

## 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 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 Report	05/03/2019 16:18
Date Of Accident	20/02/2019 12:35
Exact Location Of Accident	PIE (CHANGI) AFTER BEDOK NORTH RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6269B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ATARY
Co Reg No	53388542J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96904269
Alternative Phone No	OFFICE-96904269

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104711083
Cover Note Number	

### Driver

Name of Driver	LUQMAN-NUL HAKKIM BIN MISIRI
NRIC No	S8819161G
Date Of Birth	25/05/1988
Occupation	INDOOR
Date Of Driving Pass	19/12/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96904269
Fax Number	
Contact Number	OFFICE-96904269
Email Address	NOEMAIL

Address	BLK 216A COMPASSVALE DRIVE #04-534
Postcode	541216
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WKG9906 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	5
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	4
Passenger 1	NAME: : ATIYAH BINTE LUQMAN-NUL HAKKIM GENDER: : FEMALE
Passenger 2	NAME: : NUR JANE BTE JUMARI GENDER: : FEMALE
Passenger 3	NAME: : ARYAN BIN LUQMAN-NUL HAKKIM GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 SINGAPORE , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800 - 3438999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190221/2088. I WISH TO STATE THAT I TRIED TO AVOID COLLISION HOWEVER MY VEHICLE RIGHT PORTION SIDE SWIPED VEHICLE C REAR LEFT PORTION AND MY VEHICLE MOVED TO LANE 2 AND MY VEHICLE FRONT PORTION COLLIDED ONTO VEHICLE D REAR RIGHT PORTION.

#### 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	WGK9906
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHB8691Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SKS6467S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

ATYAH BINTE LUQMAN-NUL HAKKIM  
  
BODY  
SJK6269B  
YES  
YES

DETAILS OF INJURED PERSON 2

Name  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

ARYAN BIN LUQMAN-NUL HAKKIM  
  
BODY  
SJK6269B  
YES  
YES

### SKETCH PLAN

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)**

(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 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.

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

## Accident Sketch Plan

### SKETCH PLAN

A: 5JK62698  
 B: unknown  
 C: W6K9906  
 D: 5H1386414  
 E: 5K564675

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report - 7/20/2021/wag.

## 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:

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190221/2088

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 4

Report No. T/20190221/2088

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2019 15:16		Vide Report No.:		Station Diary No.: 116	
<b>Informant's Particulars</b>					
Name of Informant: LUQMAN-NUL HAKKIM BIN MISIRI			Address: APT BLK 216A COMPASSVALE DRIVE #04-534 SINGAPORE 541216		
ID Type / ID No.: NRIC NO / S8819161G			Contact No.: Home/Office: Mobile: 96904269		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 25/05/1988	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: Self-Employed			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/02/2019 12:35	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY  Along PIE Changi Airport after the exit of bedok north				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB8691Y	Car				Slightly Damaged	2
SJK6269B	Car				Slightly Damaged	3
SKS6467S	Car				Slightly Damaged	0
WGK9906	Car				Slightly Damaged	0

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190221/2088

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

2 of 4

Report No. T/20190221/2088

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	0	ID No.	0
Related Vehicle	SHB8691Y (Car)	Contact No.	98283442
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
Driver			
Name	LUQMAN-NUL HAKKIM BIN MISIRI	ID No.	S8819161G
Related Vehicle	SJK6269B (Car)	Contact No.	96904269
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	0	ID No.	0
Related Vehicle	WGK9906 (Car)	Contact No.	82828103
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

### Brief Details.

On 20/02/2019 at about 1235hrs while I was driving my car vehicle registration number SJK6269B along PIE Changi Airport after the exit of bedok north when suddenly the first car SKS6467S emergency brake causing the 2nd car which is the taxi SHB8691Y swerved left to avoid the collision. Following which, the 3rd car which is a Malaysian car WGK9906 swerved right. Afterwhich, my car SJK6269B was hit by a car from behind (unknown plate number as the car did not stop) and my car hit onto the Malaysian car and also hit onto the taxi. Police and ambulance came to scene and my son and daughter were conveyed to hospital. The taxi driver passenger was also conveyed to hospital. I have no in-car camera footage. Hence, I am here to lodge this traffic accident report.



## Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999



T/20190221/2088

3 of 4

Report No. T/20190221/2088

CONTINUATION OF REPORT

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190221/2088

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

4 of 4

Report No. T/20190221/2088

### 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:

F /

Sgt 3 TEO JIA HAO, KENNETH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/02/2019 15:16

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200

Classification Of Case:

Authentication Stamp

NP168

## INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

## Business Profile (Business) of ATARY (53388542J)

Date: 11/10/2018

## The Following Are The Brief Particulars of :

Name of Business	ATARY
Former Name(s) if any	
Date of Change of Name	
Registration No.	53388542J
Registration Date	11/10/2018
Commencement Date	11/10/2018
Status of Business	Live
Status Date	11/10/2018
Renewal Date	
Expiry Date	11/10/2021
Renewal via GIRO	NO
Constitution of Business	Sole-Proprietor
Principal Place of Business	216A COMPASSVALE DRIVE #04-534 COMPASSVALE MAST SINGAPORE (541216)
Date of Change of Address	

## Principal Activities

Activities (I)	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	
Activities (II)	RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (77101)
Description	

## Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
------	----	-------------	---------	----------------	---------------------

Authentication No. : S18728390J

Page 1 of 2

## INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

## Business Profile (Business) of ATARY (53388542J)

Date: 11/10/2018

## Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position
LUQMAN-NUL HAKKIM BIN MISIRI	S8819161G	SINGAPORE CITIZEN	216A COMPASSVALE DRIVE #04-534 COMPASSVALE MAST SINGAPORE (541216)	ACRA	11/10/2018 Owner

## Withdrawn Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
------	----	--	---------	-------------------	---------------------------	-----------------------

## Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

## Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit [www.acra.gov.sg](http://www.acra.gov.sg).

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES  
SINGAPORE

RECEIPT NO. : ACRA181011092215 (Free Business Profile by ACRA)

DATE : 11/10/2018

This is computer generated. Hence no signature required.



Authentication No. : S18728390J

Page 2 of 2

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





**Accident Photo**





Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo





Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo





## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S64SS00206 / GST Reg. No.: M400017735

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

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119030086 Vehicle Registration No: SJK6269B  
Name (as shown in NRIC) : LUQMAN-NUL HAKKIM BIN MISIRI NRIC/FIN/Passport No : S8819161G  
(\*Vehicle Driver / ~~Vehicle Owner~~) (\*) Please delete as appropriate  
Address : BLK 216A COMPASSVALE DRIVE #04-534 Singapore (541216)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96904269  
Email Address : \_\_\_\_\_  
Date of Accident : 20/02/2019 Time of Accident : 12:35  
Place of Accident : PIE (CHANGI) AFTER BEDOK NORTH RD EXIT  
Insurance Company : NTUC Income Insurance Co-operative Ltd

#### (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:

I wish to state that I tried to avoid collision however my vehicle right portion side swiped vehicle C  
rear left portion and my vehicle moved to lane 2 and my vehicle front portion collided onto vehicle D  
rear right portion.

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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