

## 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             | 26/02/2020 15:03 |
| Date Of Accident           | 26/02/2020 09:55 |
| Exact Location Of Accident | KPE              |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                                    |
|-----------------------------|------------------------------------|
| Vehicle Registration Number | SKK7052R                           |
| <b>Insured/Policyholder</b> |                                    |
| Name Of Registered Owner    | MUHAMMAD SYAZWAN BIN MOHAMAD YASIN |
| NRIC No                     | SXXXX159G                          |
| Email Address               | NOEMAIL                            |
| Mobile Phone No             | (LOCAL) +65-98460230               |
| Alternative Phone No        | OFFICE-98460230                    |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | BMW         |
| Model  | 316I        |
| 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             | 5094989988-02                          |
| Cover Note Number         |  |

### Driver

|                      |                                    |
|----------------------|------------------------------------|
| Name of Driver       | MUHAMMAD SYAZWAN BIN MOHAMAD YASIN |
| NRIC No              | SXXXX159G                          |
| Date Of Birth        | 26/02/1991                         |
| Occupation           | INDOOR                             |
| Date Of Driving Pass | 10/08/2010                         |
| Driving Experience   | 9 YEARS AND 6 MONTHS               |
| Gender               | MALE                               |
| Mobile Number        | (LOCAL) +65-98460230               |
| Fax Number           |                                    |
| Contact Number       | OFFICE-98460230                    |
| Email Address        | NOEMAIL                            |

|   |                                 |
|---|---------------------------------|
| Address   | BLK 217B SUMANG WALK<br>#04-228 |
| Postcode  | 822217                          |
| 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 | -<br>-<br>-                     |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                     |

#### 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?  | 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)   | 3   |
| Passenger 1   | NAME: : NURUL ADAWIYAH BINTE MUHAMMAD SYAZWAN<br>GENDER: : FEMALE |
| Passenger 2   | NAME: : NURUL AMEERA BINTE ISMAIL<br>GENDER: : FEMALE             |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY  |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200226/7011.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SJF9830L    |
| 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 SHD443P  
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)

#### DETAILS OF INJURED PERSON 1

Name MUHAMMAD SYAZWAN BIN MOHAMAD YASIN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKK7052R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name NURUL ADAWIYAH BINTE MUHAMMAD SYAZWAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKK7052R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name NURUL AMEERA BINTE ISMAIL  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKK7052R  
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.
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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: 26/04/20 09:05h

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

KPE

A: SICK 7052R  
B: JF9830L  
C: JHD V43P

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2020226/7 all.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 20/2/20 12:00

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/20200226/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200226/7011

## REPORT OF A TRAFFIC ACCIDENT

|   |            |                              |  |                    |                            |
|---|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>26/02/2020 11:58                  |            | Vide Report No.:             |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>                              |            |                              |  |                    |                            |
| Name of Informant:<br>MUHAMMAD SYAZWAN BIN<br>MOHAMAD YASIN |            |                              | Address:<br>APT BLK 217B SUMANG WALK #04-228 SINGAPORE<br>822217 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S9106159G                    |            |                              | Contact No.:<br>Home/Office:                                     |                    | Mobile: 98460230           |
| Nationality:<br>SINGAPORE CITIZEN                           |            |                              | Email:<br>Syazwanyasin@gmail.com                                 |                    |                            |
| Sex:<br>Male  | Age:<br>29 | Date of Birth:<br>26/02/1991 | Type of Informant:<br>Driver                                     |                    |                            |
| Race:<br>Bengali  |            |                              | Language:<br>English   |                    | Institution / School Name: |
| Occupation:<br>Police officer                               |            |                              | Driving Licence Information:<br>Class: 3                         |                    | Date of Expiry:            |

## General Information of the Accident

|  |               |                                    |  |                                     |
|--|---------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Injury Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>26/02/2020 09:55 | Type of Location:<br>Straight Road  |
| Location:<br><br>KALLANG PAYA LEBAR EXPRESSWAY               |               |                                    |  |                                     |
| Weather:<br>Clear  |               | Road Surface:<br>Dry               |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                     |               | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Heavy            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |               |                                    |  | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color  | Condition | No of Passenger |
|-------------|------|------|-------|--------|-----------|-----------------|
| SHD443P     | Car  |      |       |        |           | 0               |
| SJF9830L    | Car  |      |       |        |           | 0               |
| SKK7052R    | Car  | BMW  | 316i  | Maroon |           | 0               |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200226/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200226/7011

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |  |               |            |             |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
| SKK7052R                     | NTUC Income Insurance Co-Operative Limited | 5094989988-02 | 23/08/2019 | 22/08/2020  |

| Details of Person Involved        |                                       |                                |  |                                   |
|-----------------------------------|---------------------------------------|--------------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                                       |                                |  |                                   |
| No. of Pedestrians Injured: NIL   |                                       | Use of Pedestrian Crossing: NA |  |                                   |
| Driver                            |                                       |                                |  |                                   |
| Name                              | HONG YAW MIN                          |                                | ID No.                                 | S8070274D                         |
| Related Vehicle                   | SJF9830L (Car)                        |                                | Contact No.                            | 97472062                          |
| Hospital/Clinic                   | NIL                                   |                                | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                                   |                                | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                                   |                                | Degree of Injury                       | NIL                               |
| Passenger                         |                                       |                                |  |                                   |
| Name                              | NURUL ADAWIYAH BINTE MUHAMMAD SYAZWAN |                                | ID No.                                 | T1836256I                         |
| Related Vehicle                   | SKK7052R (Car)                        |                                | Contact No.                            | 98460230                          |
| Hospital/Clinic                   | UNITED HEALTH FAMILY CLINIC & SURGERY |                                | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 26/02/2020                            |                                | Date Discharge                         | 26/02/2020                        |
| No. of Days granted Medical Leave | 03                                    |                                | Degree of Injury                       | Serious                           |
| Passenger                         |                                       |                                |  |                                   |
| Name                              | NURUL AMEERA BINTE ISMAIL             |                                | ID No.                                 | S9148752G                         |
| Related Vehicle                   | SKK7052R (Car)                        |                                | Contact No.                            | 81983352                          |
| Hospital/Clinic                   | UNITED HEALTH FAMILY CLINIC & SURGERY |                                | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 26/02/2020                            |                                | Date Discharge                         | 26/02/2020                        |
| No. of Days granted Medical Leave | 03                                    |                                | Degree of Injury                       | Serious                           |



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200226/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200226/7011

### CONTINUATION OF REPORT

| Driver                            |                                       |  |                                 |
|-----------------------------------|---------------------------------------|--|---------------------------------|
| Name                              | MUHAMMAD SYAZWAN BIN MOHAMAD YASIN    | ID No.                                 | S9106159G                       |
| Related Vehicle                   | SKK7052R (Car)                        | Contact No.                            | 98460230                        |
| Hospital/Clinic                   | UNITED HEALTH FAMILY CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | 26/02/2020                            | Date Discharge                         | 26/02/2020                      |
| No. of Days granted Medical Leave | 03                                    | Degree of Injury                       | Serious                         |

#### Brief Details.

On 26/02/2020 at about 0955hrs, I was driving along KPE on lane 1 in vehicle number SKK7052R. While driving, the vehicle in front of me made an emergency stop. As such, I applied my brakes and managed to stop in time. While stationary, I felt an impact from the rear a few seconds later. I made a check on my passenger who are my wife and daughter. My wife informed she is fine and no immediate medical attention was required. I then alighted from my vehicle and discovered two other vehicles involved in the accident. The vehicle behind mine was a white Honda Vezel bearing number SJF9830L and behind the said car is a taxi bearing no. SHD443P. Both drivers informed they were fine.

My vehicle sustained damage at the rear side consisting of dented rear bumper, rear bonnet and damages to the tail light.

On the same day at about 1030hrs, my wife informed she felt pain at the neck region and I felt pain and discomfort at the upper shoulder region. On the same day, I proceeded to Unihealth Clinic and were given 3 days MC for myself, my wife and daughter.

I have front in car camera installed in my vehicle.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200226/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200226/7011

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
26/02/2020 11:58

Classification Of Case:

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo

