

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 23/12/2020 09:40 (SGT)
Date of Accident 22/12/2020 09:30 (SGT)
Exact Location of Accident TPE, Singapore
Additional Location Information TPE TWDS SLE AT PUNGGOL EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV4286G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMAD NAZRI BIN KAMURI
NRIC No SXXXX466B
Email Address nazri@icloud.com
Mobile Phone No (Phone) +65-97936632
Alternative Phone No +65-97936632

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 Tokio Marine
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MR003513
Cover Note Number -

DRIVER

Name of Driver MOHAMAD NAZRI BIN KAMURI
NRIC No SXXXX466B
Date Of Birth 25/12/1984
Occupation Outdoor

Date Of Driving Pass	02/07/2007
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97936632
Alt. Phone Number	+65-97936632
Email Address	nazri@icloud.com
Address	BLK 713 PASIR RIS ST 72
Address complement	#02-37
Postcode	510713
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ULYA NAWWARAH BINTE MOHAMAD NAZRI
Gender	Female

PASSENGER 2

Name	UMAR NAHYAH BIN MOHAMAD NAZRI
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 ATTACHED STATEMENT.

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	GBK5124L
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NG SENG BAN
Contact Number	(Phone) +65-88926743
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	MOHAMAD NAZRI BIN KAMURI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	SJV4286G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

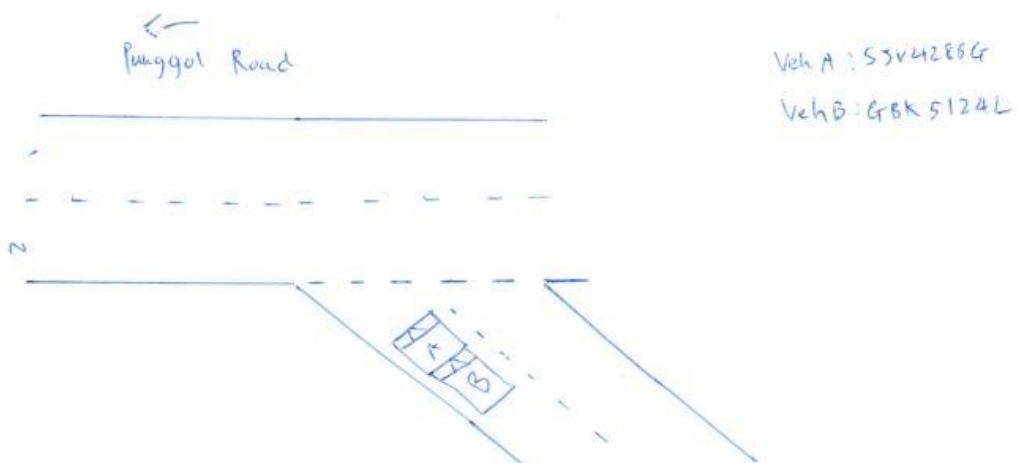
- 1) Please report **correctly** the details of the accident to speed up the claims process.
- 2) This Form must be **completely by the Policyholder and/ or the Authorised Driver**.
- 3) Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material fact 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 as 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 lodgment of this report to 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 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, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.


 Policyholder's Signature
 Date & Time:


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

 03/12/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/ FIN No:

SKETCH PLAN



Refer to police report T/20201222 / T012

DECLARATION

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

Naz
 Policyholder's Signature
 Date & Time:

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

shym 23/12/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/ FIN No:



**SINGAPORE
POLICE FORCE**



T/20201222/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

2 of 3

Report No. T/20201222/7012

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV4286G	TOKIO MARINE INSURANCE SINGAPORE LTD.	MR003513	22/06/2020	25/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMAD NAZRI BIN KAMURI	ID No.	S8441466B
Related Vehicle	SJV4286G (Car)	Contact No.	97936632
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	22/12/2020	Date	22/12/2020
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the stated time and date, i was driving my vehicle (SJV4286G) sending my 2 kids to school which located at sengkang. while i was at the slip road on 1 lane of 2 lanes exiting into Punggol road i felt an huge impact from my rear i alighted my vehicle and realised (GBK5124L) had rear ended my vehicle. we move infront of the road to avoid congestion, we exchange partucuar and left the scene shortly. after which i went to unihealth bedok clinic as i was feeling pain at my neck and back and received 5 days MC



























**SINGAPORE
POLICE FORCE**



T/20201222/7012

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 406665
Tel No: 65470000

Report No. T/20201222/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2020 11:43	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHAMAD NAZRI BIN KAMURI			Address: 713 PASIR RIS STREET 72 #02-37 SINGAPORE 510713		
ID Type / ID No.: NRIC NO / S8441466B			Contact No.: Home/Office: Mobile: 97936632		
Nationality: SINGAPORE CITIZEN			Email: NVZRI@ICLOUD.COM		
Sex: Male	Age: 35	Date of Birth: 25/12/1984	Type of Informant: Driver		
Race: Javanese			Language: English	Institution / School Name:	
Occupation: Grab Driver			Driving Licence Information: Class: 2B, 2A, 2, 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/12/2020 09:30	Type of Location: slip road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
GBK5124L	Lorry					0
SJV4286G	Car	TOYOTA	WISH 1.8X A	Blue		0

Details of Vehicle Insurance

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



T/20201222/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

2 of 3

Report No. T/20201222/7012

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV4286G	TOKIO MARINE INSURANCE SINGAPORE LTD.	MR003513	22/06/2020	25/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMAD NAZRI BIN KAMURI	ID No.	S8441466B
Related Vehicle	SJV4286G (Car)	Contact No.	97936632
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	22/12/2020	Date	22/12/2020
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the stated time and date , i was driving my vehicle (SJV4286G) sending my 2 kids to school which located at sengkang . while i was at the slip road on 1 lane of 2 lanes exiting into Punggol road i felt an huge impact from my rear i alighted my vehicle and realised (GBK5124L) had rear ended my vehicle . we move infront of the road to avoid congestion , we exchange partucuar and left the scene shortly. after which i went to unihealth bedok clinic as i was feeling pain at my neck and back and received 5 days MC

**SINGAPORE
POLICE FORCE**

T/20201222/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

3 of 3

Report No. T/20201222/7012

CONTINUATION OF REPORTSketch 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 /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

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:
22/12/2020 11:43

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: S66SS0020G / 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 : SN0920CN0001 Vehicle Registration No: SJV4286G
Name(as shown in NRIC) : MOHAMAD NAZRI BIN KAMURI NRIC/FIN/Passport No : SXXXXX466B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 713 PASIR RIS ST 72 H02-37 Singapore(510713)
Contact (Tel) : _____ Mobile No. : 97936632
Email Address : _____
Date of Accident : 22/12/20 Time of Accident : 09:30
Place of Accident : TPE TUNIS SLE AT PUNGOL EXIT
Insurance Company: TOKIO MARINE

(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:

ADD IN POLICY NO

Policyholder / Driver's Signature
Date:

Sign 23/12/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: