

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	09/12/2020 16:09 (SGT)
Date of Accident	08/12/2020 18:05 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	twds sle after braddell exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN9965P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHL MOTOR PTE LTD
Company Reg No	2XXXXX814M
Email Address	kscgp8@gmail.com
Mobile Phone No	(Phone) +65-89999999
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5109792828-01
Cover Note Number	-

DRIVER

Name of Driver	ISMAIL BIN KARSANI
NRIC No	SXXXX685A
Date Of Birth	26/10/1981
Occupation	Outdoor

Date Of Driving Pass	09/11/2007
Driving experience	13 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-89225669
Alt. Phone Number	-
Email Address	kscgp8@gmail.com
Address	BLK 404 ADMIRALTY LINK
Address complement	#02-48
Postcode	750404
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	drizzling
Road Surface	Wet

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?	No
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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201209/2060.

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	SDQ407Z
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLF3687A
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLQ4022A
 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 ISMAIL BIN KARSANI
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SJN9965P
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

Describe Circumstances of the Accident

Refer to police report - 7/22/2009/2060.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel



































**SINGAPORE
POLICE FORCE**



T/20201209/2060

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Report No. T/20201209/2060

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2020 13:37	Vide Report No.:	Station Diary No.: 48
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Informant's Particulars

Name of Informant: ISMAIL BIN KARSANI			Address: APT BLK 404 ADMIRALTY LINK #02-48 SINGAPORE 750404		
ID Type / ID No.: NRIC NO / S8132685A			Contact No.: Home/Office: Mobile: 89225669		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 26/10/1981	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/12/2020 18:05	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: Two 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
SDQ407Z	Car				Slightly Damaged	2
SJN9965P	Car				Seriously Damaged	0
SLF3687A	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



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Police Station Of Origin:
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Tel No: 1800-5549999

Report No. T/20201209/2060

CONTINUATION OF REPORT

Driver			
Name	IRVIN NG CHUAN HAO		ID No. S1583009C
Related Vehicle	SDQ407Z (Car)		Contact No. 94878581
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	ISMAIL BIN KARSANI		ID No. S8132685A
Related Vehicle	SJN9965P (Car)		Contact No. 89225669
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	08/12/2020	Date Discharge	08/12/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ZAINI BIN AHMED		ID No. S6904936B
Related Vehicle	SLF3687A (Car)		Contact No. 91284499
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

Brief Details.

On 8/12/2020 at about 1805hrs, I was travelling on CTE(SLE). I had just passed by the Braddell exit and wanted to go to Woodlands. Traffic was heavy on SLE, as there was an accident on the first lane. I shifted to the second lane and continued my journey.

Out of nowhere, I felt a strong impact and loud bang. That was when I realized that my vehicle had been hit. At the time, my vehicle was in drive gear and my foot was on the brake. I was about 3/4 car length away from the vehicle in front, and my vehicle propelled forward and hit the vehicle in front of me, SLF3687A. This impact also caused the front vehicle to hit the vehicle in front of him. After composing myself for a while due to the impact, I got out of the vehicle. I noticed the other drivers were getting out as well and exchanging particulars, to which I followed suit.

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CONTINUATION OF REPORT

I asked the vehicle who had hit me, SDQ407Z, on how he had hit me, and he said he had realized the situation, but had not enough time to brake, causing his car to collide with me. I noticed everyone had not suffered any injuries that were visible. No police nor ambulance came down to the scene. After exchanging, we all went our own separate ways, to which I realized that I did not take the first vehicle's plate number, but I had taken his IC, namely: Ong Ching Soong, S6871016B.

After dropping the car off at the workshop, my friend sent me to Khoo Teck Puat Hospital, where I was given 3 days medical leave due to the whiplash I had suffered. Aside from the front and rear vehicle, both cars in the middle experienced damages to our front and rear. My bumper and rear door was badly dented, and my front bumper was badly dented as well.



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T/20201209/2060

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Report No. T/20201209/2060

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:
L /
Sgt 2 NG YU KIT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/12/2020 13:37

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Classification Of Case:

SN 130

Authentication Stamp
NP168



Signature:

Singapore Police Force





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0920C9000J Vehicle Registration No: SJH9965P
Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 8/12/20 Time of Accident : 8:05
Place of Accident : C7E towards SKE after Braddell exit.
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

No video footage.



Policyholder / Driver's Signature
Date:


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