

## 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              | 08/12/2020 17:45 (SGT) |
| Date of Accident                | 02/12/2020 16:50 (SGT) |
| Exact Location of Accident      | BKE, Singapore         |
| Additional Location Information | EXIT FROM BKE TO SLE   |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SMP7353Y                |
| INSURED/POLICYHOLDER        |                         |
| Is company?                 | No                      |
| Name Of Registered Owner    | ROSLINA BINTE MAHMOOD   |
| NRIC No                     | SXXXX424D               |
| Email Address               | rosmahmood@yahoo.com.sg |
| Mobile Phone No             | (Phone) +65-90072887    |
| Alternative Phone No        | +65-90072887            |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Hyundai                   |
| Model  | Avante                    |
| 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 | NTUC          |
| Type of Coverage          | Comprehensive |
| Fleet Policy              | No            |
| Policy Number             | 5113181968-01 |
| Cover Note Number         | -             |

### DRIVER

|                |                         |
|----------------|-------------------------|
| Name of Driver | MUHAMMAD HAZIQ BIN ZAID |
| NRIC No        | SXXXX260H               |
| Date Of Birth  | 02/09/1991              |
| Occupation     | Indoor                  |

|  |                            |
|--|----------------------------|
| Date Of Driving Pass   | 19/09/2013                 |
| Driving experience   | 7 YEARS AND 3 MONTHS       |
| Gender   | Male                       |
| Mobile Number  | (Phone) +65-85694389       |
| Alt. Phone Number  | -                          |
| Email Address  | rosmahmood@yahoo.com.sg    |
| Address  | 116 WOODLANDS AVE 5 #05-34 |
| Address complement   | -                          |
| Postcode   | 739018                     |
| Is the driver the policyholder?                              | No                         |
| If No, Relationship of the Driver with the Insured           | Child                      |
| 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   | Chain Collision |
| Weather Conditions | Clear           |
| Road Surface       | Dry             |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident?   | No  |
| Number of vehicles involved in the accident   | 4   |
| Was anybody injured in the Accident?  | Yes |
| Was any injured conveyed to hospital by ambulance?  | Yes |
| Was any other material or property damaged?   | Yes |
| Number of Passengers (Including Driver)   | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### 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/20201203/7010.

#### 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 | SMV24L      |
| 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 | VEHICLE B |
| No. Of Passenger (Including Driver)     | -         |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |             |
|---|-------------|
| Vehicle Registration Number             | UNKNOWN     |
| 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 | VEHICLE C   |
| No. Of Passenger (Including Driver)     | -           |

#### DETAILS OF OTHER VEHICLE PROPERTY 3

|   |             |
|---|-------------|
| Vehicle Registration Number             | UNKNOWN     |
| 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 | VEHICLE D   |
| No. Of Passenger (Including Driver)     | -           |

#### INJURED PERSONS DETAILS

##### INJURED 1

|   |                         |
|---|-------------------------|
| Name of injured person                              | MUHAMMAD HAZIQ BIN ZAID |
| Address   | -                       |
| Address Complement                                  | -                       |
| Post Code   | -                       |
| Approximate Age Years Old                           | -                       |
| Injuries Sustained                                  | -                       |
| Injured person in which vehicle?                    | SMP7353Y                |
| Were seat belts worn?                               | Yes                     |
| Was this injured conveyed to hospital by ambulance? | Yes                     |



## SKETCH PLAN

## IMPORTANT NOTICE

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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.

*Roshnabab*

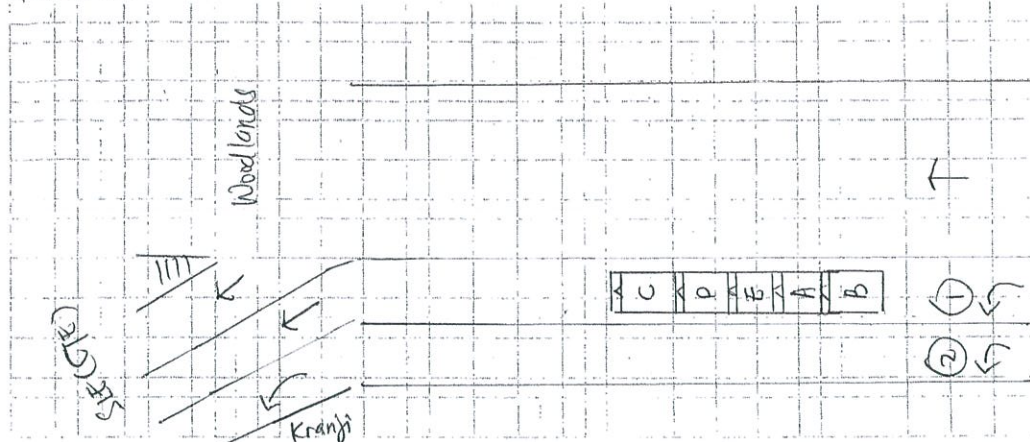
Policyholder's Signature  
Date & Time:

