

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	27/11/2024 15:17 (SGT)
Reported by	Actual Driver
Date of Accident	20/11/2024 18:30 (SGT)
Exact Location of Accident	91 Clementi Rd, Singapore
Additional Location Information	CLEMENTI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNT1640A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE LTD
Company Reg No	2XXXXX970Z
Email Address	ADLINE@AUTOBAHNRENTACAR.SG
Mobile Phone No	(Phone) +65-96461329
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1580
Vehicle Fuel	Petrol-Electric
First Registration Date	19/09/2024
Chassis no	KMHLN41JVRU121016
Effective Date/Time of Ownership	19/09/2024 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00017392400

DRIVER

Name of Driver	ARIFFUDIN BIN ITHSNEN
NRIC No	SXXXX492B
Date Of Birth	25/04/1989
Occupation	Outdoor
Driving Pass Date	24/04/2015
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	9 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83282877
Alt. Phone Number	-
Email Address	ARACXKY@GMAIL.COM
Address	BLK 229B SUMANG LANE
Address complement	#08-308
Postcode	822229
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ARIFFUDIN BIN ITHSNEN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNT1640A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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
 15/11/2024



 Witnessed by Reporting Centre Personnel

Sketch Plan

A: SNT 1640A
 B: unknown



Describe Circumstances of the Accident

Refer to police report.


Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

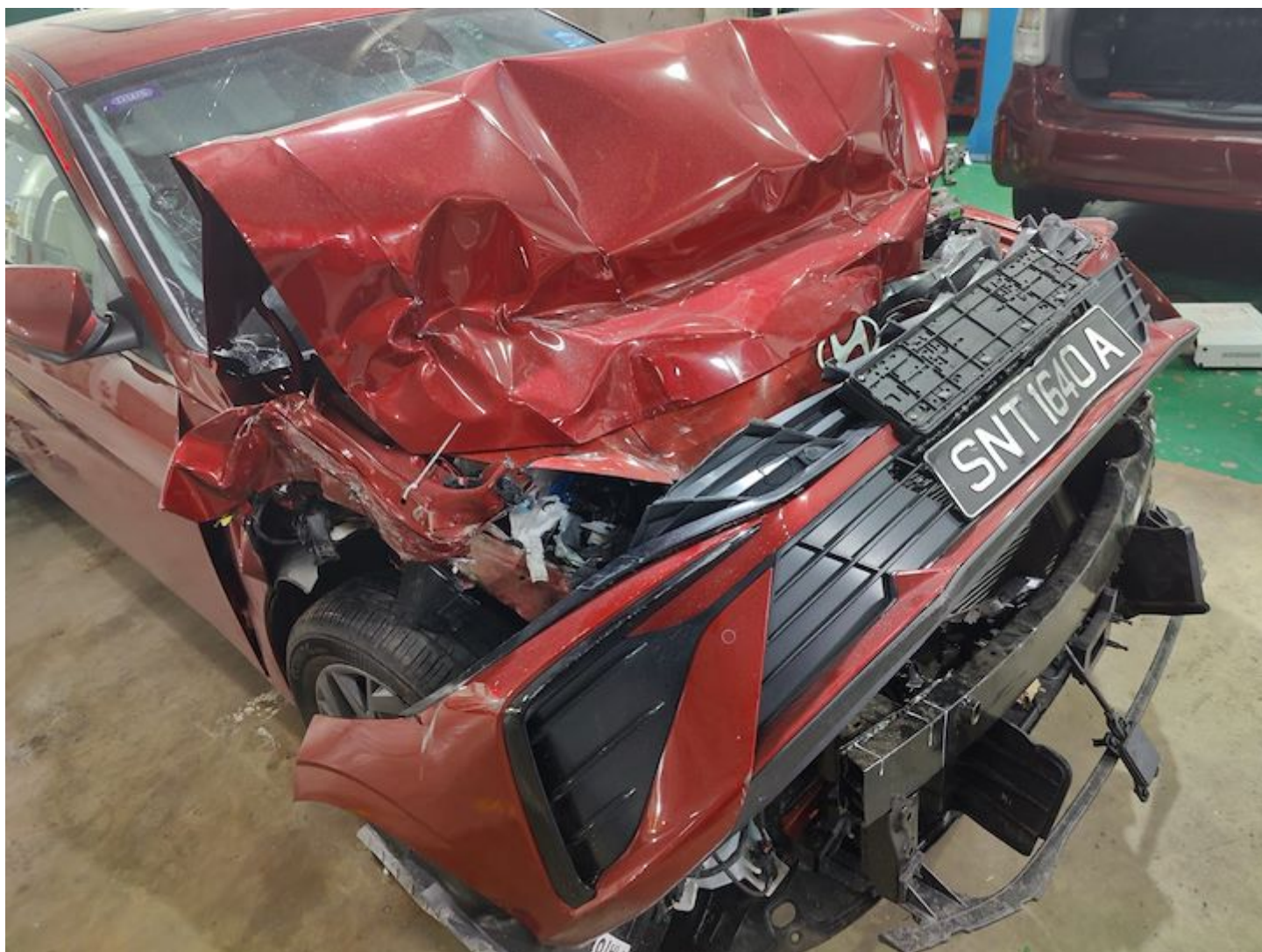



Driver's Signature (If driver is not the policyholder) / Date & Time
25/11/2024

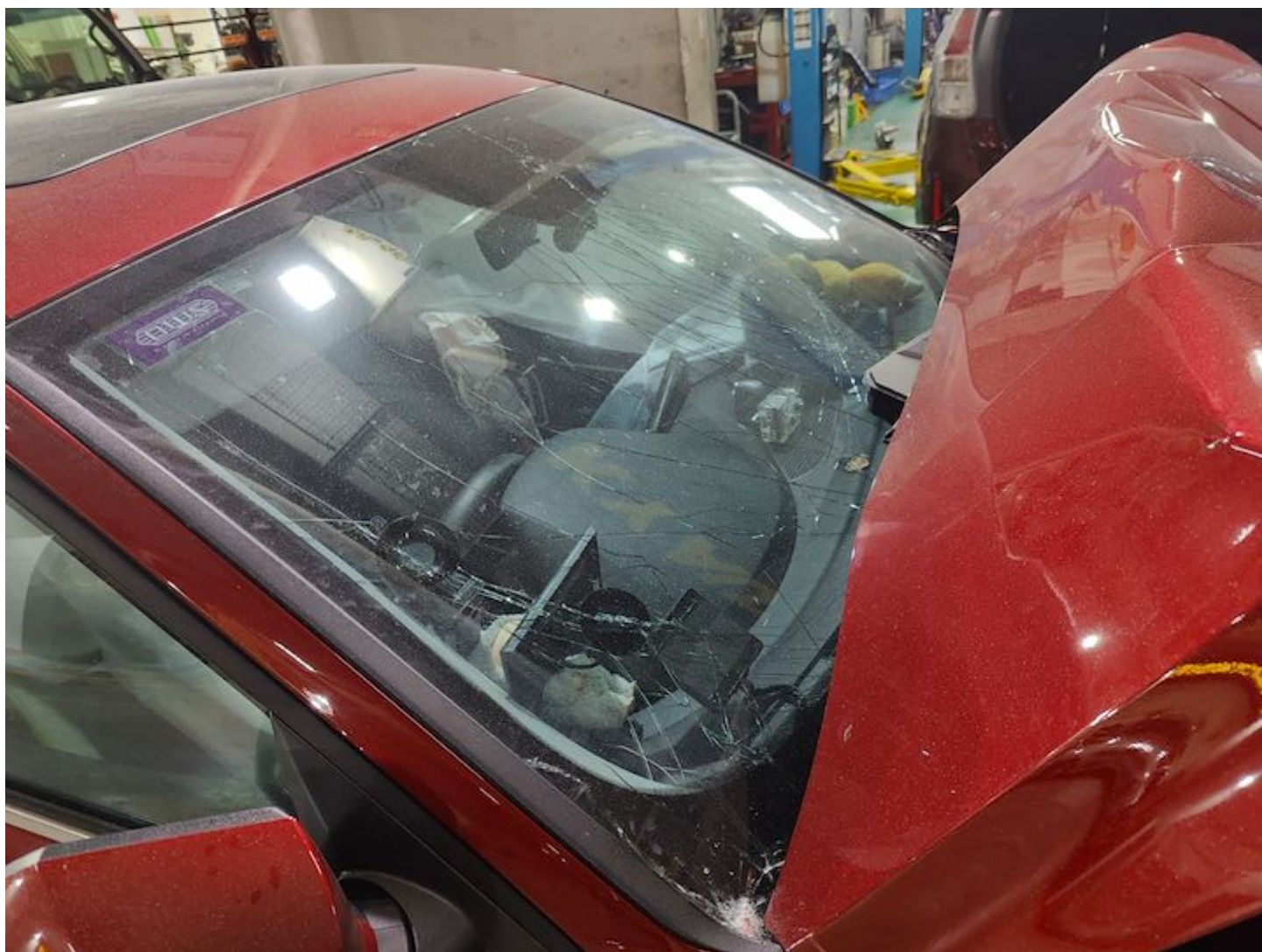

Witnessed by Reporting Centre Personnel





























**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20241123/2055

Report No. T/20241123/2055

CONTINUATION OF REPORT**Brief Details.**

On 20/11/2024 at about 1830hrs, I was driving my car bearing the plate number of SNT1640A along Clementi Road towards West Cost Highway. I was at the left most lane. There was a stationary bus ahead of me. I was not aware of the stationary bus. When I realized, I tried to brake however I could not stop my car on time and collided to the rear of the bus.

After the collision, I was in a semi-conscious state. Traffic Police and Ambulance came to the scene. While the paramedics were assessing on me, I gave the TP Officer consent to take my car's SD card. I was then conveyed to NUH. I was warded for 3 days in NUH and given 14 days of MC until 03/12/2024.

The front of my vehicle was seriously damaged and unable to start the vehicle.

I was told to leave my belongings in the car before conveying to hospital. My belongings were in the car and I have no idea where my car was towed to.

I have a passenger with me, he was conscious. I saw him limping due to the accident. I told him to go check up as well.

I20241123/2055

3 of 3

Report No. T/20241123/2055

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 2 TAN KOON CHIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT SYED MUHAMMAD ISA BIN
OMAR ALHABSHEE
Contact No.: 65476187

NP168

Signature Of Informant:

Date/Time: 23/11/2024 14:19

Classification Of Case:

SN 159

SIGNATURE


**SINGAPORE
POLICE FORCE**


T/20241123/2055

1 of 3

Report No. T/20241123/2055

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2024 14:19		Vide Report No.: D/20241120/0091	Station Diary No.: 68
Informant's Particulars			
Name of Informant: ARIFFUDIN BIN ITHSNEN		Address: 229B SUMANG LANE #08-308 SINGAPORE 822229	
ID Type / ID No.: NRIC NO / S8914492B		Contact No.: Home/Office: Mobile: 83282877	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 25/04/1989	Type of Informant: Driver
Race: Malay		Language: English	
Occupation: PHV DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/11/2024 18:30	Type of Location: Straight Road
Location: CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SNT1640A	Motor car	HYUNDAI	CN7 AVANTE 1.6 GDI HEV SR		Seriously Damaged	0