

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	02/12/2024 18:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/12/2024 23:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS CTR RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL584A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD ZAHARI BIN TAJUDIN
NRIC No	S8625238D
Email Address	nurulshas27@gmail.com
Mobile Phone No	(Phone) +65-91022900
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CROSSROAD 1.8 A
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	1788
Vehicle Fuel	-
First Registration Date	13/11/2008
Chassis no	RT11007872
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5146110540

DRIVER

Name of Driver	MUHAMMAD ZAHARI BIN TAJUDIN
NRIC No	S8625238D
Date Of Birth	07/09/1986
Occupation	Indoor
Driving Pass Date	25/11/2019
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	5 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91022900
Alt. Phone Number	-
Email Address	nurulshas27@gmail.com
Address	BLK 897C WOODLANDS DR 50 #02-194
Address complement	-
Postcode	732897
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 - Change/cross lane
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)	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	NURUL FAEZAH BINTI HASSAN
Gender	Female

PASSENGER 2

Name	NUR NAWRA ZAHIRA BINTE MUHAMMAD ZAHARI
Gender	Female

PASSENGER 3

Name	NUR NAYLA ZAFIRA BINTE MUHAMMAD ZAHARI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

REFER TO POLICE REPORT

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 WILL SUBMIT TO INCOME

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC8225E
 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) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MUHAMMAD ZAHARI BIN TAJUDIN
 Gender Male
 Phone No (Phone) +65-91022900
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SJL584A
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person NURUL FAEZAH BINTI HASSAN
 Gender Female
 Phone No (Phone) +65-81596523
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SJL584A
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person NUR NAWRA ZAHIRA BINTE MUHAMMAD ZAHARI
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -

Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SJL584A
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person NUR NAYLA ZAFIRA BINTE MUHAMMAD ZAHARI
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SJL584A
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

VEHICLE SJL 584A
INSURER INCOME
DATE OF ACC: 01/12/24 23:05 HA

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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.

[Signature]

[Signature] 2/12/24 *Efeeda (W)*

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

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. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only
 (✓) Claim OD (TP) at other workshop ()

Sketch Plan


ATTACHED TO POLICE REPORT

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)
 2/12/24

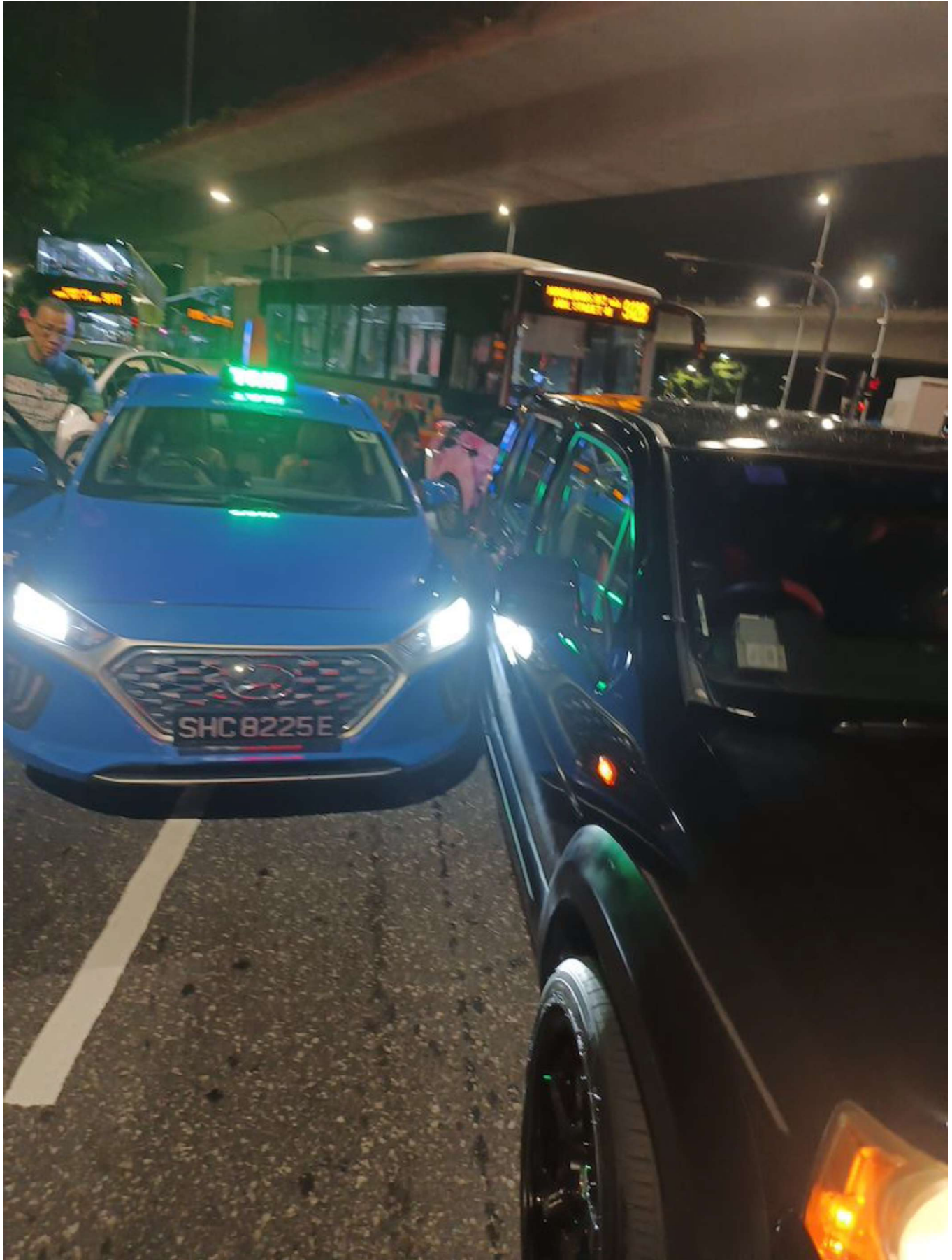




















**SINGAPORE
POLICE FORCE**



T/20241202/2041

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20241202/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2024 14:06	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: MUHAMMAD ZAHARI BIN TAJUDIN	Address: 897C WOODLANDS DRIVE 50 #02-194 SINGAPORE 732897
ID Type / ID No.: NRIC NO / S8625238D	Contact No.: Home/Office: Mobile: 91022900
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male	Age: 38
Date of Birth: 07/09/1986	Type of Informant: Driver
Race: Malay	Language:
Occupation: FINANCIAL BROKER	Driving Licence Information: Class: 3A Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/12/2024 23:05	Type of Location:
Location: WOODLANDS CENTRE ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SHC8225E	Taxi	HYUNDAI		Blue		0
SJL584A	Motor car	HONDA	Crossroad	Black	Slightly Damaged	4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE FORCE**



T/20241202/2041

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20241202/2041

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJL584A	NTUC Income Insurance Co-Operative Limited	5146110540		

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MUHAMMAD ZAHARI BIN TAJUDIN		ID No.	S8625238D
Related Vehicle	SJL584A (Motor car)		Contact No.	91022900
Hospital/Clinic	VICTORIA MEDICAL HOUSE		Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date Treatment	02/12/2024		Date Discharge	02/12/2024
No. of Days granted Medical Leave	01	Degree of	Slight	
Passenger				
Name	NUR NAWRA ZAHIRA BINTE MUHAMMAD ZAHARI		ID No.	T2227917Z
Related Vehicle	SJL584A (Motor car)		Contact No.	NIL
Hospital/Clinic	VICTORIA MEDICAL HOUSE		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	02/12/2024		Date Discharge	02/12/2024
No. of Days granted Medical Leave	02	Degree of	Slight	
Passenger				
Name	NUR NAYLA ZAFIRA BINTE MUHAMMAD ZAHARI		ID No.	T1935986C
Related Vehicle	SJL584A (Motor car)		Contact No.	NIL
Hospital/Clinic	VICTORIA MEDICAL HOUSE		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	02/12/2024		Date Discharge	02/12/2024
No. of Days granted Medical Leave	01	Degree of	Slight	



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T/20241202/2041

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20241202/2041

CONTINUATION OF REPORT

Passenger			
Name	NURUL FAEZAH BINTI HASSAN	ID No.	S8330653Z
Related Vehicle	SJL584A (Motor car)	Contact No.	81596523
Hospital/Clinic	VICTORIA MEDICAL HOUSE	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	02/12/2024	Date Discharge	02/12/2024
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

On 01/12/2024 at around 2305hrs, I was driving, SJL584A along Woodlands Centre Road. The traffic was heavy and jam. I was driving slowly when a vehicle, SHC8225E on my right side swipe my right side and hit my rear passenger door.

I went out of the vehicle and made a check. The taxi driver did not want to come out of the vehicle. I showed it to him, and he came out. The taxi driver insisted that he was not the cause of the accident. He mentioned that I had moved my vehicle, and he also shifted that is where the accident happened.

There were scratches at the rear passenger door and dented at the bumper near to the rear Tyres. My wife sustained some pain at the right-side neck area to the right shoulder. I also sustained some pain on my right neck to the shoulder.

As for the taxi, I am not sure of the damaged sustained. The taxi driver did not want to exchange particular with us and he told us to claim from insurance. I told him to drive away after we had discussed but he did not want it, and he video us. After a motorbike horn at the taxi driver, he then moved his vehicle.

My vehicle has in car camera installed and it had the recording of the accident. This is the first time I encounter such incident.



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Tel No: 1800-7679999

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Report No. T/20241202/2041

CONTINUATION OF REPORT

Signature of Officer Recording The
L /
SGT 2 MUHAMMAD FAHMI BIN
JOHAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
INSP (2) LOW MENG FATT
Contact No.: 97577566

Signature Of Informant:

Date/Time:
02/12/2024 14:06

Classification Of Case:

NP168