

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	23/12/2024 09:30 (SGT)
Reported by	Actual Driver
Date of Accident	21/12/2024 07:30 (SGT)
Exact Location of Accident	Pasir Ris Dr 8, Singapore
Additional Location Information	PASIR RIS DRIVE 8 SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV4394D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHAIRUNNISAK BINTE MOHAMED YASSIRIN
NRIC No	S1671516F
Email Address	ZULKARNAINJOFFRE@GMAIL.COM
Mobile Phone No	(Phone) +65-97112265
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	MAZDA / MAZDA3 SEDAN 1.5 AT EU6
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	1496
Vehicle Fuel	-
First Registration Date	-
Chassis no	JM6BN22A8H0158330
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10560803R03

DRIVER

Name of Driver	ZULKARNAIN BIN JOFFRE
NRIC No	S1712683J
Date Of Birth	18/08/1965
Occupation	Indoor
Driving Pass Date	25/07/1991
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	33 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96539493
Alt. Phone Number	-
Email Address	ZULKARNAINJOFFRE@GMAIL.COM
Address	BLK 27 ELIAS ROAD 14-14 SINGAPORE 519932
Address complement	-
Postcode	519932
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	ROSNANI BINTE ABDUL MANAFF
Gender	Female

PASSENGER 2

Name	KHAIRUNNISAK BINTE MOHAMED YASSIRIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

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 WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XE9733Z
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver WANG JIATAO
Passport No/FIN G3137391W
Contact Number (Phone) +65-91850525
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM313L
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver KEGAN LEE CHIH WEI
NRIC No S7807249J
Contact Number (Phone) +65-81687817
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 ZULKARNAIN BIN JOFFRE
Gender Male
Phone No (Phone) +65-96539493
Address BLK 27 ELIAS ROAD 14-14 SINGAPORE 519932
Address Complement -
Post Code 519932
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SLV4394D
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2



Name of injured person	KHAIRUNNISAK BINTE MOHAMED YASSIRIN
Gender	Female
Phone No	(Phone) +65-97112265
Address	BLK 27 ELIAS ROAD 14-14 SINGAPORE 519932
Address Complement	-
Post Code	519932
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV4394D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	ROSNANI BINTE ABDUL MANAFF
Gender	Female
Phone No	(Phone) +65-97542542
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV4394D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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

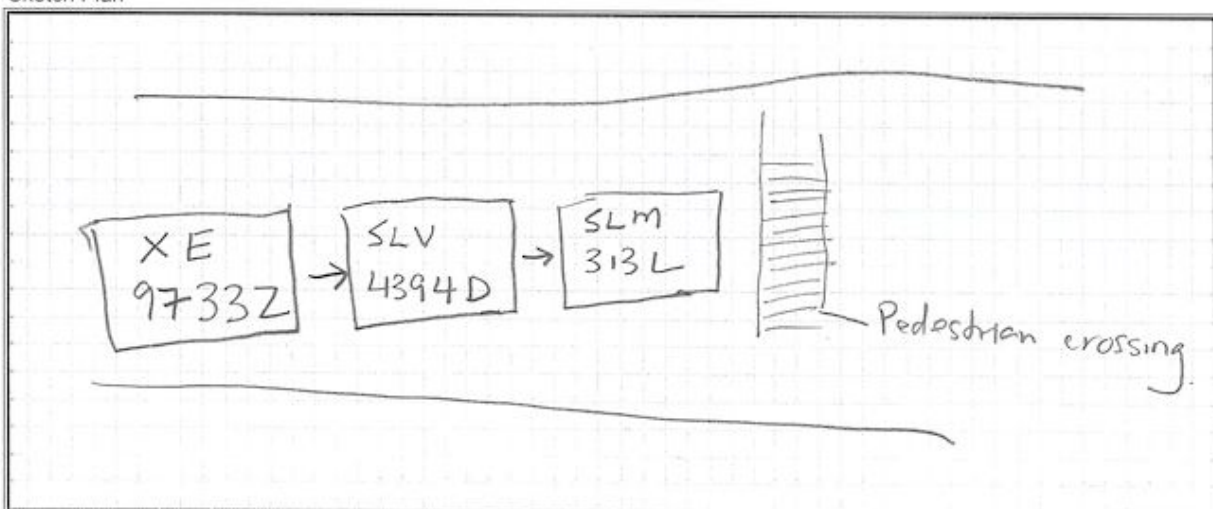
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

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/20241221/2064

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20241221/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2024 17:06		Vide Report No.: G/20241221/0043		Station Diary No.: 61
Informant's Particulars				
Name of Informant: ZULKARNAIN BIN JOFFRE		Address: 27 ELIAS ROAD #14-14 SINGAPORE 519932		
ID Type / ID No.: NRIC NO / S1712683J		Contact No.: Home/Office: Mobile: 96539493		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 59	Date of Birth: 18/08/1965	Type of Informant: Driver	
Race: Javanese		Language:		
Occupation: QA ENGINEER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/12/2024 07:30	Type of Location: Bend
Location: PASIR RIS DR 8				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		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	Conditio	No of Passenger
SLM313L	Motor car	TOYOTA	Noah	White		3
SLV4394D	Motor car	MAZDA	Mazda 3	Grey		2
XE9733Z	Trailer	HINO	700			0



**SINGAPORE
POLICE FORCE**



T/20241221/2064

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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20241221/2064

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KEGAN LEE CHIH WEI (LI ZHIWEI)	ID No.	S7807249J
Related Vehicle	SLM313L (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	KHAIRUNNISAK BINTE MOHAMED YASSIRIN	ID No.	S1671516F
Related Vehicle	SLV4394D (Motor car)	Contact No.	97112265
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	21/12/2024	Date Discharge	21/12/2024
No. of Days granted Medical Leave	07	Degree of	NIL
Driver			
Name	ZULKARNAIN BIN JOFFRE	ID No.	S1712683J
Related Vehicle	SLV4394D (Motor car)	Contact No.	96539493
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	21/12/2024	Date Discharge	21/12/2024
No. of Days granted Medical Leave	04	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20241221/2064

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20241221/2064

CONTINUATION OF REPORT

Passenger			
Name	ROSNANI BINTE ABDUL MANAFF	ID No.	S1424363A
Related Vehicle	SLV4394D (Motor car)	Contact No.	97542542
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	21/12/2024	Date Discharge	21/12/2024
No. of Days granted Medical Leave	02	Degree of	NIL
Driver			
Name	WANG JIATAO	ID No.	G3137391W
Related Vehicle	XE9733Z (Trailer)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 21 December 2024 at about 7.30am, I was driving my vehicle SLV4394D along Pasir Ris Drive 8, the slip road towards TPE. There was only 1 lane on the said slip road. As I was approaching the pedestrian crossing, there was a vehicle ahead of me came to a stop SLM313Z. I observed that there were 2 pedestrians approaching the pedestrian crossing. I followed suit and stopped my vehicle behind SLM313Z. My vehicle was stationary for about a few seconds when I felt an impact from the rear of my vehicle. The impact of the said collision pushed my vehicle forward which resulted my vehicle to collide into SLM313Z. I alighted from the vehicle when we observed that it was a tipper truck XE9733Z which collided into my vehicle.

I spoke to the driver of SLM313L and asked why he stopped out of curiosity. He explained that he saw pedestrians were about to cross the road which I agreed as I saw the pedestrians. I tried to speak with the truck driver however I was not able to communicate with him as he was not able to speak English. I managed to take photo of the Singpass of the tipper truck driver and also driving license of the driver of SLM313Z.

We did not know who called for the authority, but the ambulance and traffic police came to the scene. I was conveyed to the hospital with my wife and her friend who was also in my vehicle. We were all discharged on the same day. I sustained pain on my left chest and ribs and was given 4 days MC. My wife suffered a broken nose and was given 7 days MC. My wife's friend suffered pain on the back and was given 2 days. We were all shocked from the accident.

I have been contacted by the traffic police investigation officer and was informed to lodge a Police report.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20241221/2064

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Report No, T/20241221/2064

CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SI LOO JIA JIE

Signature Of Interpreter:
Not applicable

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

NP168

Signature Of Informant:

Date/Time:
21/12/2024 17:06

Classification Of Case:



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: 6/20241221/0043

I, SSS 713028 Adhwa-
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 ONE micro SD card 64 GB (SanDisk Extreme red/gold)
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from S93049803 Muhammad Bin Zulkarnain 92225960
(Name, NRIC or Passport No. / Rank and No.)

of 27 Elisp rd #14-14 S519932
(Address / Police Station / NPC / NPP)

on 21/12/24 at 0845
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

S93049803 Muhammad
(Signature)
(Name, NRIC or Passport No. / Rank and No.)

SSS Adhwa-
(Signature)
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: - IO HAZ: 90080594
- lodge traffic accident report
- SLV4394D mazda srj