

MSME20083782 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 25/09/2020 17:36
SUBMITTED BY: Chia Pei Ying

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	25/09/2020 17:36
Date Of Accident	25/09/2020 06:30
Exact Location Of Accident	BT BATOK RD SLIP RD PIE (AIRPORT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP8156D
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAISAL BIN ALI
NRIC No	SXXXX548G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84488972
Alternative Phone No	OFFICE-84488972

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	
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	5116481090
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAISAL BIN ALI
NRIC No	SXXXX548G
Date Of Birth	05/05/1989
Occupation	INDOOR
Date Of Driving Pass	21/02/2020
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84488972
Fax Number	
Contact Number	OFFICE-84488972
Email Address	NOEMAIL

Address BLK 818C CHOA CHU KANG AVE 1 #06-140
 Postcode 683818
 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: : NUR AMANWA BINTE MOHD YAZID
 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 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/20200925/7025.

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 SMA7090J
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver LIM SIEW KUAN
 NRIC/Passport Number SXXXX978F
 Contact Number
 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD FAISAL BIN ALI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJP8156D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NUR AMANWA BINTE MOHD YAZID

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJP8156D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

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 renew 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.:

GENERAL Insurance, Ltd.

SUN AUTO

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200925/7025

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

1 of 4

Report No. T/20200925/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2020 16:30		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD FAISAL BIN ALI			Address: 818C CHOACHU KANG AVENUE 1 #06-140 SINGAPORE 683818		
ID Type / ID No.: NRIC NO / S8915548G			Contact No.: Home/Office: Mobile: 84488972		
Nationality: SINGAPORE CITIZEN			Email: FAISAL.AMANINA@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 05/05/1989	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Other government associate professionals nec			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/09/2020 06:30	Type of Location: SLIP[ROAD
Location: BUKIT BATOK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
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
SJP8156D	Car	HONDA	FIT 1.3G SKYROOF A	Black	Seriously Damaged	1
SMA7090J	Car	NISSAN			Slightly Damaged	1

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200925/7025

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

2 of 4

Report No. T/20200925/7025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP8156D	NTUC Income Insurance Co-Operative Limited	5116481090	28/02/2020	27/02/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	MUHAMMAD FAISAL BIN ALI	ID No.	S8915548G	
Related Vehicle	SJP8156D (Car)	Contact No.	84488972	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL	
Date	25/09/2020	Date	25/09/2020	
No. of Days granted Medical Leave	05	Degree of	Slight	
Passenger				
Name	NUR AMANWA BINTE MOHD YAZID	ID No.	S8928296I	
Related Vehicle	SJP8156D (Car)	Contact No.	92288258	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	25/09/2020	Date	25/09/2020	
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	LIM SIEW KUAN	ID No.	S6900978F	
Related Vehicle	SMA7090J (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Sketch Plan #5 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200925/7025

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

3 of 4

Report No. T/20200925/7025

CONTINUATION OF REPORT

Brief Details.

I WAS TRAVELLING ALONG BUKIT BATOK ROAD SLIP ROAD TO PIE(AIRPORT), WHEN I STOPPED AT THE GIVEWAY LINE TO GIVE WAY TO ONCOMING VEHICLE, WHEN MY VEHICLE IS STATIONARY STOPPED ONE M/CAR SMA7090J CAME FROM MY REAR AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE, DUE TO THE STRONG IMPACT CAUSED MY VEHICLE TO SURGE FORWARDS OUT OF THE GIVE WAY LINE.

Sketch Plan #6 Pg. 1

**SINGAPORE
POLICE FORCE**

T/20200925/7025

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

4 of 4

Report No. T/20200925/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
THABAGESH JEYATHESH
Contact No.: 65476232

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:
25/09/2020 16:30

Classification Of Case: