

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	07/04/2020 17:21
Date Of Accident	06/04/2020 22:20
Exact Location Of Accident	JUNC BEDOK NORTH AVE 4 & CHANGI SOUTH LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ8743T
Insured/Policyholder	
Name Of Registered Owner	ANITA BINTE MUHAMAD
NRIC No	SXXXX014C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97376677
Alternative Phone No	OFFICE-97376677

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT SENSING
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-007818
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SYAFIQ BIN UMAR
NRIC No	SXXXX544I
Date Of Birth	26/05/1995
Occupation	OUTDOOR
Date Of Driving Pass	27/04/2016
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96412047
Fax Number	
Contact Number	OFFICE-96412047
EEmail Address	NOEMAIL

Address	BLK 946 JURONG WEST STREET 91 #07-665
Postcode	640946
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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	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: : UMAR BIN ABDULLAH GENDER: : MALE
Passenger 2	NAME: : MUHAMMAD FIRDAUS BIN UMAR GENDER: : MALE
Passenger 3	NAME: : ANITA BINTE MUHAMAD 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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200407/7001.

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	SKW9355R
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)	2

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD SYAFIQ BIN UMAR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMQ8743T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UMAR BIN ABDULLAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMQ8743T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	ANITA BINTE MUHAMAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMQ8743T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	MUHAMMAD FIRDAUS BIN UMAR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMQ8743T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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

A

B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

A : SMQ 8743 T

B : SKW 9355 R

DECLARATION

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

Policyholder's Signature
Date & Time:

2014년 12월 10일 14:00 ~ 15:00

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

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

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200407/7001

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

1 of 4

Report No. T/20200407/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2020 00:29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD SYAFIQ BIN UMAR			Address: APT BLK 946 JURONG WEST STREET 91 #07-665 SINGAPORE 640946		
ID Type / ID No.: NRIC NO / S95175441			Contact No.: Home/Office: Mobile: 96412047		
Nationality: SINGAPORE CITIZEN			Email: syafiqumar05@gmail.com		
Sex: Male	Age: 24	Date of Birth: 26/05/1995	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: PRIME MOVER DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/04/2020 22:20	Type of Location: X-Junction
Location: CHANGI SOUTH LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SKW9355R	Car				Seriously Damaged	1
SMQ8743T	Car				Seriously Damaged	3

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200407/7001

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

2 of 4

Report No. T/20200407/7001

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD SYAFIQ BIN UMAR	ID No.	S9517544I
Related Vehicle	SMQ8743T (Car)	Contact No.	96412047
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	07/04/2020	Date Discharge	07/04/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	MUHAMMAD FIRDAUS BIN UMAR	ID No.	T0113525I
Related Vehicle	SMQ8743T (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	07/04/2020	Date Discharge	07/04/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	UMAR BIN ABDULLAH	ID No.	S1669855R
Related Vehicle	SMQ8743T (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	07/04/2020	Date Discharge	07/04/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	ANITA BINTE MUHAMAD	ID No.	S6832014C
Related Vehicle	SMQ8743T (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/04/2020	Date Discharge	07/04/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Police Report



**SINGAPORE
POLICE FORCE**



T/20200407/7001

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

3 of 4

Report No. T/20200407/7001

CONTINUATION OF REPORT

Brief Details.

On the stated time and date, I was the driver of my moms car bearing the plate SMQ8743T

I had my brother, and my parents in the car at the point of time of accident

At the said location, it was green light hence I proceeded straight.
Suddenly a car from the opposite made a right turn and we collided.

He did not give way to going straight vehicle. His car plate is SKW9355R

Following we made an accident report at our workshop and subsequently felt pain on our neck and back hence we consult a doctor and was given 5 days of MC from the doctor.

I'm lodging this report for insurance claim purposes.

Driver: Muhammad Syafiq Bin Umar

Pax: Umar Bin Abdullah

Pax: Anita Binte Muhamad

Pax: Muhammad Firdaus Bin Umar

Police Report



**SINGAPORE
POLICE FORCE**



T/20200407/7001

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

4 of 4

Report No. T/20200407/7001

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 / TP1B /
SUFYAN BIN KHAIRI
Contact No.: 65476390

Authentication Stamp
NP188

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

Date/Time:
07/04/2020 00:29

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

