

## 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	14/12/2019 11:37
Date Of Accident	13/12/2019 19:00
Exact Location Of Accident	ALONG NEW BRIDGE RD AT BUS STOP NO (B05059)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ4847L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMAD IQBAL BIN ZAKARIA
NRIC No	S8501875B
Email Address	BOXER1PUNCH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92349062
Alternative Phone No	OTHERS-92349062

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 5
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095870586-01
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD IQBAL BIN ZAKARIA
NRIC No	S8501875B
Date Of Birth	04/01/1985
Occupation	OUTDOOR
Date Of Driving Pass	08/02/2007
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92349062
Fax Number	
Contact Number	OTHERS-92349062
Email Address	BOXER1PUNCH@HOTMAIL.COM

Address	BLK 628 JURONG WEST STREET 65 #05-388
Postcode	640628
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	4
Passenger 1	NAME: : HAYRA IRFASHA GENDER: : FEMALE
Passenger 2	NAME: : MUHAMMAD HARITH IRFAN GENDER: : MALE
Passenger 3	NAME: : HADY IQMAL GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	<b>ROAD:</b> 2 JURONG WEST AVE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7929999 - <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/20191213/2161

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME3292Z
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Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver QU DICHEN  
NRIC/Passport Number G3407864K  
Contact Number 98638960  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name MOHAMMAD IQBAL BIN ZAKARIA  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SFQ4847L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name HAYRA IRFASHA  
Approximate Age  
Injuries Sustain BACK  
Injured person in which vehicle? SFQ4847L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name MUHAMMAD HARITH IRFAN  
Approximate Age  
Injuries Sustain BACK  
Injured person in which vehicle? SFQ4847L  
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**.
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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 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:

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

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

# Accident Sketch Plan

SKETCH PLAN

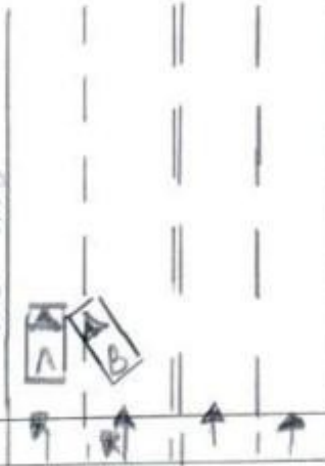
NEW BRIDGE RD

A-SFQ 4847L

B-SME 32922

11/11/19

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



P/s refer to the police report: T/20191213/2161

## 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.:

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20191213/2161

2 of 3

Police Station Of Origin:

Nanyang N.P.C

2 Jurong West Avenue 5 SINGAPORE  
649482

Tel No: 1800-7929999

Report No. T/20191213/2161

### CONTINUATION OF REPORT

#### Brief Details.

On 13/12/2019 at about 1900hrs, I was driving my car, SFQ4847L along North Bridge Road. I was driving on the most left lane. When I was near the Bus Stop (B05059), a car suddenly cut into my lane and overtake my car. While overtaking, she hit the left front side of my car. After she hit my car, we stopped in front of the bus stop and exchanged particulars. The particulars of the car and the driver is:

Car : SME3292Z

Driver: Qu Dichen

NRIC: G3407864K

HP: 98638960

The right front side of my car, near to the door, was dented inwards and the front bumper on the right side was dented. After the accident I called my Insurance and they came down to take pictures. My neck and my back was painful due to the accident. On the same day at about 2130hrs, I went to a Clinic to see a doctor and doctor gave me a MC for 3 days. Two of the passengers in my car, my son and my daughter was also injured. They also had back pain due to the accident and went to see a doctor together with me and both of them were given a 3 days MC. I am making this report as 2 of my passengers and I have MC for 3 days, for Insurance claim purpose and also for medical compensation from the car driver. No government property was damaged. No one was conveyed to hospital.



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/20191213/2161

1 of 3

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649462  
Tel No: 1800-7929999

Report No: T/20191213/2161

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2019 22:28		Video Report No.:		Station Diary No. 355	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMMAD IQBAL BIN ZAKARIA			Address: APT BLK 628 JURONG WEST STREET 65 #05-388 SINGAPORE 640626		
ID Type / ID No.: NRIC NO / S85018759			Contact No.: Home/Office: Mobile: 82349062		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 04/01/1985	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: NEA OFFICER			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/12/2019 19:00	Type of Location: Straight Road
Location: Along Road 1 NEW BRIDGE ROAD				
At The Bus Stop No (B05059)				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SFQ4847L	Car	MAZDA	MAZDA5	Purple	Slightly Damaged	3
SME3292Z	Car				Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFQ4847L	NTUC Income Insurance Co-Operative Limited	5095870586-01	20/11/2018	26/02/2020

## Police Report



**SINGAPORE  
POLICE FORCE**



T/2019/213/2151

2 of 3

Report No: T/2019/213/2151

Police Station Of Origin:

Nanyang N.P.C

2 Jurong West Avenue 5 SINGAPORE

646482

Tel No: 1800-7929999

### CONTINUATION OF REPORT

#### Brief Details.

On 13/12/2019 at about 1900hrs, I was driving my car, SFQ4847L along North Bridge Road. I was driving on the most left lane. When I was near the Bus Stop (B05059), a car suddenly cut into my lane and overtake my car. While overtaking, she hit the left front side of my car. After she hit my car, we stopped in front of the bus stop and exchanged particulars. The particulars of the car and the driver is:

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Driver: Qu Dichen

NRIC: G3407854K

HP: 88638960

The right front side of my car, near to the door, was dented inwards and the front bumper, on the right side was dented. After the accident I called my insurance and they came down to take pictures. My neck and my back was painful due to the accident. On the same day at about 2130hrs, I went to a Clinic to see a doctor and doctor gave me a MC for 3 days. Two of the passengers in my car, my son and my daughter was also injured. They also had back pain due to the accident and went to see a doctor together with me and both of them were given a 3 days MC. I am making this report as 2 of my passengers and I have MC for 3 days, for insurance claim purpose and also for medical compensation from the car driver. No government property was damaged. No one was conveyed to hospital.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20191213/2181

3 of 3

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20191213/2181

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 /

SC2 M AHMED TUSHAR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID  
Contact No: 65478172

Authentication Stamp  
NP168

Signature Of Informant

Date/Time:  
13/12/2019 22:28

Classification Of Case: