	BLK 327B SUMANG WALK #04-926
Address complement .....	-
Postcode .....	822327
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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) .....	7
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 .....	RIVINUS@LIEU YEN TRAN
Gender .....	Female

#### PASSENGER 2

Name .....	NAGAO^YUGO
Gender .....	Male

#### PASSENGER 3

Name .....	AGGARWAL SIDDHIKA
Gender .....	Female

#### PASSENGER 4

Name .....	SUORSA EERO ONNI OSKARI
Gender .....	Male

#### PASSENGER 5

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 6

Name ..... NAKASHIMA YASHIRO  
Gender ..... Male

#### 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

PLEASE REFER TO POLICE REPORT T/20241003/7022

#### 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 ..... SNK676B  
Vehicle Manufacturer ..... Toyota  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... MUHAMMAD RAMZEE BIN ZELANI  
NRIC No ..... S8406767I  
Contact Number ..... (Phone) +65-86484888  
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 ..... NAGAO^YUGO  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... CB8483R  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

SKETCH PLAN

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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

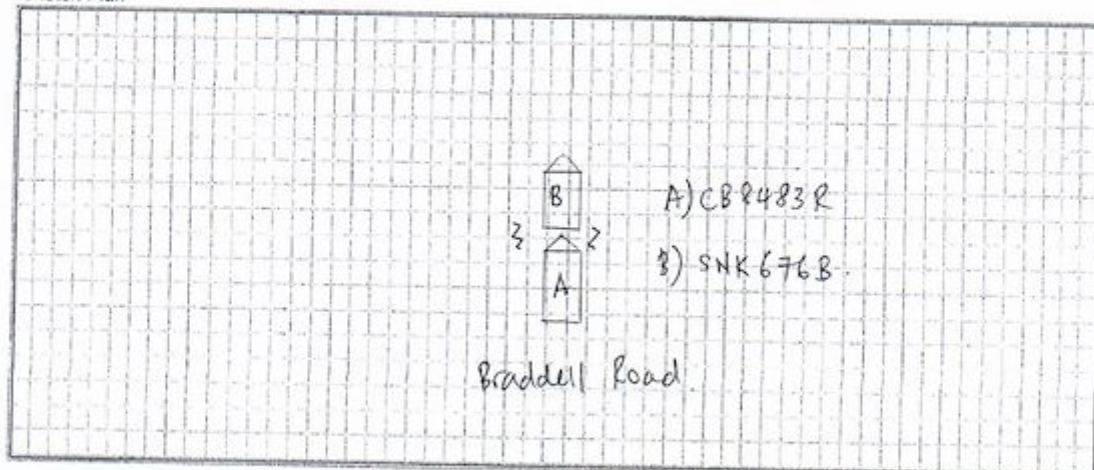
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 No. T/2024/003/7022.

Passenger 1 : Rivinus@Lieu Yen Tran (Female)  
 Passenger 2 : Nagao^Yugo (Male)  
 Passenger 3 : Aggarwal Siddhika (Female)  
 Passenger 4 : Suorsa Eero Onni Oskari (Male)  
 Passenger 5 : Nakashima Yasuhiro (Male)  
 Passenger 6 : Unknown (Female.)

## 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/20241003/7022

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

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Report No. T/20241003/7022

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2024 11:11		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD HASYRUL BIN ZAKARIA			Address: 327B SUMANG WALK #04-926 SINGAPORE 822327		
ID Type / ID No.: NRIC NO / S8918743E			Contact No.: Home/Office:                      Mobile: 92252476		
Nationality: SINGAPORE CITIZEN			Email: HASYRUL89@GMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 03/06/1989	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Bus driver			Driving Licence Information: Class:                      Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/10/2024 16:00	Type of Location: Straight Road
Location:  BRADDELL ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB8483R	Motor van					6
SNK676B	Motor car	TOYOTA				0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**

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



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Report No. T/20241003/7022

CONTINUATION OF REPORT

<b>Driver</b>			
Name	MUHAMMAD HASYRUL BIN ZAKARIA	ID No.	S8918743E
Related Vehicle	CB8483R (Motor van)	Contact No.	92252476
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)	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	NAGAO^YUGO	ID No.	NIL
Related Vehicle	CB8483R (Motor van)	Contact No.	NIL
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)	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	MUHAMMAD RAMZEE BIN ZELANI	ID No.	S8406767I
Related Vehicle	SNK676B (Motor car)	Contact No.	86484888
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)	NIL	Degree of Injury	Slight

**Brief Details.**

On 02/10/2024, at around 4:00 PM, I was driving vehicle CB 8483 R along Braddell Road towards Toa Payoh in the first lane. A vehicle, SNK 676 B, was in front of me and suddenly applied the brakes. I braked as well, but my brakes locked, causing the vehicle to skid forward and collide with SNK 676 B. I got out to check the situation, exchanged particulars with the driver, and left the scene.

The next morning, I received a call from the driver of SNK 676 B, stating that he and his passenger was experiencing neck pain due to the impact. One of my passengers, Nagao^yugo informed the school that his neck pain too. I then proceeded to file a report to inform the insurance company.



**SINGAPORE  
POLICE FORCE**

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



T/20241003/7022

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Report No. T/20241003/7022

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
BOON YEN KIAN  
Contact No.: 65472079

NP168

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

Date/Time:  
03/10/2024 11:11

Classification Of Case: