

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 02/03/2021 12:02 (SGT)
Date of Accident 09/12/2020 18:25 (SGT)
Exact Location of Accident Yishun Ring Rd, Singapore
Additional Location Information TOWARDS YISHUN AVE 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJZ4055K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD AL NUR BIN ARIFF
NRIC No S8231366D
Email Address ANOHAYABUSA1982@GMAIL.COM
Mobile Phone No (Phone) +65-86016843
Alternative Phone No +65-86016843

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Scirocco
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00178622000
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD AL NUR BIN ARIFF
NRIC No S8231366D
Date Of Birth 19/09/1982
Occupation Outdoor

Date Of Driving Pass	17/05/2010
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86016843
Alt. Phone Number	+65-86016843
Email Address	ANOHAYABUSA1982@GMAIL.COM
Address	APT BLK 671A YISHUN AVENUE 4 #02-600
Address complement	-
Postcode	761671
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	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : T/20201220/2075

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	SH9775X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) -

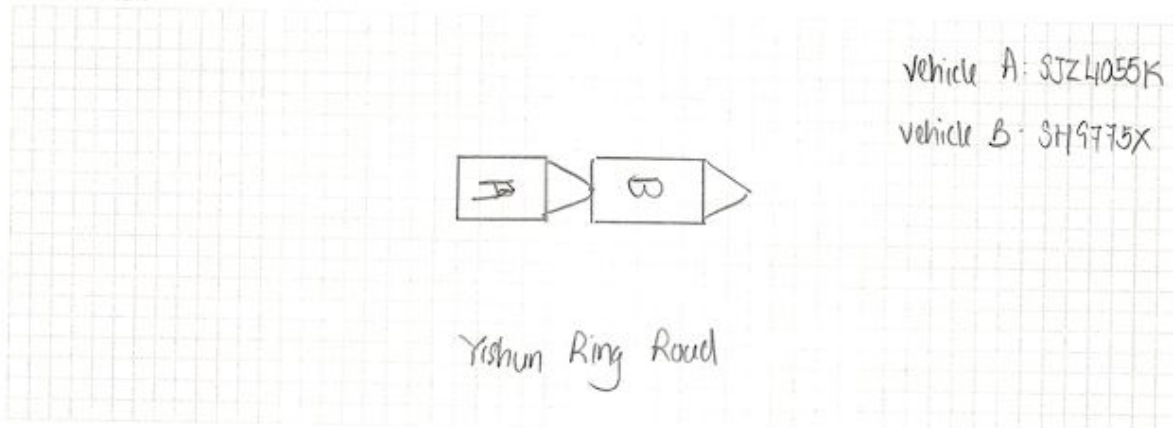
SKETCH PLAN**IMPORTANT NOTICE**

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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 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.


 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to Police Report : T/20201220/2075

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

Witnessed by Reporting Centre Personnel

















**SINGAPORE
POLICE FORCE**



T/20201220/2075

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20201220/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2020 20:14		Vide Report No.:		Station Diary No.: 133	
Informant's Particulars					
Name of Informant: MUHAMMAD AL NUR BIN ARIFF			Address: AFT BLK 671A YISHUN AVENUE 4 #02-600 SINGAPORE 761671		
ID Type / ID No.: NRIC NO / S8231366D			Contact No.: Home/Office: Mobile: 86016843		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 19/09/1982	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Driving instructor/tester			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/12/2020 18:25	Type of Location: Straight Road
Location: YISHUN CENTRAL				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
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
SH9775X	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Blue	No Damage	0
SJZ4055K	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5	White	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20201220/2075

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20201220/2075

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ4055K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001786 22000	28/11/2020	27/11/2021

Brief Details.

- 1) On 09 December 2020 at about 1825hrs, I was driving a vehicle with the registration number (SJZ4055K) along Yishun Central near the Bus Stop outside Khoo Teck Phuat Hospital towards Yishun Safra. It was raining heavily and the road traffic was heavy. I was travelling on the most right lane and my vehicle was moving slowly.
- 2) As I was approaching the Traffic Junction near Yishun Safra, I noticed that there was a vehicle (SH9775X) stationary in-front of me. I remembered that I applied the brakes but my vehicle still moved forward and bumped onto the vehicle (SH9775X) in-front of me.
- 3) I checked with the taxi driver and I confirmed that there are no injuries on both of us and no damages on the vehicle. I remembered that I checked with the Taxi Driver if he need to lodge any Police Report but he informed that there are no need to lodge a Police Report.
- 4) However, on 20 December 2020 I received a Traffic Police Letter to lodge a Police Report on that day. I wish to state that I don't have any vehicle camera recording and I wish to add on that I had fever during the traffic accident as well.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20201220/2075

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Report No. T/20201220/2075

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 1 GAN WEI LEONG, ALASTAIR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/12/2020 20:14

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

