

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	15/07/2024 16:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/07/2024 13:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BAYFRONT AVE JUNCTION 86 MARINE BOULEVARD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA6212G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SAMSUDIN BIN OMAR
NRIC No	SXXXX134F
Email Address	omartrd@gmail.com
Mobile Phone No	(Phone) +65-83637089
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5141752806

DRIVER

Name of Driver	SAMSUDIN BIN OMAR
NRIC No	SXXXX134F
Date Of Birth	06/01/1972
Occupation	Outdoor

Driving Pass Date	19/06/2006
Driving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83637089
Alt. Phone Number	-
Email Address	omartrd@gmail.com
Address	244 JURONG EAST STREET 24 #11-609
Address complement	-
Postcode	600244
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ATTACHED 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	SMA260G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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	SAMSUDIN BIN OMAR
Gender	Male
Phone No	(Phone) +65-83637089
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMA6212G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The 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.

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' law yers/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' 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), which may be sited outside of Singapore, for one or more of the above Purposes.

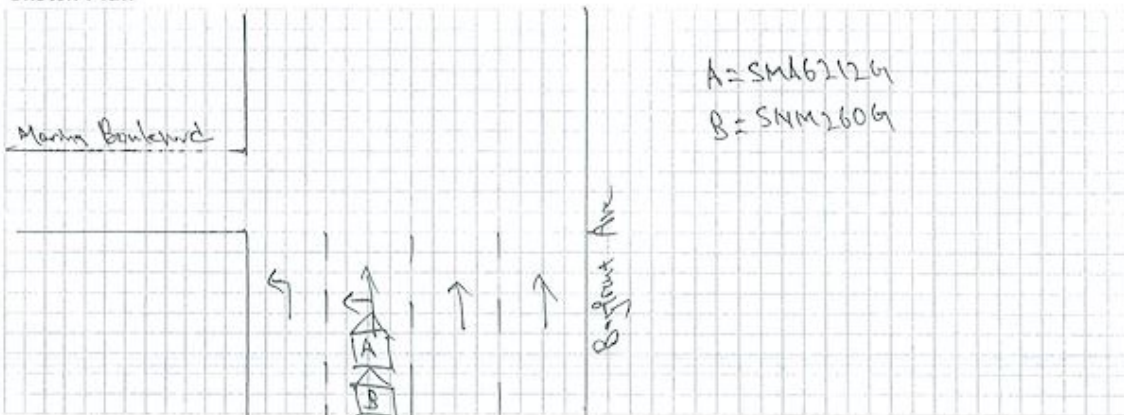
CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

Please refer to Police Report. 7/2024 of 15/7036
and 7/2024 of 14/2039

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)
Witnessed by Reporting Centre
Personnel






















**SINGAPORE
POLICE FORCE**


T/20240714/2039

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3

Report No. T/20240714/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2024 13:56		Vide Report No.:		Station Diary No.: 32	
Informant's Particulars					
Name of Informant: SAMSUDIN BIN OMAR			Address: 244 JURONG EAST STREET 24 #11-609 SINGAPORE 600244		
ID Type / ID No.: NRIC NO / S7200134F			Contact No.: Home/Office: Mobile: 83637089		
Nationality: SINGAPORE CITIZEN			Email: omartrd@gmail.com		
Sex: Male	Age: 52	Date of Birth: 06/01/1972	Type of Informant: Driver		
Race: Boyanese			Language:		
Occupation: Private Hire Driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/07/2024 13:10	Type of Location: Straight Road
Location: MARINA BOULEVARD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: between stationary vehicle and moving vehicle. Head to Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditi	No of Passenger
SMA6212G	Motor car	TOYOTA	SIENTA 1.5 CVT ELEGANCE	Brown	Slightly Damaged	0
SNM260G	Motor car	NISSAN	SERENA 1.2L HIGHWAY STAR PREMIUM E	Grey	Slightly Damaged	3



**SINGAPORE
POLICE FORCE**



T/20240714/2039

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20240714/2039

CONTINUATION OF REPORT

Brief Details.

on 14/07/2024 at around 1310hrs, I was driving along Marina Boulevard in Lane 2 and I stopped my vehicle as the traffic light turned red. Subsequently, an vehicle behind me came to a stop simultaneously as the light turned red and collided into my vehicle. The front the vehicle collided to the rear of my vehicle. I then alighted from my vehicle and exchange particulars of the driver. I am lodging this report to claim for insurance purpose.



**SINGAPORE
POLICE FORCE**



T/20240714/2039

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20240714/2039

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SGT 2 ZAINUL ARIF S/O
JUNAITH AHAMED

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476414

Signature Of Informant:

Date/Time:
14/07/2024 13:56

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20240715/7036

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

1 of 3

Report No. T/20240715/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2024 12:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SAMSUDIN BIN OMAR			Address: 244 JURONG EAST STREET 24 #11-609 SINGAPORE 600244		
ID Type / ID No.: NRIC NO / S7200134F			Contact No.: Home/Office: Mobile: 83637089		
Nationality: SINGAPORE CITIZEN			Email: OMARTRD@GMAIL.COM		
Sex: Male	Age: 52	Date of Birth: 06/01/1972	Type of Informant: Driver		
Race: Boyanese			Language: English		
Occupation: Private-hire car driver			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: 14/07/2024 13:10	Type of Location: Straight Road
Location: BAYFRONT AVENUE				
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
SMA6212G	Motor car	TOYOTA	SIENTA 1.5 CVT ELEGANCE	Brown		0
SNM260G	Motor car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMA6212G	NTUC Income Insurance Co-Operative Limited	5141752806	19/01/2024	13/12/2024



**SINGAPORE
POLICE FORCE**



T/20240715/7036

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

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Report No. T/20240715/7036

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SAMSUDIN BIN OMAR	ID No.	S7200134F
Related Vehicle	SMA6212G (Motor car)	Contact No.	83637089
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Slight

Brief Details.

Referring to Report No. T/20240714/2039. I would like to add on that I am suffering from neck, back and body ache. I visited Mary Medical Clinic & Surgery and received 4 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20240715/7036

3 of 3

Report No. T/20240715/7036

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

NP168

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

Date/Time:
15/07/2024 12:48

Classification Of Case: