

# 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 ..... 22/12/2020 14:26 (SGT)  
Date of Accident ..... 20/11/2020 07:50 (SGT)  
Exact Location of Accident ..... Airport Rd, Singapore  
Additional Location Information ..... ALONG AIRPORT ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLN2752J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD ZULFADLI BIN TAHA  
NRIC No ..... SXXXX844G  
Email Address ..... syed88salleh@gmail.com  
Mobile Phone No ..... (Phone) +65-92342991  
Alternative Phone No ..... +65-92342991

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... STREAM 1.8L A  
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 ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5106194964-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SYED SALLEH BIN SYED SALIM ALHABSHI  
NRIC No ..... SXXXX591J  
Date Of Birth ..... 08/09/1988  
Occupation ..... Outdoor

Date Of Driving Pass .....	20/07/2009
Driving experience .....	11 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84688535
Alt. Phone Number .....	-
Email Address .....	syed88salleh@gmail.com
Address .....	BLK 609A TAMPINES NORTH DRIVE
Address complement .....	#04-351
Postcode .....	521609
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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 .....	Collided into Property
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ILZAM
Gender .....	Male

#### 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

PLS REFER TO THE POLICE REPORT.

#### ATTACHMENT(S)

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 .....	KERB
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Mobile equipment
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) .....	-

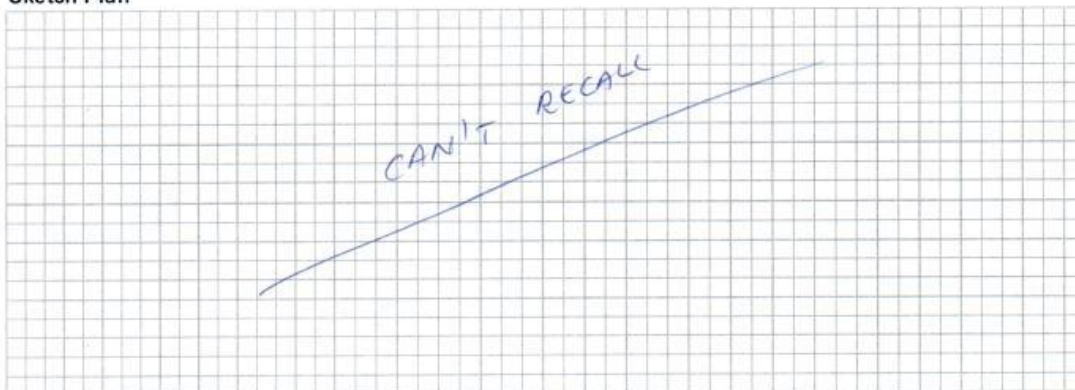
**SKETCH PLAN****IMPORTANT NOTICE**

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. 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 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**

Pls refer to the police report: T/2020/126/7005

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20201126/7005

2 of 3

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

Report No. T/20201126/7005

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	SYED SALLEH BIN SYED SALIM ALHABSHI		ID No. S8833591J
Related Vehicle	SLN 2752J (Car)		Contact No. 84688535
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	NIL	Degree of	NIL

Brief Details.

i rented my friends car, hence making my way home on day of accident. i was told that steering was slightly faulty by owner. i than hit the curb and left the scene without lodging any report. Car is currently in compound. i was under stress and alot of prerssure as i've a new born-prematured baby. i take full responsibility for the accident and not making a report on time.





