

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 14:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/07/2024 10:40 (SGT)
Exact Location of Accident	Woodlands Centre Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3465T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHAIK KHALED KAMAL SHAH
NRIC No115D
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5108613702-05

DRIVER

Name of Driver	SHAIK KHALED KAMAL SHAH
NRIC No	
Date Of Birth	
Occupation	Indoor

Driving Pass Date	08/09/1998
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	-
Alt. Phone Number	-
Email Address	-
Address	-
Address complement	-
Postcode	-
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 - Cross Junction
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)	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	RUBIAH BINTI ALIAS
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
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?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1338P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

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)

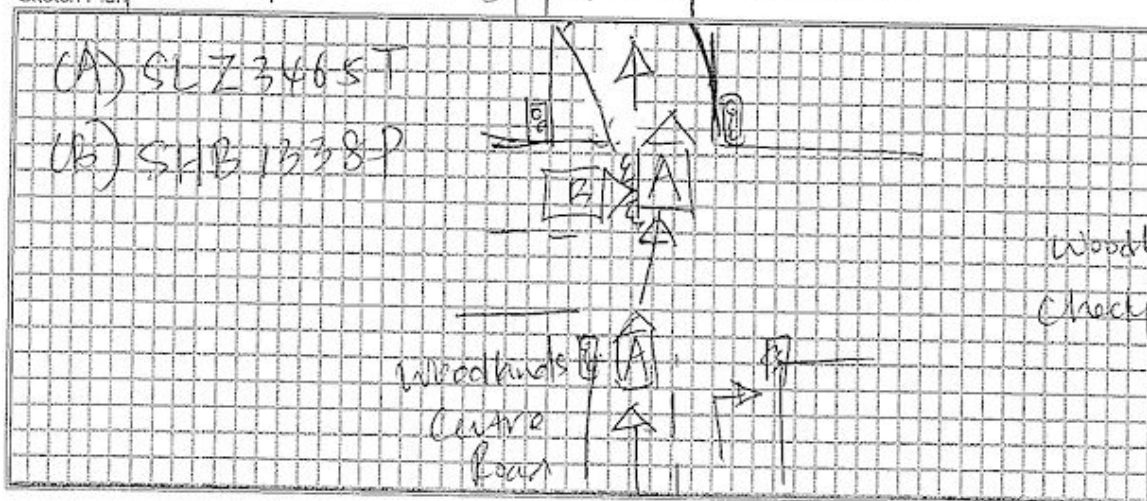
I understand, acknowledge, agree and consent that:

- (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 insurers(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
 [Signature] 15/7/24 12:50pm
 Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time
 [Signature] 15/7/24 12:50pm

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



Describe Circumstances of the Accident

Refer to Police Report
Police Report No: T/20240715/2019

Up at Yee Auto

☐ Claim OD ☐ Claim Third Party ☒ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop: Yee Auto Pte Ltd

Email address: yeeautopte ltd@gmail.com

Myself email: skks_khaled@yahoo.com.sg

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

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

Policyholder's Signature / Date & Time
15/8/24
12:50pm

Driver's Signature (if driver is not the policyholder) / Date & Time
15/8/24
12:50pm



Witnessed by Reporting Centre Personnel


























**SINGAPORE
POLICE FORCE**


T/20240715/2019

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20240715/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2024 11:54		Vide Report No.:	Station Diary No.: 18
Informant's Particulars			
Name of Informant: SHAIK KHALED KAMAL SHAH		Address:	
ID Type / ID No.: NRIC NO /		Contact No.: Home/Office:	Mobile:
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age:	Date of Birth:	Type of Informant: Driver
Race: Indian		Language: English	
Occupation: CUSTOMER SERVICE		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/07/2024 10:40	Type of Location: X-Junction
Location: WOODLANDS CENTRE ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB1338P	Motor car				Slightly Damaged	1
SLZ3465T	Motor car				Slightly Damaged	1

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

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20240715/2019

3 of 3

Report No. T/20240715/2019

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SI MUHAMMAD SYAZWAN BIN
MOHAMAD YASIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SUPT (1A) CHUA SOON KEONG
Contact No.: 65476030

Signature Of Informant:

Date/Time:
15/07/2024 11:54

Classification Of Case:

NP168



SINGAPORE POLICE FORCE

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20240715/2019

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Report No: T/20240715/2019

CONTINUATION OF REPORT

Passenger			
Name	RUBIAH BINTI ALIAS	ID No.	
Related Vehicle	SLZ3465T (Motor car)	Contact No.	
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
Driver			
Name	SHAIK KHALED KAMAL SHAH	ID No.	
Related Vehicle	SLZ3465T (Motor car)	Contact No.	
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 15/07/2024 at about 1040hrs, I was driving in vehicle bearing no. SLZ3465T with my wife when I came to traffic junction of Woodlands Centre Road and Woodlands Crossing. As the light was green in my favor, I continued driving. Suddenly, I felt an impact from the left while driving at the said junction. I made a check on my wife who was sitting beside me. As she informed that she was fine, I moved my car to the side to prevent any obstruction. We proceeded to alight from the vehicle and assessed the accident.

No. 51 Ang Mo Kio Ave 9
Singapore 569784
Tel: 1800-4849999

I discovered that a Strides taxi bearing SHE1338D had hit the left rear side of my car while he was proceeding straight along Woodlands Crossing. The said taxi driver had a passenger as well who had alighted as well. They informed that they were fine and no immediate medical assistance was required. I proceeded to take photo of the accident and wanted to exchange particulars with the taxi driver however he declines and informed me to lodge a report.

My car sustained damage at the left rear rims and left rear bumper as well. My wife and I have yet to see the doctor and will be proceeding for consultation if needed.

I have a recording of the said footage of the incident and had taken out the SD card.



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS2S247F0002 Vehicle Registration No: SLZ3465 T
 Name (as shown in NRIC): SHAIK KHALED KAMAL SHAH NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 253 ANG MO KIO STREET 21 # 03-189 Singapore ()
 Contact (Tel): 8113 3747 Mobile No.: _____
 Email Address: SKKS - KHALED @ YAHOO. COM .SG
 Date of Accident: 15072024 Time of Accident: 1040
 Place of Accident: WOODLANDS CENTRE RD, SINGAPORE
 Insurance Company: INCOME

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMMENDED CORRECT THIRD PARTY VEHICLE NO.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