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

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

I hereby authorise SME motor pte ltd  
to send my accident report to my workshop  
Cas Garage pte ltd via email : allan@casgarage.sg  
nicole@casgarage.sg  
Signature : *Roshnabab*

SKETCH PLAN



A-SMP7353Y  
B-SMV4L  
C-unknown  
- D-unknown  
E-unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report T/2020/203/7010

## DECLARATION

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

Reinhold

~~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.:





# SINGAPORE POLICE FORCE



T/20201203/7010

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

1 of 3

Report No. T/20201203/7010

**REPORT OF A TRAFFIC ACCIDENT**

|   |            |                                     |  |                    |                            |
|---|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>03/12/2020 11:13    |            | Vide Report No.:<br>L/20201202/0115 |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>                |            |                                     |  |                    |                            |
| Name of Informant:<br>MUHAMMAD HAZIQ BIN ZAID |            |                                     | Address:<br>116 WOODLANDS AVENUE 5 #05-34 SINGAPORE 739018 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S9130260H      |            |                                     | Contact No.:<br>Home/Office: Mobile: 85694389              |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN             |            |                                     | Email:<br>HAZIQZ91@OUTLOOK.COM                             |                    |                            |
| Sex:<br>Male                                  | Age:<br>29 | Date of Birth:<br>02/09/1991        | Type of Informant:<br>Driver                               |                    |                            |
| Race:<br>Malay                                |            |                                     | Language:<br>English                                       |                    | Institution / School Name: |
| Occupation:<br>Preschool Teacher              |            |                                     | Driving Licence Information:<br>Class: 3,4 Date of Expiry: |                    |                            |

**General Information of the Accident**

|  |                              |                                    |  |   |
|--|------------------------------|------------------------------------|--|---|
| Type of Accident:  | Injury<br>Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>02/12/2020 16:50 | Type of Location:<br>Exit from BKE to SLE |
| Location:<br><br>BUKIT TIMAH EXPRESSWAY                      |                              |                                    |  |   |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry               |  | Road Speed Limit:<br>90 Km/h              |
| Traffic Flow:<br>Dual Carriage Way                           |                              | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate               |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                              |                                    |  | Anyone conveyed by ambulance:<br>Yes      |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make    | Model  | Color | Conditio | No of |
|-------------|------|---------|--------|-------|----------|-------|
| SMP7353Y    | Car  | HYUNDAI | Avante | Black |          | 0     |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                          | Insurance No | Effective | Expiry Date |
|-------------|--|--------------|-----------|-------------|
| SMP7353Y    | NTUC Income Insurance Co-Operative Limited |              |           |             |



# SINGAPORE POLICE FORCE



T/20201203/7010

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

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Report No. T/20201203/7010

## CONTINUATION OF REPORT

| Details of Person Involved        |                         |                                   |                                   |
|-----------------------------------|-------------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                         |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA    |                                   |
| Driver                            |                         |                                   |                                   |
| Name                              | MUHAMMAD HAZIQ BIN ZAID | ID No.                            | S9130260H                         |
| Related Vehicle                   | SMP7353Y (Car)          | Contact No.                       | 85694389                          |
| Hospital/Clinic                   | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry | Class: 3,4<br>Date of Expiry: NIL |
| Date                              | 02/12/2020              | Date                              | 03/12/2020                        |
| No. of Days granted Medical Leave | 03                      | Degree of                         | Slight                            |

### Brief Details.

I was in line to make an exit from BKE to SLE. There was slightly moderate traffic making the exit to SLE. My vehicle and the vehicles in front were moving at a relatively slow speed. All of a sudden, a vehicle crashed into me from behind. Even with my brakes depressed, the impact caused my vehicle to move forward and hit the vehicle in front of me. That had also caused a chain reaction involving 3 other vehicles in front. I was suspected to suffer head injuries as I was dizzy, and my upper and lower limbs were numb. Therefore, I did not exit nor moved myself out of the vehicle. The lady driver from the vehicle behind approached my car and apologised. She was driving the white car that crashed into me. Later, the other drivers activated the ambulance which then brought me to KTPH for treatment at the A&E. I do not have the particulars of the other vehicles as I was being attended to by paramedics due to my injury.



**SINGAPORE  
POLICE FORCE**



T/20201203/7010

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

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Report No. T/20201203/7010

**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 /  
YEO CHUN JIAN  
Contact No.: 65476213

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:  
03/12/2020 11:13

Classification Of Case: