

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	11/08/2020 11:30
Date Of Accident	10/08/2020 12:00
Exact Location Of Accident	FILTER LANE PIE TOWARDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9676E
Insured/Policyholder	
Name Of Registered Owner	ALIFMIRZAN BIN KAMARUDIN
NRIC No	SXXXX153F
Email Address	ALIFMIRZAN10@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91148140
Alternative Phone No	OTHERS-91148140

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA 200
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	5116779880
Cover Note Number	

Driver

Name of Driver	ALIFMIRZAN BIN KAMARUDIN
NRIC No	SXXXX153F
Date Of Birth	10/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2008
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91148140
Fax Number	
Contact Number	OTHERS-91148140
Email Address	ALIFMIRZAN10@GMAIL.COM

Address	BLK 316 BUKIT BATOK STREET 32 #04-135
Postcode	650316
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 - HEAD TO REAR
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)	2
Passenger 1	NAME: : SUSAN MARIAM BTE BAHARAM (WIFE) GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200810/2073

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ3430C
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMED FAHMEE BIN ABDUL AZIZ
NRIC/Passport Number	SXXXX066I
Contact Number	91252053

Address	29 PASIR RIS LINK #05-19
Postcode	518152
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ALIFMIRZAN BIN KAMARUDIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLM9676E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SUSAN MARIAM BTE BAHARAM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLM9676E
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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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:

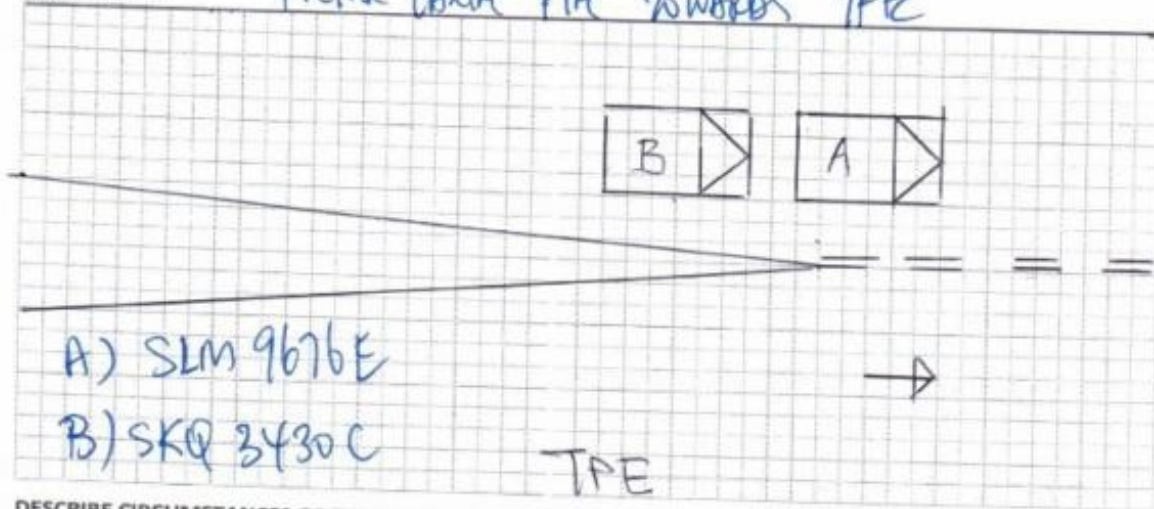
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

FILTHR LANE PIA TOWARDS TPE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT.

T/20700810/2073

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/20200810/2073

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 4

Report No. T/20200810/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2020 23:26		Vide Report No.:	Station Diary No.: 128
Informant's Particulars			
Name of Informant: ALIFMIRZAN BIN KAMARUDIN		Address: APT BLK 316 BUKIT BATOK STREET 32 #04-135 SINGAPORE 650316	
ID Type / ID No.: NRIC NO / S8407153F		Contact No.: Home/Office: Mobile: 91148140	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 10/03/1984	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: PROPERTY AGENT		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/08/2020 12:00	Type of Location: filter lane
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY TAMPINES EXPRESSWAY Filter lane				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SKQ3430C	Car				Slightly Damaged	0
SLM9676E	Car	MERCEDES BENZ	CLA200 (R18)	Red	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLM9676E	NTUC Income Insurance Co-Operative Limited	5116779880	17/03/2020	16/03/2021

POLICE REPORT



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2 of 4

Report No. T/20200810/2073

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMMED FAHMEE BIN ABDUL AZIZ	ID No.	S8412066I
Related Vehicle	SKQ3430C (Car)	Contact No.	91252053
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	ALIFMIRZAN BIN KAMARUDIN	ID No.	S8407153F
Related Vehicle	SLM9676E (Car)	Contact No.	91148140
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/08/2020	Date Discharge	10/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SUSAN MARIAM BTE BAHARAM	ID No.	S8142639B
Related Vehicle	SLM9676E (Car)	Contact No.	92350020
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/08/2020	Date Discharge	10/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 10/08/2020 at about 1200hrs, I was with my wife, driving along PIE going towards TPE. As I was approaching the filter lane, I stopped my car so that I can check for incoming vehicle. While i was waiting, suddenly I felt a strong impact on my rear. We both went down to check the accident that happened and discovered that another vehicle , SKQ3430C, had collided onto my rear. I asked him what happened and he told me that he did not see my vehicle.

The damages to my vehicle were rear bumper dented and the car's alignment was off. All parties managed to exchanged particulars. Subsequently, me and my wife went to see the Doctors and were

POLICE REPORT



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POLICE FORCE



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3 of 4

Report No. T/20200810/2073

CONTINUATION OF REPORT

given 3 days MC each. For me I suffered a strained neck which can cause a rise in BP while my wife felt pain on her abdominal area because she had just done her major operation due to cancer. I do not have any in car camera recording the accident but I do have a video recording on my phone of the accident scene. I wish to add on that the other driver had damages on his front bumper.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200810/2073

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4 of 4

Report No. T/20200810/2073

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 /

Sgt 2 MUHAMMAD NORHAZREEN SHAH BIN
HARIZAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

10/08/2020 23:26

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE
SAFETY AND SECURITY

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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Accident Photo

