

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	19/12/2024 14:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/12/2024 17:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS CHANGI BEFORE KIM KEAT LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ365G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ABDUL MURZANI BIN RAMDZAN
NRIC No	SXXXX658J
Email Address	ZAINI17ZAI03@GMAIL.COM
Mobile Phone No	(Phone) +65-91886204
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	Manual
CC	1998
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	5126857533-02

DRIVER

Name of Driver	ABDUL MURZANI BIN RAMDZAN
NRIC No	SXXXX658J
Date Of Birth	17/03/1983
Occupation	Outdoor
Driving Pass Date	15/07/2014
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91886204
Alt. Phone Number	-
Email Address	ZAINI17ZAI03@GMAIL.COM
Address	528C PASIR RIS STREET 51
Address complement	#07-631
Postcode	513528
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	Raining
Road Surface	Wet

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)	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	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

Refer to attach

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	SHB2135B
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ABDUL MURZANI BIN RAMDZAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MC For 4 Days
Injured person in which vehicle?	SMZ365G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

Describe Circumstance of the Accident

Refer to Police Report No.
T/2024/1219/7040

Declaration

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



Bj
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC&D card)

SKETCH PLAN

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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.



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

<p>ROAD MARKING</p> <p>↑ ↑ ↑ ↑</p>		<p>A: SW2 305 G</p> <p>B: GHE 2125 B</p>	
		<p>A</p> <p>B</p>	


**SINGAPORE
POLICE FORCE**


T/20241219/7040

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

1 of 3

Report No. T/20241219/7040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2024 13:55		Video Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABDUL MURZANI BIN RAMDZAN			Address: 528C PASIR RIS STREET 51 #07-631 SINGAPORE 513528		
ID Type / ID No.: NRIC NO / S8308658J			Contact No.: Home/Office: Mobile: 91886204		
Nationality: SINGAPORE CITIZEN			Email: ZAINI17ZAI03@GMAIL.COM		
Sex: Male	Age: 41	Date of Birth: 17/03/1983	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: MECHANIC			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/12/2024 17:30	Type of Location: Straight Road
Location: JALAN RAJAH				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SHB2135B	Motor car	HYUNDAI		Yellow	Slightly Damaged	1
SMZ365G	Motor car	HONDA	CIVIC TYPE- R 2.0 M	White	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMZ365G	NTUC Income Insurance Co-Operative Limited	5126857533-02	12/04/2024	11/04/2025



**SINGAPORE
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T/20241219/7040

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

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Report No. T/20241219/7040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL MURZANI BIN RAMDZAN	ID No.	S8308658J
Related Vehicle	SMZ365G (Motor car)	Contact No.	91886204
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)	04	Degree of Injury	Slight

Brief Details.

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT IN MY OWN LANE ALONG PIE TOWARDS CHANGI BEFORE KIM KEAT LINK EXIT. THE FRONT VEHICLE HAVE STOPPED AND I ALSO FOLLOW TO SLOW DOWN AND I FELT AN IMPACT FROM MY VEHICLE REAR. I ALIGHTED AND FOUND OUT THAT IT WAS A 2 VEHICLE COLLISION. I FELT UNWELL AFTER THE ACCIDENT SO I WENT TO CONSULT A DOCTOR AND I WAS GIVEN 4 DAYS OF MC.



**SINGAPORE
POLICE FORCE**

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



T/20241219/7040

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Report No. T/20241219/7040

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

NP168

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

Date/Time:
19/12/2024 13:55

Classification Of Case: