

# 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 ..... 10/12/2020 14:46 (SGT)  
Date of Accident ..... 09/12/2020 20:51 (SGT)  
Exact Location of Accident ..... 119 Bukit Merah View, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGX7550Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TODDS PARTNERS PTE LTD  
Company Reg No ..... 2XXXXX177E  
Email Address ..... mohdali9695@gmail.com  
Mobile Phone No ..... (Phone) +65-96956376  
Alternative Phone No ..... +65-96956376

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Wish  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMHCSNA00002692000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMED ALI S/O SHAIK DOW  
NRIC No ..... SXXXX970Z  
Date Of Birth ..... 08/02/1958  
Occupation ..... Outdoor

Date Of Driving Pass .....	11/11/1987
Driving experience .....	33 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96956376
Alt. Phone Number .....	-
Email Address .....	mohdali9695@gmail.com
Address .....	BLK 119 #13-67
Address complement .....	BUKIT MERAH VIEW
Postcode .....	152119
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 .....	Collided into Pedestrian
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? .....	No
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 .....	Queenstown Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004719999
Alt. Police Station Phone No .....	(Fax) +65-64715299
Police Station Address .....	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201210/2011




#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

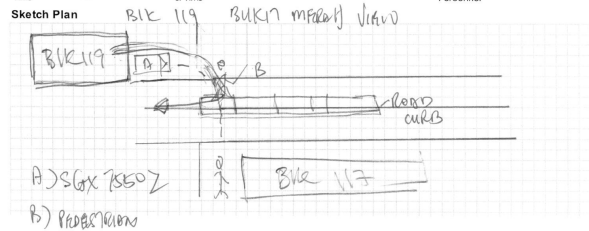
SKETCH PLAN

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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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

		12:35 PM 10/12/20	
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time		Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

REFER to Police Report 7100201210/2011

Declaration

We declare the foregoing particulars are true in every respect.



12-35pu 10/17/20

10/17/20























**SINGAPORE  
POLICE FORCE**



T/202012102011

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No: T/20201210/2011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/12/2020 11:45 Vide Report No.: Station Diary No.: 22

**Informant's Particulars**

Name of Informant: MOHAMED ALI S/O SHAIK DOW		Address: APT BLK 119 BUKIT MERAH VIEW #13-67 SINGAPORE 152119	
ID Type / ID No.: NRIC NO / S1348970Z		Contact No.: Home/Office: Mobile: 96956376	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 08/02/1958	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: GOJEK DRIVER		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 09/12/2020 20:55	Type of Location: Straight Road
Location: BUKIT MERAH VIEW				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX7550Z	Car				Slightly Damaged	0





SINGAPORE  
POLICE FORCE



T/20201210/2011

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20201210/2011

CONTINUATION OF REPORT

**Brief Details.**

On 09/12/2020 at about 2050hrs, I was in my rental vehicle SGX7550Z travelling along Bukit Merah View. I then stop my vehicle at the stop line near to Blk 119 Bukit Merah View, I then signaled right and approached with my right turn towards Henderson Road after the traffic was clear. When I was about to complete my right turn, suddenly a Chinese middle age uncle then dashed out from Blk 119 Bukit Merah View towards my direction and he knocked onto my vehicle right side mirror.

I then stopped and get out from my vehicle and checked on the uncle. The uncle then told me that he does not require any ambulance or assistance. The uncle smelled strongly of alcohol and he does not have any visible injury from what I had seen. I also wished to state that due to the collision the uncle, my vehicle right side mirror was detached from my vehicle. I wished to state that I did not saw anybody near around the area when I was about to make my turn and I also checked my in car camera but however as the area was dim lighted, I could not see anything in the video.



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Tel No: 1800-4719999

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Report No. T/20201210/2011

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: D / Sgt 3 LIU FENGZHAN, GERRY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2020 11:45
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case: 20 40
Authentication Stamp NP188 	