

## 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 Authorised 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 ability.
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 Report	13/08/2018 12:53
Date Of Accident	10/08/2018 14:00
Exact Location Of Accident	COMPASSVALE RD NEAR BLK 278B TWDS COMPASSVALE BOW
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3278S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PRESTIGE LEASING PTE. LTD
Co Reg No	201723326H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5094838100
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD GHAZALI BIN MAHMAT
NRIC No	S1821582I
Date Of Birth	11/01/1967
Occupation	OUTDOOR
Date Of Driving Pass	07/08/1987
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96883722
Fax Number	
Contact Number	
Email Address	GHAZALIMAHMAT@YAHOO.COM

Address	BLK 240 BUKIT PANJANG RING ROAD #03-123
Postcode	670240
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	<b>ROAD:</b> 1 SEGAR ROAD , <b>POSTCODE:</b> 677738 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180810/2136

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ2157K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMED FAROOK MOHD SULTAN
NRIC/Passport Number	S8464129D
Contact Number	83213276
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD GHAZALI BIN MAHMAT
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLZ3278S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### 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 Authorised 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

*Juhar HAZAI* 13/8/18  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*2/lyn* 13/08/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

COMPASSVALE RD NEAR BLK 278B

A-SLZ32785  
B-SJQJ157K

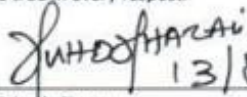
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180810/2136

## 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: 13/8/18

Reporting Centre Personnel's Signature:   
Name: 13/08/18  
NRIC/FIN No.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180810/2136

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

2 of 3

Report No. T/20180810/2136

## CONTINUATION OF REPORT

Name	Mohammed Farook Mohd Sultan	ID No.	S8464129D
Related Vehicle	SJQ2157K (Car)	Contact No.	83213276
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MUHAMMAD GHAZALI BIN MAHMAT	ID No.	S1821582I
Related Vehicle	SLZ3278S (Car)	Contact No.	96883722
Hospital/Clinic	CHIN MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/08/2018	Date Discharge	10/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 10th August 2018 at about 1400hrs, I was driving my vehicle bearing SLZ3278S (Red coloured) along Compassvale Road towards Compassvale Bow near the T-junction. At that point of time, there was a heavy traffic and all the vehicles were congested. I was also driving my vehicle at about 10km/h.

Subsequently, I felt an impact coming from my rear and my body then hinged forward. Due to the impact, my chest hit onto the steering wheel. I then made a check and discovered that the vehicle behind me bearing SJQ2157K had hit the rear portion of my vehicle. According to the driver, he admitted that he had accelerated too much thus, the vehicle moved forward and he did not manage to brake on time.

Due to the accident, my vehicle sustained a dented rear door and some scratches on the rear bumper. No one was injured at that point of time. There were also no ambulance or Traffic police at the scene. No government property damaged. After the accident, I felt pain on my chest. I then decided to see the doctor. later, I was given 3 days MC from DR Chin Swee Aun at Chin Medical Clinic Pte Ltd. I wish to state that I do not have an in-built camera installed inside my vehicle.

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/201808102136

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3  
Report No: T/201808102136

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2018 20:34		Video Report No.:		Station Diary No.: 147	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD GHAZALI BIN MAHMAT			Address: APT BLK 240 BUKIT PANJANG RING ROAD #03-123 SINGAPORE 670240		
ID Type / ID No.: NRIC NO / S18215821			Contact No.: Home/Office: Mobile: 96853722		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 11/01/1987	Type of Informant: Driver		
Race: Boyanesse			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/08/2018 14:00	Type of Location: T-Junction
Location: Along Road 1 COMPASSVALE ROAD  along Compassvale Road near Blk 278B towards Compassvale Bow				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 10 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SJQ2157K	Car	TOYOTA	Altis	Silver	Seriously Damaged	0
SLZ32785	Car	HONDA	stream	Red	Seriously Damaged	0

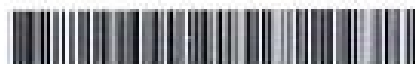
## Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180810/2136

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8829899

2 of 3

Report No: T/20180810/2136

## CONTINUATION OF REPORT

Name	Mohammed Farock Mohd Sultan	ID No.	S8464129D
Related Vehicle	SJQ2157K (Car)	Contact No.	83213276
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MUHAMMAD GHAZALI BIN MAHMAT	ID No.	S1821582I
Related Vehicle	SLZ3278S (Car)	Contact No.	96883722
Hospital/Clinic	CHIN MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/08/2018	Date Discharge	10/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 10th August 2018 at about 1400hrs, I was driving my vehicle bearing SLZ3278S (Red coloured) along Compassvale Road towards Compassvale Bow near the T-junction. At that point of time, there was a heavy traffic and all the vehicles were congested. I was also driving my vehicle at about 10km/h.

Subsequently, I felt an impact coming from my rear and my body then hinged forward. Due to the impact, my chest hit onto the steering wheel. I then made a check and discovered that the vehicle behind me bearing SJQ2157K had hit the rear portion of my vehicle. According to the driver, he admitted that he had accelerated too much thus, the vehicle moved forward and he did not manage to brake on time.

Due to the accident, my vehicle sustained a dented rear door and some scratches on the rear bumper. No one was injured at that point of time. There were also no ambulance or Traffic police at the scene. No government property damaged. After the accident, I felt pain on my chest. I then decided to see the doctor. later, I was given 3 days MC from DR Chin Swee Aun at Chin Medical Clinic Pte Ltd. I wish to state that I do not have an in-built camera installed inside my vehicle.

Police Report



SINGAPORE  
POLICE FORCE



T/20180810/2136

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20180810/2136

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

J /

Sgt 2 NURUL ATIQA BINTE DOL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/08/2018 20:34

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65475151

Classification Of Case:

Authentication Stamp

NP100

Singapore Police Force