

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	07/08/2024 10:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/07/2024 08:33 (SGT)
Exact Location of Accident	Joo Seng Rd, Singapore
Additional Location Information	ROADSIDE PARKING J0088 PARKING LOT NO 9C
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFB9027H
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED FAIROZ BIN MOHAMED RAHMAN
NRIC No	SXXXX245E
Email Address	FZ_FAIROZ@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90456778
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X3
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	2497
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	5140188615

DRIVER

Name of Driver	MOHAMED FAIROZ BIN MOHAMED RAHMAN
NRIC No	SXXXX245E
Date Of Birth	17/06/1981
Occupation	Outdoor
Driving Pass Date	28/08/2019
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90456778
Alt. Phone Number	-
Email Address	FZ_FAIROZ@YAHOO.COM.SG
Address	501 ANG MO KIO AVE 5
Address complement	#02-3714
Postcode	560501
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	Collided into Parked Vehicle
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 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	QX3069E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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


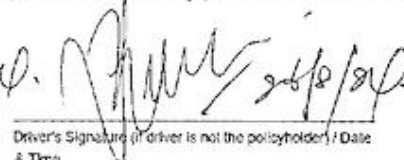
IMPORTANT NOTICE

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 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.

 26/8/20
 26/8/20

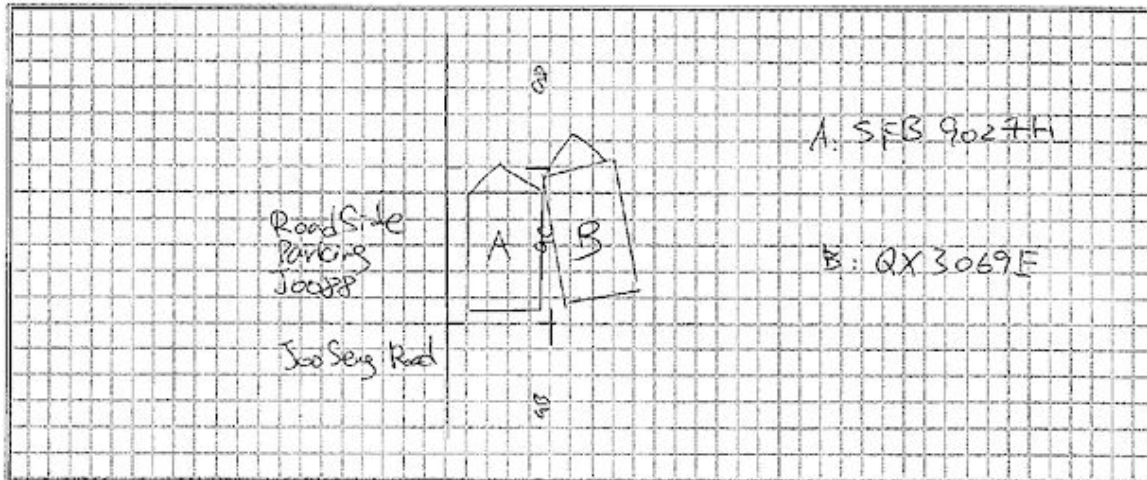


Policyholder's Signature / Date & Time

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

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

Sketch Plan




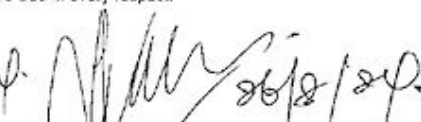
Describe Circumstance of the Accident

Please refer to Police Report: T/20240715/2046

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)





























**SINGAPORE
POLICE FORCE**



T/20240715/2046

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

1 of 3
Report No. T/20240715/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2024 15:41		Vide Report No.: F/20240715/0060		Station Diary No.: 39
Informant's Particulars				
Name of Informant: MOHAMED FAIROZ BIN MOHAMED RAHMAN		Address: 501 ANG MO KIO AVENUE 5 #02-3714 SINGAPORE 560501		
ID Type / ID No.: NRIC NO / S8117245E		Contact No.: Home/Office: Mobile: 90456778		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 43	Date of Birth: 17/06/1981	Type of Informant: Driver	
Race: Javanese		Language:		
Occupation: property manager		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 15/07/2024 08:30	Type of Location: Straight Road
Location: JOO SENG ROAD				
Lamp Post Number: 23				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
QX3069E	Motor car	TOYOTA	RAV4 2.0 (AUTO) [T4]	White	Slightly Damaged	1
SFB9027H	Motor car	BMW	X3 2.5SI	Red	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20240715/2046

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

2 of 3

Report No. T/20240715/2046

CONTINUATION OF REPORT

Brief Details.

On 15/07/2024 at about 0830hrs, I was stationary in my vehicle bearing plate number SFB9027H along Joo Seng Rd towards Little Road near lamp post 23. I was parked at the parallel parking lot number 9C. Suddenly, a police car bearing plate number QX3069E collided onto the right side of my side mirror.

I went down from my car and approached the driver of the car to ask him if he is aware that he had collided onto my right-side mirror. His partner then told me that he heard the sound of collision. I then showed them my side mirror and their vehicle side mirror to inform them of the damages which they then acknowledged.

Subsequently, their supervisors and traffic came down to the scene. Traffic police informed me to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20240715/2046

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

3 of 3
Report No. T/20240715/2046

CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SGT 2 MUHAMMAD FIRDAUS
BIN ABDULLAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
SR STAFF SGT YEO KIA HUAT
Contact No.: 65476162

Signature Of Informant:

Date/Time:
15/07/2024 15:41

Classification Of Case:

NP168