

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	08/01/2025 16:53 (SGT)
Reported by	Actual Driver
Date of Accident	08/01/2025 09:35 (SGT)
Exact Location of Accident	Bukit Batok Rd, Singapore
Additional Location Information	BUKIT BATOK RD TOWARDS JURONG TOWN HALL RD BEFORE BUKIT BATOK WEST AVE 3 (LAMPPOST 39-41)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNM2568G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHARIFAH SAKENA BINTE SYED SALLIM
NRIC No	SXXXXX332B
Email Address	ERANSHHR216@GMAIL.COM
Mobile Phone No	(Phone) +65-81830586
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Yaris
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	1490
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	5139136712-01

DRIVER

Name of Driver	SYED MUHAMMAD SALEH BIN FARMAN ALBUKHARI
NRIC No	SXXXX534C
Date Of Birth	28/03/1962
Occupation	Outdoor
Driving Pass Date	18/10/1996
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	28 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88565257
Alt. Phone Number	-
Email Address	ERANSHAHR216@GMAIL.COM
Address	335 ANG MO KIO AVENUE 1
Address complement	#10-2003
Postcode	560335
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	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)	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	SMB8028D
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	SYED MUHAMMAD SALEH BIN FARMAN ALBUKHARI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MC For 3 Days
Injured person in which vehicle?	SNM2568G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

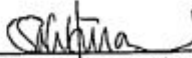
Describe Circumstance of the Accident

Ref/ to police report
no: 7/20250108/7064

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)

SKETCH PLAN

IMPORTANT NOTICE

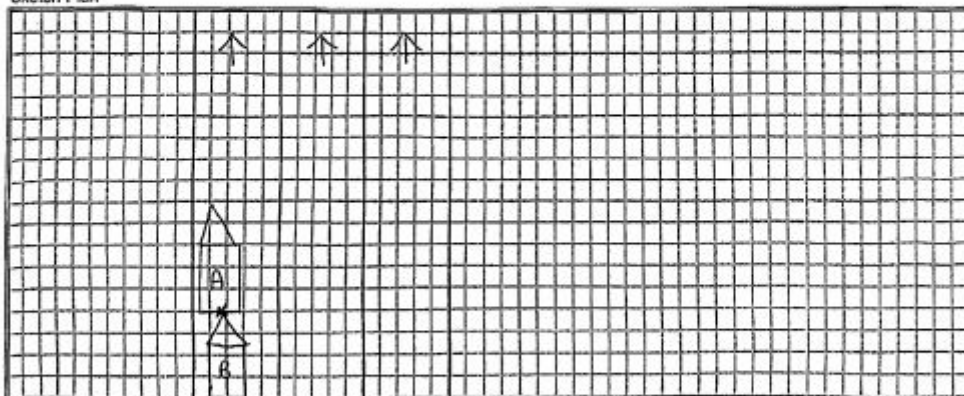
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6. This report will be forwarded by the Insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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.
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 NRICID card)

Sketch Plan



Location of accident:

BUKIT BATOK RD TOWARDS JURONG TOWN HALL RD BEF BUKIT BATOK WEST AVE 3
(LAMP POST 29-41)

Vehicle A : 3NM25686 1

Vehicle B : 3MB1028D



















**SINGAPORE
POLICE FORCE**



T/20250108/7064

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

1 of 3

Report No. T/20250108/7064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2025 14:02		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: SYED MUHAMMAD SALEH BIN FARMAN ALBUKHARI		Address: 335 ANG MO KIO AVENUE 1 #10-2003 SINGAPORE 560335		
ID Type / ID No.: NRIC NO / S1544534C		Contact No.: Home/Office: Mobile: 90051625		
Nationality: SINGAPORE CITIZEN		Email: SALEHFARMAN.216@GMAIL.COM		
Sex: Male	Age: 62	Date of Birth: 28/03/1962	Type of Informant: Driver	
Race: Arab		Language: English		
Occupation: TECHNICAL OFFICER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/01/2025 09:35	Type of Location: Straight Road
Location: BUKIT BATOK WEST AVENUE 8				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Condition	No of Passenger
SMB8028D	Bus (Passenger)				Seriously Damaged	0
SNM2568G	Motor car	TOYOTA	YARIS CROSS	White	Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20250108/7064

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

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Report No. T/20250108/7064

CONTINUATION OF REPORT

Driver			
Name	SYED MUHAMMAD SALEH BIN FARMAN ALBUKHARI		ID No. S1544534C
Related Vehicle	SNM2568G (Motor car)		Contact No. 90051625
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	08/01/2025	Date Discharge	08/01/2025
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious

Brief Details.

DATE OF ACCIDENT: 08/01/2024

TIME OF ACCIDENT: 0935HRS

LOCATION OF ACCIDENT: BUKIT BATOK ROAD TOWARDS JURONG TOWN HALL ROAD BEFORE BUKIT BATOK WEST AVE 3 (LAMP POST 39-41)

I, AM THE SAID DRIVER, OF VEHICLE BEARING CAR PLATE SNM2568G

I AM STATIONARY ON THE MOST LEFT LANE ALONG BUKIT BATOK ROAD(LAMP POST 39-41)

I AM REPLYING TO URGENT MESSAGE.

SUDDENLY, A SBS TRANSIT BUS, BEARING PLATE NO: SMB8028D BANG ONTO THE REAR PORTION OF MY VEHICLE.

AFTER THE ACCIDENT, I SUFFERED DISCOMFORT AND PAIN ON THE BACK OF MY HEAD, NECK, AND CHEST AREA.

SO I WENT TO MOUNT ALVERNIA HOSPITAL TO CONSULT A DOCTOR. I RECEIVED 3 DAYS OF MC.



**SINGAPORE
POLICE FORCE**

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



T/20250108/7064

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Report No. T/20250108/7064

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
MUHAMMAD AZHAR BIN ANUAR
Contact No.: 96191462

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

Date/Time:
08/01/2025 14:02

Classification Of Case:

NP168



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5139136712-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SNM2568G**
 Chassis Number : MXPB103026665
2. Name of Policyholder : **SHARIFAH SAKENA BINTE SYED SALLIM**
3. Effective Date of Insurance : **07 Sep 2024**
4. Expiry Date of Insurance : **06 Sep 2025**
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SHARIFAH SAKENA BINTE SYED SALLIM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GENIE FINANCIAL SERVICES PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : **TECK WEI CREDIT PTE. LTD. (00000572499)**
 Date of Issue : **16 Aug 2024 18:53 hrs**

For INCOME INSURANCE LIMITED

Chief Executive