

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 18:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/10/2024 16:03 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRADDELL RD TWDS TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK676B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD RAMZEE BIN ZALANI
NRIC No	S8406767I
Email Address	idiosyncratic73@hotmail.com
Mobile Phone No	(Phone) +65-86484888
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALPHARD HYBRID 7-SEATER 2.5 SRC
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	2493
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00003582401

DRIVER

Name of Driver	MUHAMMAD RAMZEE BIN ZALANI
NRIC No	S84067671
Date Of Birth	07/03/1984
Occupation	Outdoor
Driving Pass Date	24/05/2003
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	21 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86484888
Alt. Phone Number	-
Email Address	idiosyncratic73@hotmail.com
Address	570B WOODLANDS AVE 1 #12-872
Address complement	-
Postcode	732570
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	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)	4
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	WIFE
Gender	Female

PASSENGER 2

Name	NIECE
Gender	Female

PASSENGER 3

Name	NIECE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

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	CB8483R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	MUHAMMAD HASRUL BIN ZAKARIA
NRIC No	S8918743E
Contact Number	(Phone) +65-92252476
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEH NO **SNK 676B**
INSURER **CHINA TAIPING**
DATE OF ACC **03/10/24 4:03 PM**

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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;

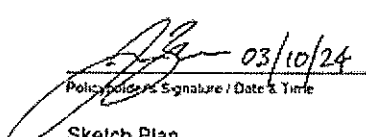
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

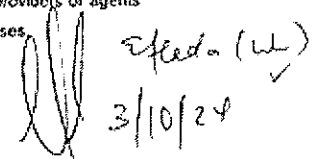
(collectively the "Purposes")

(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.

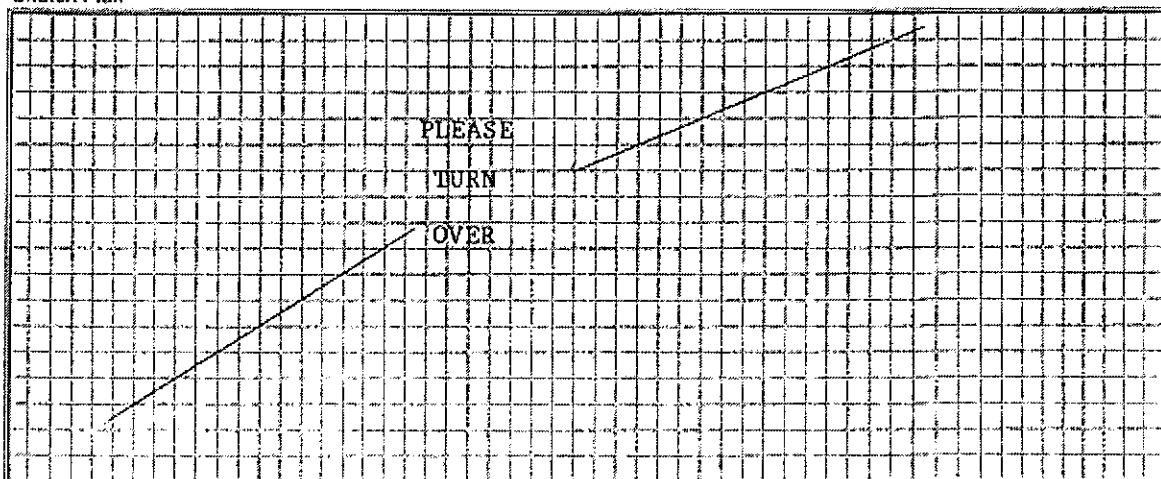
 03/10/24
Policyholder's Signature / Date & Time

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

 3/10/24
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

PLEASE TURN OVER

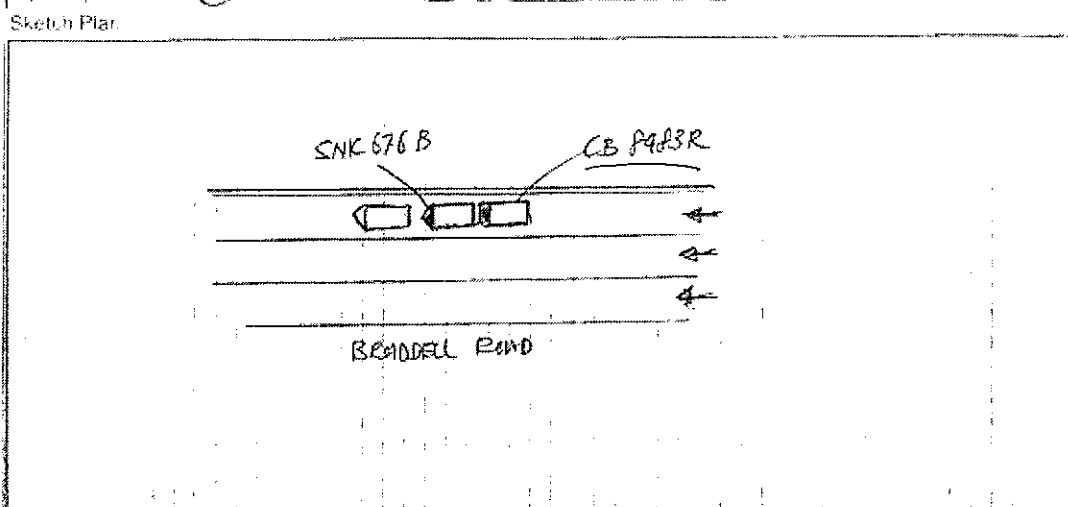


Describe Circumstance of the Accident

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


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

(☒) Claim OD/TP at other workshop ()




I was driving along Braddell Road towards Toa Payoh when another vehicle CB8483R hit me from my rear.

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

 03/10/24
Policyholder's Signature / Date & Time

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

 3/10/24
Gee da (WL) ✓
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20241003/7057

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

1 of 3

Report No. T/20241003/7057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2024 14:34		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: Muhammad Ramzee Zelani			Address: 570B Woodlands Avenue 1 #12-872 SINGAPORE 732570		
ID Type / ID No.: NRIC NO / S8406767I			Contact No.: Home/Office: Mobile: 86484888		
Nationality: SINGAPORE CITIZEN			Email: idiosyncratic73@hotmail.com		
Sex: Male	Age: 40	Date of Birth: 07/03/1984	Type of Informant: Vehicle Owner		
Race: Malay			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Special Vehicle	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: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB8483R	Bus/Coach/Mini bus	TOYOTA	Hi-Ace	White	Slightly Damaged	0
SNK676B	Motor car	TOYOTA	Alphard	White	Slightly Damaged	5

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNK676B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		17/03/2024	16/03/2025



**SINGAPORE
POLICE FORCE**



T/20241003/7057

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

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Report No. T/20241003/7057

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD HASYRUL BIN ZAKARIA	ID No.	S8918743E
Related Vehicle	CB8483R (Bus/Coach/Minibus)	Contact No.	92252476
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Passenger			
Name	SRI DEWI BINTE SAMSURI	ID No.	S8429183H
Related Vehicle	SNK676B (Motor car)	Contact No.	86080047
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
Vehicle Owner			
Name	Muhammad Ramzee Zelani	ID No.	S8406767I
Related Vehicle	NIL	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	NIL

Brief Details.

I was driving Vehicle Toyota Alphard SNK676B along Braddell Road at around 1600hrs when I got hit by another Vehicle Toyota Hi-Ace CB8483R at my rear.



**SINGAPORE
POLICE FORCE**



T/20241003/7057

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

Report No. T/20241003/7057

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

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 14:34
Classification Of Case:

NP168