

# 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 Submission ..... 02/12/2020 17:34 (SGT)  
Date of Accident ..... 01/12/2020 22:05 (SGT)  
Exact Location of Accident ..... Guillemard Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMQ7429H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD HAIKAL BIN AZIZ  
NRIC No ..... SXXXX318B  
Email Address ..... mhdhaikalaziz@gmail.com  
Mobile Phone No ..... (Phone) +65-92705307  
Alternative Phone No ..... +65-92705307

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SD20V07015/VPC/R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD HAIKAL BIN AZIZ  
NRIC No ..... SXXXX318B  
Date Of Birth ..... 19/01/1993  
Occupation ..... Outdoor

Date Of Driving Pass .....	10/07/2012
Driving experience .....	8 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92705307
Alt. Phone Number .....	+65-92705307
Email Address .....	mhdhaikalaziz@gmail.com
Address .....	BLK 761 BEDOK RESERVOIR VIEW
Address complement .....	#07-319
Postcode .....	470761
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MUHD ERRIYAN BIN MARZUKI
Gender .....	Male

#### PASSENGER 2

Name .....	NOOR HAFIZAH BINTE ZAIMI
Gender .....	Female

#### PASSENGER 3

Name .....	NORHAYATI BTE JANTAN
Gender .....	Female

#### PASSENGER 4

Name .....	NURAZIRAH BTE AZIZ
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201202/7030.

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 ..... SGW3830Y  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... -  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... MUHAMMAD HAIKAL BIN AZIZ  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BODY  
 Injured person in which vehicle? ..... SMQ7429H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 2

Name of injured person ..... NOOR HAFIZAH BINTE ZAIMI  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BODY  
 Injured person in which vehicle? ..... SMQ7429H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 3

Name of injured person ..... MUHD ERRIYAN BIN MARZUKI  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BODY  
 Injured person in which vehicle? ..... SMQ7429H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 4

Name of injured person ..... NORHAYATI BTE JANTAN  
 Address ..... -  
 Address Complement ..... -

Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SMQ7429H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 5

Name of injured person .....	NURAZIRAH BTE AZIZ
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SMQ7429H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



**SKETCH PLAN****IMPORTANT NOTICE**

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- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature  
Date / time:



Driver's signature  
(if driver is not policy holder)  
Date / time:



reporting centre personnel's Signature  
Date / time:

SKETCH PLAN

A: SMQ 7429H  
B: SGW 3830Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report  
T/ 20201202 / 7030

DECLARATION

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

Policy holder's signature  
Date & time:

Driver's signature  
(if driver is not policy holder)  
Date & time:

reporting centre personnel's Signature  
NRIC/FIN No.:





























**SINGAPORE  
POLICE FORCE**



T/20201202/7030

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

1 of 4

Report No. T/20201202/7030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/12/2020 15:51		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD HAIKAL BIN AZIZ			Address: 761 BEDOK RESERVOIR VIEW #07-319 SINGAPORE 470761		
ID Type / ID No.: NRIC NO / S9301318B			Contact No.:		Mobile: 92705307
Nationality: SINGAPORE CITIZEN			Email: mhdhaikalaziz@gmail.com		
Sex: Male	Age: 27	Date of Birth: 19/01/1993	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Lift engineer			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/12/2020 22:05	Type of Location: Straight Road
Location:  GUILLEMARD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Stationary - Head to Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGW3830Y	Car	TOYOTA			Slightly Damaged	0
SMQ7429H	Car	HONDA	Fit	Black	Slightly Damaged	4



**SINGAPORE  
POLICE FORCE**



T/20201202/7030

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

2 of 4

Report No. T/20201202/7030

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MUHAMMAD HAIKAL BIN AZIZ	ID No.	S9301318B
Related Vehicle	SMQ7429H (Car)	Contact No.	92705307
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Passenger</b>			
Name	NURAZIRAH BINTE AZIZ	ID No.	S9602200Z
Related Vehicle	SMQ7429H (Car)	Contact No.	96628513
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,2A,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Passenger</b>			
Name	NORHAYATI BTE JANTAN	ID No.	S2196295C
Related Vehicle	SMQ7429H (Car)	Contact No.	97877195
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,2A,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight





**SINGAPORE  
POLICE FORCE**



T/20201202/7030

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

3 of 4

Report No. T/20201202/7030

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	NOOR HAFIZAH BINTE ZAIMI		ID No. S9341092J
Related Vehicle	SMQ7429H (Car)		Contact No. 90617694
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: ,2B,2A,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Passenger</b>			
Name	MUHAMMAD ERRIYAN BIN MARZUKI		ID No. S9441999I
Related Vehicle	SMQ7429H (Car)		Contact No. 88211840
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: ,2B,2A,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On the stated date and time, my car ( SMQ7429H) was stationary along Guillemard Road on the middle lane as the traffic light was red. Out of sudden, I felt an impact from my rear. When I went down to check, I realized that vehicle (SGW3830Y) had collided onto the rear portion of my vehicle (SMQ7429H).

My passengers and I sustained injuries and was given 3 days of MC.





**SINGAPORE  
POLICE FORCE**



T/20201202/7030

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

4 of 4

Report No. T/20201202/7030

**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 / TPHQ /  
WONG SIEU LUI  
Contact No.: 65476151

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:  
02/12/2020 15:51

Classification Of Case: