

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 | 06/06/2020 12:00 |
| Date Of Accident | 05/06/2020 07:25 |
| Exact Location Of Accident | JUNC OF TAMPINES AVE 1 & TAMPINES AVE 8 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SKS1465E |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHAMMAD HAZRUL BIN SANI |
| NRIC No | S9003206B |
| Email Address | AKBBNB@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96353763 |
| Alternative Phone No | OFFICE-96353763 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | VOLKSWAGEN |
| Model | JETTA |
| 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 | 5113045350 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | MUHAMMAD HAZRUL BIN SANI |
| NRIC No | S9003206B |
| Date Of Birth | 01/02/1990 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/09/2008 |
| Driving Experience | 11 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96353763 |
| Fax Number | |
| Contact Number | OFFICE-96353763 |
| Email Address | AKBBNB@GMAIL.COM |

| | |
|---|--|
| Address | APT BLK 995A BUANGKOK CRESCENT #08-919 |
| Postcode | 531995 |
| 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 - CROSS JUNCTION |
| 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? | 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) | 3 |
| Passenger 1 | NAME: : MUHAMMAD HYDAR RAYYAN BIN MUHAMMAD HAZRUL GENDER: : MALE |
| Passenger 2 | NAME: : NUR INDAH BINTE MOHAMMED HARON GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | PASIR RIS NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5852999 - FAX NO: 65855261 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHD4096G |
| 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 HAZRUL BIN SANI |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SKS1465E |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | APT BLK 995A BUANGKOK CRESCENT #08-919 |
| Postcode | 531995 |

| DETAILS OF INJURED PERSON 2 | |
|---|---|
| Name | MUHAMMAD HYDAR RAYYAN BIN MUHAMMAD HAZRUL |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SKS1465E |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

| DETAILS OF INJURED PERSON 3 | |
|---|--------------------------------|
| Name | NUR INDAH BINTE MOHAMMED HARON |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SKS1465E |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

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.
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)

I understand, acknowledge, agree and consent that:

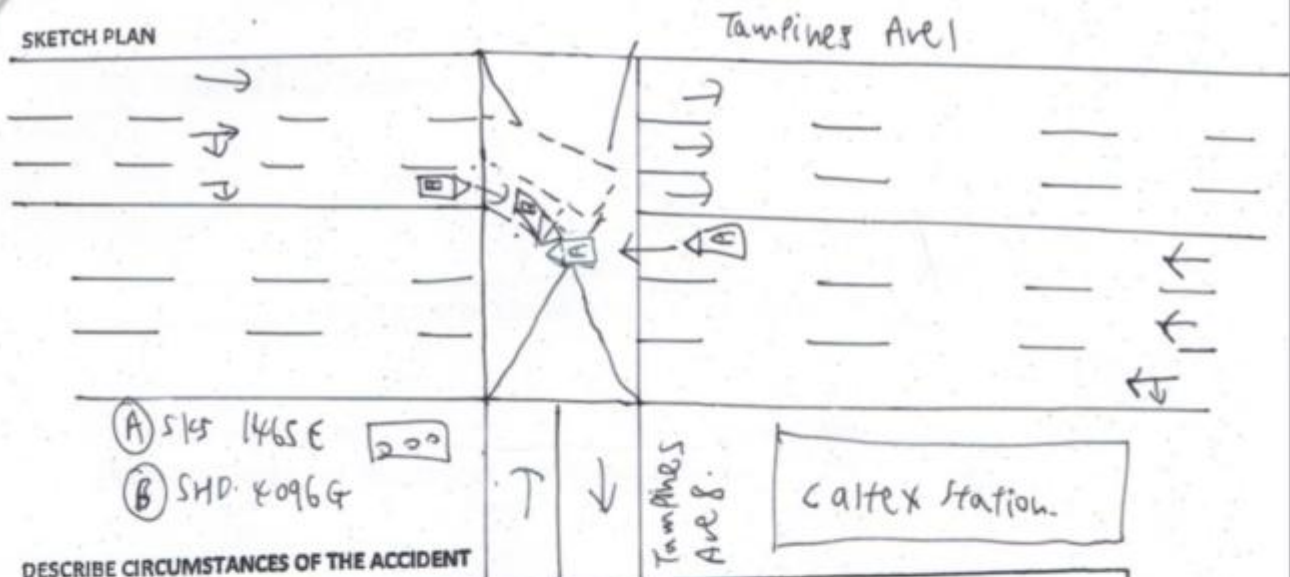
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

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/20200605/2024

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4

Report No. T/20200605/2024

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 05/06/2020 13:08 | Vide Report No.: | Station Diary No.: 36 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: MUHAMMAD HAZRUL BIN SANI | | | Address: APT BLK 995A BUANGKOK CRESCENT #08-919 SINGAPORE 531995 | | |
| ID Type / ID No.: NRIC NO / S9003206B | | | Contact No.: Home/Office: Mobile: 96353763 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 30 | Date of Birth: 01/02/1990 | Type of Informant: Driver | | |
| Race: Malay | | | Language: | | Institution / School Name: |
| Occupation: NURSE | | | 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: 05/06/2020 07:25 | Type of Location: T-Junction |
| Location: Along Road 1 TAMPINES AVENUE 1 TAMPINES AVENUE 8 JUNCTION OF TAMPINES AVENUE 1 & TAMPINES AVENUE 8 | | | | |
| Weather: Heavy rain | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head On | | | | Anyone conveyed by ambulance: No |

HOUKANG 1810
80 HOUKANG AVE 1
SINGAPORE 538771
TEL: 1500

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-----------------------|------|----------------|-------------------------------|-------|-----------|-----------------|
| SHG4096G SHD 4096G | Car | HYUNDAI | IONIC | Blue | | 1 |
| SKS1465E | Car | VOLKSWAGO N | JETTA 1.4 TSI 1K21T3 ZA | Black | | 2 |

Details of Vehicle Insurance

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200605/2024

2 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No: T/20200605/2024

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No. | Effective | Expiry Date |
| SKS1465E | NTUC Income Insurance Co-Operative Limited | 5113045350 | 07/10/2019 | 06/10/2020 |

| Details of Person Involved | | | | |
|-----------------------------------|--|--|-----------------------------------|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | | |
| Passenger | | | | |
| Name | MUHAMMADHYDAR RAYYAN BIN MUHAMMAD HAZRUL | ID No. | T1534047E | |
| Related Vehicle | SKS1465E (Car) | Contact No. | NIL | |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL | |
| Date Treatment | 05/06/2020 | Date Discharge | 05/06/2020 | |
| No. of Days granted Medical Leave | 05 | Degree of Injury | NIL | |
| Driver | | | | |
| Name | MUHAMMAD HAZRUL BIN SANI | ID No. | S9003206B | |
| Related Vehicle | SKS1465E (Car) | Contact No. | 96353763 | |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL | |
| Date Treatment | 05/06/2020 | Date Discharge | 05/06/2020 | |
| No. of Days granted Medical Leave | 03 | Degree of Injury | NIL | |
| Passenger | | | | |
| Name | NUR INDAH BINTE MOHAMMED HARON | ID No. | S9005504F | |
| Related Vehicle | SKS1465E (Car) | Contact No. | 96391055 | |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL | |
| Date Treatment | 05/06/2020 | Date Discharge | 05/06/2020 | |
| No. of Days granted Medical Leave | 05 | Degree of Injury | NIL | |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200605/2024

3 of 4

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20200605/2024

CONTINUATION OF REPORT

Brief Details.

On the 5/6/2020 at about 7.25am , I was driving with my wife and my son along tampines avenue 1. It was raining heavily at that point of time. As the traffic was green in favor for me to drive on , I continued driving.

As I was just about to pass the junction near to Tampines avenue 8 , suddenly there was a taxi had made a right turn and collided on to the front of my vehicle. TP and ambulance came to scene. There were injuries on myself and my passengers. My vehicle was towed away. There was a passerby who assisted us and had brought us to CGH for check up.

I and my passengers received MC with regards to our injuries. I did not manage to get the particulars of the other driver however I think that the TP have them. I am lodging this report for the TP investigation.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200605/2024

4 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20200605/2024

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:

G /

Sgt 2 MUHAMMAD FAIZ BIN MUHAMMAD
FAIZAL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Authentication Stamp
NP188

Signature Of Informant:

Date/Time:

05/06/2020 13:08

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

