

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	28/06/2024 13:08 (SGT)
Reported by	Actual Driver
Date of Accident	27/06/2024 15:17 (SGT)
Exact Location of Accident	Tampines Ave 4, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV4397U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ISMAIL BIN LASIMAN
NRIC No	S1503472F
Email Address	PUTRANORIDZWAN@GMAIL.COM
Mobile Phone No	(Phone) +65-90258029
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Chevrolet
Model	Cruze
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	1600

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P11030396R00

DRIVER

Name of Driver	MOHAMED NORIDZWAN BIN ISMAL
NRIC No	S8307115Z
Date Of Birth	01/03/1983
Occupation	Indoor

Driving Pass Date	13/01/2009
Driving experience	15 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96965987
Alt. Phone Number	-
Email Address	PUTRANORIDZWAN@GMAIL.COM
Address	BLK 842B TAMPINES STREET 82 #03-26
Address complement	-
Postcode	522842
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20240627/2074.

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	SNP6141L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KANG MENG CHUAN
Contact Number	(Phone) +65-98500333
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 Traffic Police Department for investigation.**
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:

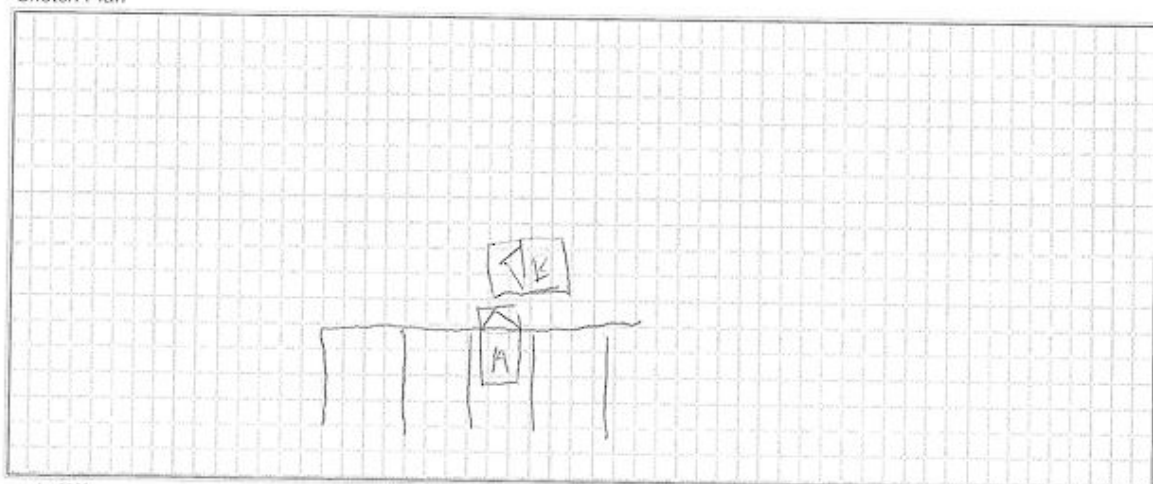
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