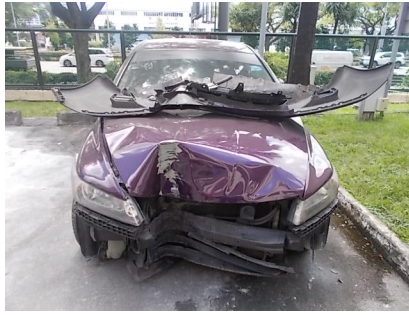




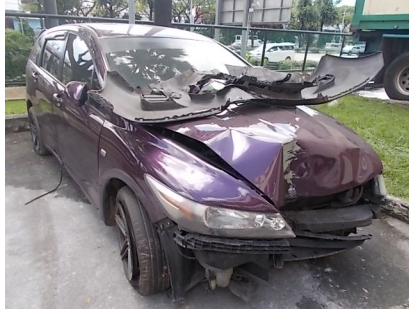


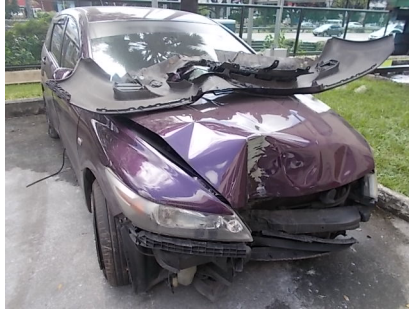




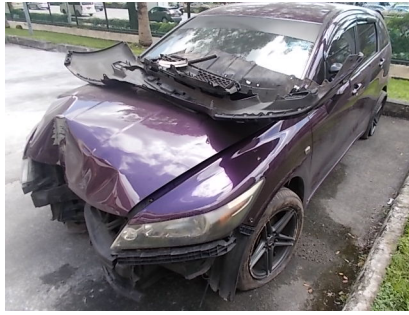






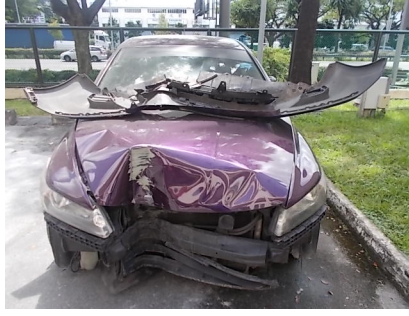






















**SINGAPORE  
POLICE FORCE**



T/20201126/7005

1 of 3

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

Report No. T/20201126/7005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/11/2020 11:05	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: SYED SALLEH BIN SYED SALIM ALHABSHI			Address: 609A TAMPINES NORTH DRIVE 1 #04-358 SINGAPORE 521609	
ID Type / ID No.: NRIC NO / S8833591J			Contact No.: Home/Office: Mobile: 84688535	
Nationality: SINGAPORE CITIZEN			Email: SYED88SALLEH@GMAIL.COM	
Sex: Male	Age: 32	Date of Birth: 08/09/1988	Type of Informant: Driver	
Race: Arab			Language: English	Institution / School Name:
Occupation: others			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 19/11/2020 07:53	Type of Location:
Location:  i can not recall				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h		
Traffic Flow: One Way	Traffic Control:	Traffic Volume: No Traffic		
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLN 2752J	Car	HONDA	stream	Purple	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20201126/7005

2 of 3

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

Report No. T/20201126/7005

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	SYED SALLEH BIN SYED SALIM ALHABSHI		ID No. S8833591J
Related Vehicle	SLN 2752J (Car)		Contact No. 84688535
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	NIL	Degree of	NIL

Brief Details.

i rented my friends car, hence making my way home on day of accident. i was told that steering was slightly faulty by owner. i than hit the curb and left the scene without lodging any report. Car is currently in compound. i was under stress and alot of prerssure as i've a new born-prematured baby. i take full responsibility for the accident and not making a report on time.



**SINGAPORE  
POLICE FORCE**



T/20201126/7005

3 of 3

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

Report No. T/20201126/7005

**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 /  
ONG YONG HOCK  
Contact No.: 65476436

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:  
26/11/2020 11:05

Classification Of Case:



**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: S665S00206 / 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 : SN0920CM000C Vehicle Registration No: SLW 2752J  
Name (as shown in NRIC) : SYED SALLEH BIN SYED SALIM ALHABSHI NRIC/FIN/Passport No : 5XXXX591J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 609A TAMPAINES NORTH DRIVE #04-351 Singapore (501609)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 84688535  
Email Address : \_\_\_\_\_  
Date of Accident : 20/11/2020 Time of Accident : 07.50  
Place of Accident : ALONG AIRPORT RD  
Insurance Company : AIFUL

#### (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:

Amend Revert from OD to Reporting only

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date: 13/1/21

shym 13/01/21  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: