

## 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	22/01/2020 13:19
Date Of Accident	21/01/2020 09:40
Exact Location Of Accident	AYE TWDS KEPPEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK9383K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QAMARUL AZHAR BIN AHMAD KAMIL
NRIC No	SXXXX361D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93691283
Alternative Phone No	OFFICE-93691283

### 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 CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNPV2019-00002430
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD AZ-ZAHARI BIN AHMAD KAMIL
NRIC No	SXXXX574G
Date Of Birth	13/09/1981
Occupation	INDOOR
Date Of Driving Pass	16/06/2003
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81180100
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 429 WOODLANDS ST 41 #09-246
Postcode	730429
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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	WOODLANDS WEST N.P.C
Police Station Address	<b>ROAD:</b> 1 WOODLANDS STREET 12 , <b>POSTCODE:</b> 738622 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200122/2036

#### 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	SGE5899G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KE JINSHAN
NRIC/Passport Number	SXXXX875F
Contact Number	86957333
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA2616K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HEO KIM YONG
NRIC/Passport Number	SXXXX957C
Contact Number	81022625
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MOHAMMAD AZ-ZAHARI BIN AHMAD KAMIL
Approximate Age	
Injuries Sustain	JAW, NECK, BACK
Injured person in which vehicle?	SLK9383K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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#### 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

A: SKK 9383K — — — — —  
B: JGZ 5899G — — — — —  
C: QHA 2616K — — — — —  
→ [B] [A] [C] →  
A.Y.Z. Tuzo KZPPZL

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS POLICE REPORT : T/20200/22/2036 ATTACH

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

	Reporting Only
	Claim OD
	Claim TP <i>YES</i>
	Claim OD / TP at other workshop

## 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/20200122/2036

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

1 of 4

Report No. T/20200122/2036

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2020 11:00	Vide Report No.:	Station Diary No.: 67
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## Informant's Particulars

Name of Informant: MOHAMMAD AZ-ZAHARI BIN AHMAD KAMIL			Address: APT BLK 429 WOODLANDS STREET 41 #09-246 SINGAPORE 730429		
ID Type / ID No.: NRIC NO / S8126574G			Contact No.: Home/Office: Mobile: 81180100		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 13/09/1981	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/01/2020 09:40	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY				
Opposite The Infiniti				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
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
SGE5899G	Car	BMW		Black	Seriously Damaged	1
SHA2616K	Taxi	HYUNDAI		Blue	Slightly Damaged	1
SLK9383K	Car	HONDA		Black	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200122/2036

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

2 of 4

Report No. T/20200122/2036

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK9383K	FWD Singapore Pte. Ltd	PNPV2019-00002430	15/02/2019	15/02/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Name	KE JINSHAN		ID No.	S7468875F
Related Vehicle	SGE5899G (Car)		Contact No.	86957333
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	HEO KIM YONG		ID No.	S1133957C
Related Vehicle	SHA2616K (Taxi)		Contact No.	81022625
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	MOHAMMAD AZ-ZAHARI BIN AHMAD KAMIL		ID No.	S8126574G
Related Vehicle	SLK9383K (Car)		Contact No.	81180100
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/01/2020		Date Discharge	21/01/2020
No. of Days granted Medical Leave		04	Degree of Injury	Slight

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200122/2036

Police Station Of Origin:  
Woodlands West N.P.C.  
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3 of 4

Report No. T/20200122/2036

### CONTINUATION OF REPORT

#### **Brief Details.**

On 21 January 2020 at about 9.40am, I was driving my vehicle bearing registration plate number SLK9383K along AYE Opposite the Infiniti at the first lane. I was in a stationary position, as the traffic was heavy. Out of a sudden, one vehicle bearing registration plate number SGE5899G collided onto the rear of my vehicle. My vehicle then surged forward and collided onto the taxi bearing registration plate number SHA2616K.

The damaged of my vehicle were dented rear boot, front bonnet rear left passenger door.

On the same day at about 11am, I felt pain on my jaw, my neck and my back area. I went to Tan Tock Seng hospital and was given 4 days.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200122/2036

4 of 4

Police Station Of Origin:  
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1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

Report No. T/20200122/2036

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:

L /

Sgt 2 PATRICIA TAN SHILING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

22/01/2020 11:00

Classification Of Case:

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



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