Refer to police report

Declaration

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

 Policyholder's Signature / Date & Time	 Actual Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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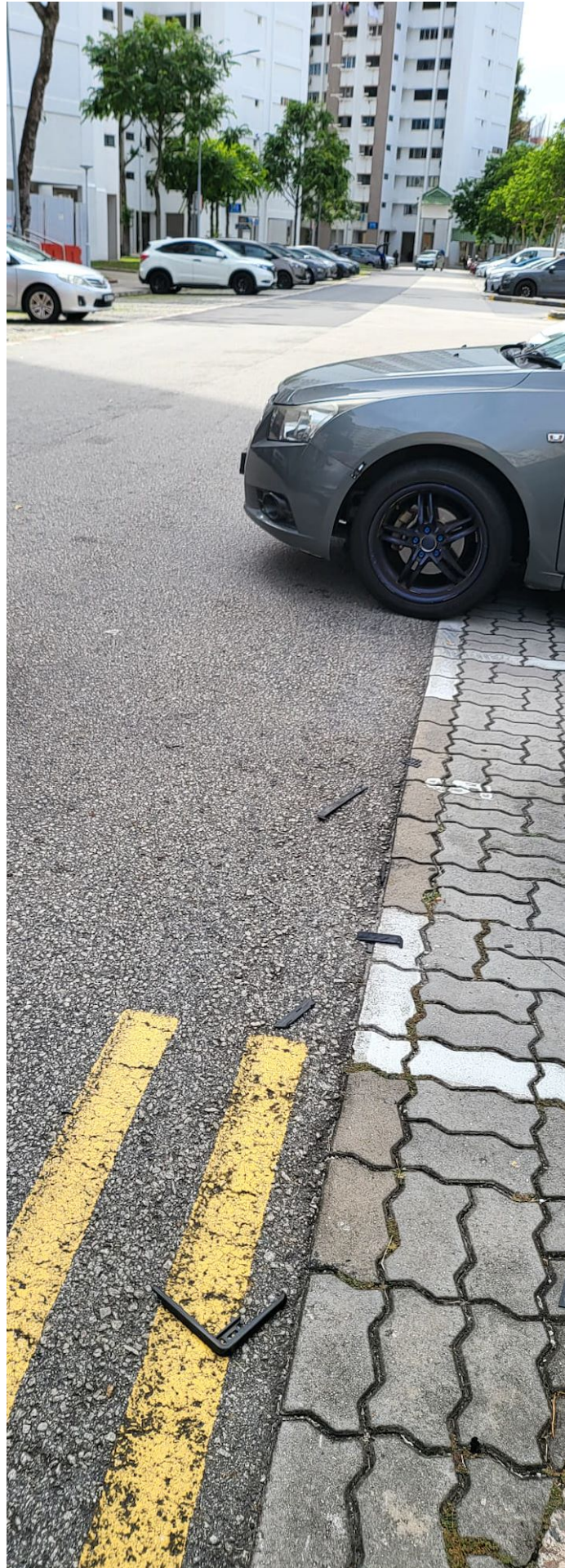














**SINGAPORE
POLICE FORCE**



T/20240627/2074

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20240627/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2024 19:16	Vide Report No.:	Station Diary No.: 76
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Informant's Particulars

Name of Informant: MOHAMED NORIDZWAN BIN ISMAIL			Address: 842B TAMPINES STREET 82 #03-26 SINGAPORE 522842		
ID Type / ID No.: NRIC NO / S8307115Z			Contact No.: Home/Office: Mobile: 96965987		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 01/03/1983	Type of Informant: Driver		
Race: Malay			Language:		
Occupation: AIRCRAFT TECHNICIAN			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/06/2024 15:15	Type of Location: Car Park
Location: TAMPINES AVENUE 4				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SJV4397U	Motor car				Seriously Damaged	0
SNP6141L	Motor car				Slightly Damaged	0

Details of Person Involved

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



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Report No. T/20240627/2074

CONTINUATION OF REPORT

Driver			
Name	MOHAMED NORIDZWAN BIN ISMAIL	ID No.	S8307115Z
Related Vehicle	SJV4397U (Motor car)	Contact No.	96965987
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	KAN MENG CHUAN	ID No.	NIL
Related Vehicle	SNP6141L (Motor car)	Contact No.	98500333
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 27/06/2024, at about 1517hrs, I was slowly inching out my car from Lot 4 in between Block 802 Tampines Avenue 4 and Block 811 Tampines Ave 4, when a car, SNP6141L came from my right. I stopped my car immediately however the other car was not able to stop on time and thus hit on my plate number. He swerves to his right after which caused my plate number to be completely removed from my car. I then exited from my car and made a check on my car and his. We exchange contact number. He was rushing to pick up his passenger and hence he did not get to settle things amicably. He asked me to wait for his phone call. He did mention that he wishes to settle things privately.

I observed that there are scratches on the left front passenger door and scratches on his front left rim of his car.

My car had front plate number completely removed.

No one is injured. He was not injured at all. No visible injuries on him.

I wish to state that I did check my blind spot before inching out.

I do not have any footages of the incident.

Today, at about 1730hrs, I met him at my block area, and was about to sign an agreement. He then mentioned there is additional damage on the left body of the car near to the front passenger door. He added that he is unable to open the door at all.



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T/20240627/2074

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Tampines N.P.C.
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20240627/2074

CONTINUATION OF REPORT

Hence, he decided to not sign the agreement and wished to go for insurance claiming.

I wish to state that he might allegedly make more damages to his car prior to meeting up with me.



SINGAPORE
POLICE FORCE



T/20240627/2074

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6 Tampines Avenue 4 SINGAPORE 529682
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Report No. T/20240627/2074

CONTINUATION OF REPORT

Signature of Officer Recording The G / SGT 2 SHARIFAH NURDIYANAH BINTE SYED AMIRHAMZAH	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / SUPT (1) PHNG KAR SOON Contact No.: 65476030	

NP168

Signature Of Informant:	
Date/Time: 27/06/2024 19:16	
Classification Of Case:	