

# 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 .....	31/12/2024 15:08 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	30/12/2024 10:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	DUNEARN ROAD TOWARDS CITY (AFTER CALTEX DUNEARN)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNR8311P
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SPR REALTY PTE. LTD.
Company Reg No .....	200604044Z
Email Address .....	SKL1885M@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97629883
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Noah
Variant .....	HYBRID
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? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1800
Vehicle Fuel .....	Petrol-Electric
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5147352444

### DRIVER

Name of Driver .....	FAEZAL BIN MOHAMAD RAHMAD
NRIC No .....	S7828345I
Date Of Birth .....	27/09/1978
Occupation .....	Outdoor
Driving Pass Date .....	25/11/2000
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	24 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-84688505
Alt. Phone Number .....	-
Email Address .....	EZALMOHAMAD78@GMAIL.COM
Address .....	BLK. 547 JURONG WEST STREET 42
Address complement .....	#04-131
Postcode .....	640547
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? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	P1
Gender .....	Female

#### 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 POLICE REPORT NO T/20241230/7078 . I WAS TRAVELLING ALONG DUNEARN ROAD TOWARDS CITY (AFTER CALTEX DUNEARN) ON LANE 2 WHEN V2 COLLIDED ONTO MY REAR.

#### 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 .....	SEND TO MOTORVIDEO@INCOME.COM.SG

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YQ6290D
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MUNIYANDI BHARATHIDASAN
Passport No/FIN .....	G8042936W
Contact Number .....	(Phone) +65-90838895
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

#### PASSENGER 1

Name .....	P1
Gender .....	Male

#### PASSENGER 2

Name .....	P2
Gender .....	Male

#### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	FAEZAL BIN MOHAMAD RAHMAD
Gender .....	Male
Phone No .....	(Phone) +65-84688505
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK, SHOULDER, LEFT ARM MUSCLE, KNEE CAP, LEFT TOE & BACK PAIN.
Injured person in which vehicle? .....	SNR8311P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



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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.

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;

(ii) 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' law yers/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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

MUHAMMAD ASHRAF BIN USMAN

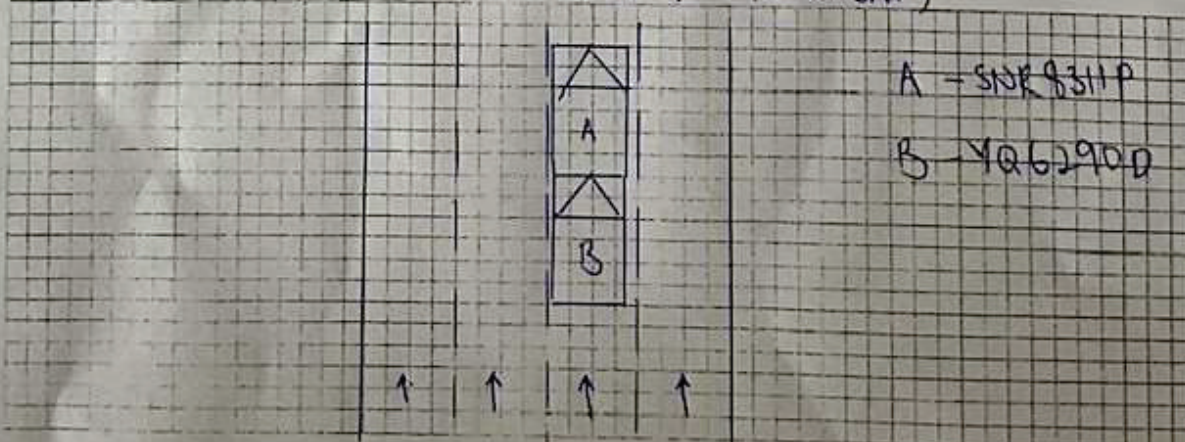
Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date &amp; Time

Witnessed by Reporting Centre  
Personnel

Sketch Plan DUNDEEN ROAD TOWARDS CITY (AFTER ALTEX DUNDEEN)

S997311





Describe Circumstances of the Accident

REFER TO GIPDS

Declaration

We declare the foregoing particulars are true in every respect.



31/12/24  
1430HRS

Policyholder's Signature / Date & Time

*[Signature]*

31/12/24  
1430HRS

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

*[Signature]*

MOTATED ASSESSOR WIN COMPANY

Witnessed by Reporting Centre Personnel

S997311











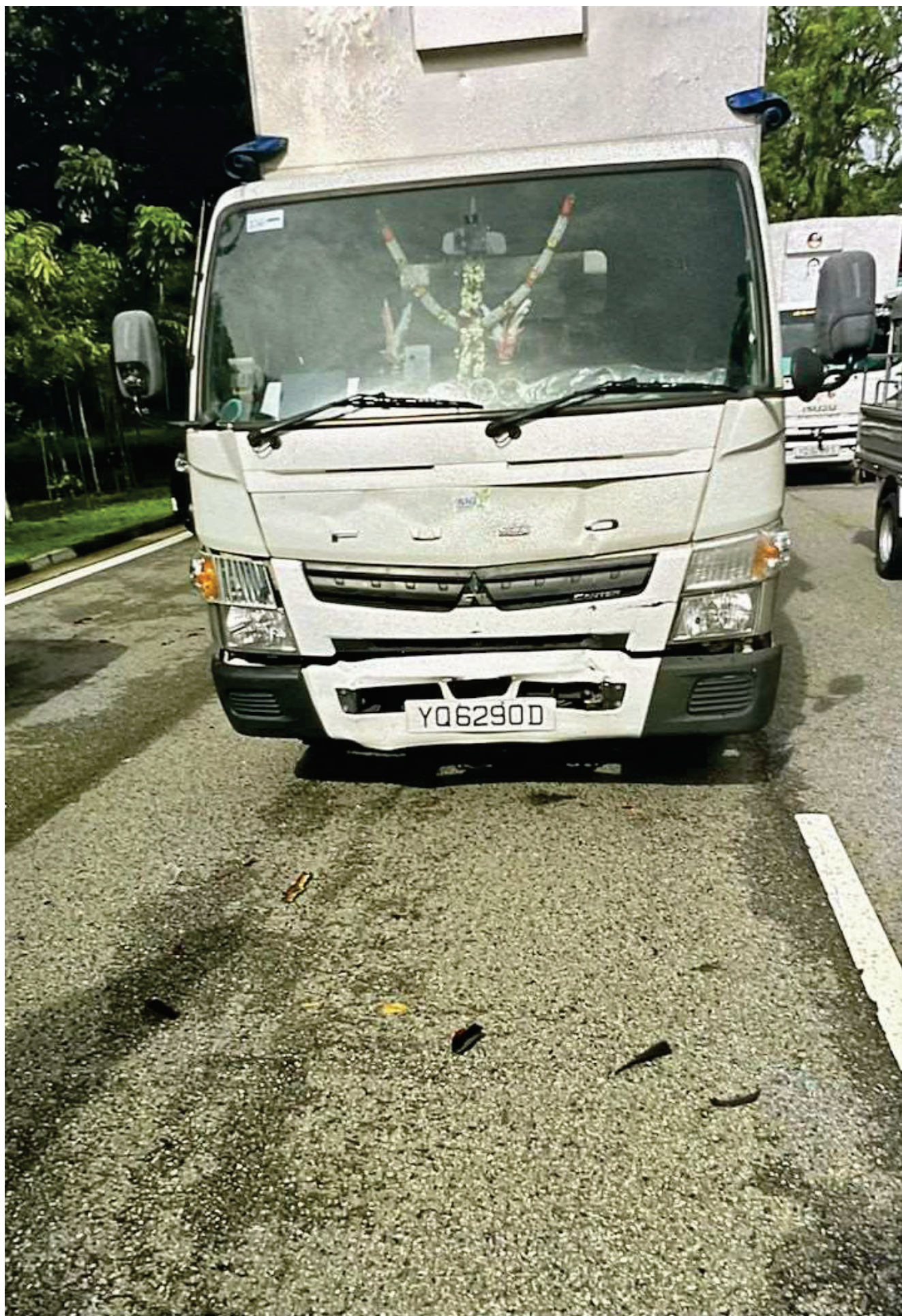




















# SINGAPORE POLICE FORCE



T/20241230/7078

1 of 3

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

Report No. T/20241230/7078

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2024 16:32		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: FAEZAL BIN MOHAMAD RAHMAD			Address: 547 JURONG WEST STREET 42 #04-131 SINGAPORE 640547		
ID Type / ID No.: NRIC NO / S78283451			Contact No.: Home/Office: Mobile: 84688505		
Nationality: SINGAPORE CITIZEN			Email: EZALMOHAMAD78@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 27/09/1978	Type of Informant: Driver		
Race: Boyanese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/12/2024 10:00	Type of Location: Straight Road
Location:  DUNEARN ROAD				
Weather: Clear		Road Surface: Dry		
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

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNR8311P	Motor car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**

T/20241230/7078

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

2 of 3

Report No. T/20241230/7078

## CONTINUATION OF REPORT

<b>Driver</b>				
Name	FAEZAL BIN MOHAMAD RAHMAD		ID No.	S7828345I
Related Vehicle	SNR8311P (Motor car)		Contact No.	84688505
Hospital/Clinic	ONECARE CLINIC BOON LAY		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	30/12/2024	Date Discharge	30/12/2024	
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight	

**Brief Details.**

I was on dunearn road travelling in heavy traffic. Suddenly I was hit from behind by a lorry YQ6290D





**SINGAPORE  
POLICE FORCE**



T/20241230/7078

3 of 3

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

Report No. T/20241230/7078

CONTINUATION OF REPORT

1-4/2024

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
CHUA SOON KEONG  
Contact No.: 65476030

Signature Of Informant:

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

Date/Time:  
30/12/2024 16:32

Classification Of Case:



