

## 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 15:52
Date Of Accident	10/08/2020 10:55
Exact Location Of Accident	PIE TWDS JURONG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME1327X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SYED ABDULLAH ALHADAD
NRIC No	SXXXX573J
Email Address	SYED.ABDULLAH.ALHADAD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85333966
Alternative Phone No	OFFICE-85333966

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN18300719011
Cover Note Number	

### Driver

Name of Driver	SYED ABDULLAH ALHADAD
NRIC No	SXXXX573J
Date Of Birth	25/01/1982
Occupation	INDOOR
Date Of Driving Pass	07/08/2002
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85333966
Fax Number	
Contact Number	OFFICE-85333966
Email Address	SYED.ABDULLAH.ALHADAD@GMAIL.COM

Address	BLK 321 TAMPINES ST 33 #02-122
Postcode	520321
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?	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)	7
Passenger 1	NAME: : MUHAMMAD ABDULLAH ALHADAD GENDER: : MALE
Passenger 2	NAME: : SULASTRI BINTE MOHD ALWI GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 6	NAME: : UNKNOWN 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
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/20200810/7010

**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	SKR9136H
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 INJURED PERSON 1**

Name	MUHAMMAD ABDULLAH ALHADAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SME1327X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	SULASTRI BINTE MOHD ALWI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SME1327X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### 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.:

# Accident Sketch Plan

## SKETCH PLAN

Sketch Plan diagram showing a road layout with a dashed line indicating a lane or boundary. Two vehicles, labeled A and B, are positioned on the road. Vehicle A is a white van and vehicle B is a white car. The road is labeled "PIE tms Jurong".

A = SME 1327X  
B = SKR 9136H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200810/7010

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]*

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20200810/7010

1 of 4

Report No. T/20200810/7010

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2020 18:38	Vide Report No.: G/20200810/0127	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars			
Name of Informant: SYED ABDULLAH ALHADAD		Address: 321 TAMPINES STREET 33 #02-122 SINGAPORE 520321	
ID Type / ID No.: NRIC NO / S8200573J		Contact No.: Home/Office: Mobile: 85333966	
Nationality: SINGAPORE CITIZEN		Email: syed.abdullah.alhadad@gmail.com	
Sex: Male	Age: 38	Date of Birth: 25/01/1982	Type of Informant: Driver
Race: Arab		Language: English	Institution / School Name:
Occupation: Mechanical engineer (general)		Driving Licence Information: Class: 3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/08/2020 10:55	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Controlled by Others e.g. Workmen	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKR9136H	Car	MAZDA	MAZDA 3	White		0
SME1327X	Car	TOYOTA	WISH 1.8 A	Silver		0

## Details of Vehicle Insurance

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



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20200810/7010

2 of 4

Report No. T/20200810/7010

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME1327X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN18300719 011	24/09/2019	07/02/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YEOH NAN HUEI		ID No.	S8084572C
Related Vehicle	SKR9136H (Car)		Contact No.	96808968
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Passenger				
Name	MUHAMMAD ABDULLAH ALHADAD		ID No.	T1833166C
Related Vehicle	SME1327X (Car)		Contact No.	NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/08/2020		Date	10/08/2020
No. of Days granted Medical Leave		NIL	Degree of	Slight
Passenger				
Name	SULASTRI BINTE MOHD ALWI		ID No.	S8204906A
Related Vehicle	SME1327X (Car)		Contact No.	91280655
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/08/2020		Date	10/08/2020
No. of Days granted Medical Leave		NIL	Degree of	Slight

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20200810/7010

3 of 4

Report No. T/20200810/7010

## CONTINUATION OF REPORT

Driver				
Name	SYED ABDULLAH ALHADAD		ID No.	S8200573J
Related Vehicle	SME1327X (Car)		Contact No.	85333966
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

### Brief Details.

WHILE TRAVELLING ALONG PIE TOWARDS JURONG, BETWEEN BEDOK NORTH EXIT AND JALAN EUNOS EXIT, LANE 1 WAS CLOSED FOR TREE PRUNING.

I WAS TRAVELLING ALONG LANE 2, WHEN THE TREE-PRUNING CRANE BOOM FROM A LORRY PARKED IN LANE 1 SWUNG OUT ABOVE LANE 2. THIS MOTION CAUGHT MY ATTENTION AND I SLOWED DOWN TO LOOK UPWARDS TO THE CRANE BOOM AND TO BE WARY OF ANY FALLING OBJECTS FROM ABOVE.

AS I LOOKED BACK TO THE ROAD, I SAW THAT THE CAR IN FRONT HAD BRAKED HARD, SO I ALSO BRAKED BUT COULD NOT STOP IN TIME.

MY CAR (SME1327X) HIT THE CAR IN FRONT OF ME (SKR9136H, DRIVER: YEOH NAN HUEI, S8084572C, 96808968).

I DO NOT KNOW THE REASON WHY THE CAR IN FRONT HAD BRAKED SO SUDDENLY, AS TRAFFIC WAS SMOOTH IN THE LANES 2 AND 3.

MY WIFE AND SON WHO WERE IN THE MIDDLE ROW HAD SOME BRUISING ON THE HEAD, SO I CALLED 995 FOR ASSISTANCE. THEY WERE CONVEYED TO CGH AND GIVEN OUTPATIENT TREATMENT, NO MEDICAL CERTIFICATE.



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20200810/7010

4 of 4

Report No. T/20200810/7010

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2020 18:38
Officer In Charge Of Case: TP / TPIB / THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

