

REF:

Weekend Car.

Veh No: 5JX54629 Yr Regn: 2010 / JWA

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Paton Persons C.C. 1547

Colour white A/C: Insured / Std / NI / NA

Sp. Reading 198272 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: PLIC 65 NRA 6260622

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/50R16.

R: 205/20R16

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO/YOKO or Tourador

Front Rear

R/Bal. 06 mm / R/Bal. 06 mm

L/Bal. 06 mm      L/Bal. 06 mm

D.O.A. D.O.I. 29/12/20

Survey held at is here

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TPA16
	COE Expiry: 23/06/2030.
	MV:
	PV:
	Nett:

☐ : Prel. Report

☐: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$)

☐ City Inn (\$

Interview 13

Tech. Invs 13

☐ Weekend (8)

	Others
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TOTAL



## 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	26/12/2020 14:44 (SGT)
Date of Accident	25/12/2020 21:30 (SGT)
Exact Location of Accident	Bedok, Singapore
Additional Location Information	BEDOK NORTH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX5462Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ROHANI BINTE MOHAMED HASSAN
NRIC No	SXXXX244B
Email Address	AZHAR.MOHDYUSOPE@YAHOO.COM
Mobile Phone No	(Phone) +65-97285278
Alternative Phone No	(Home) +65-97285278

#### VEHICLE PARTICULARS

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

#### INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100214175
Cover Note Number	-

#### DRIVER

Name of Driver	AZHAR BIN MOHD YUSOPE
NRIC No	SXXXX601A
Date Of Birth	23/12/1973
Occupation	Outdoor

Date Of Driving Pass	04/11/2013
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97285278
Alt. Phone Number	-
Email Address	AZHAR.MOHDYUSOPE@YAHOO.COM
Address	APT BLK 190A RIVERVALE DRIVE #03-988 S 541190
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	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	ROHAINI BINTE MOHAMED HASSAN
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kaki Bukit Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004429999
Alt. Police Station Phone No	(Fax) +65-62444377
Police Station Address	Blk 526 Bedok North Street 3 #01-448 Singapore 460526
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED.

#### 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	SLW7378B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TUANG SHI YIN
NRIC No	SXXXX463E
Contact Number	(Phone) +65-81812512
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



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

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

Sketch Plan

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

26/12/2020

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



A - SJX54624

B - SLW 7378B

Describe Circumstances of the Accident

Refer to the police report T/20201225/2086.

Insurance Co.	FIG
Vehicle No.	SOX5462Y
Date of Accident	25/12/2020
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim <input type="checkbox"/> Other Workshop	
J&E Automobile Service	

Declaration

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

Policyholder's Signature / Date & Time

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

26/12/2020

Witnessed by Reporting Centre Personnel







**SINGAPORE  
POLICE FORCE**



T/20201225/2086

1 of 3

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

Report No. T/20201225/2086

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2020 22:32	Vide Report No.:	Station Diary No.: 11
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## Informant's Particulars

Name of Informant: AZHAR BIN MOHD YUSOPE			Address: APT BLK 190A RIVERVALE DRIVE #03-988 SINGAPORE 541190		
ID Type / ID No.: NRIC NO / S7347601A			Contact No.: Home/Office: Mobile: 97285278		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 23/12/1973	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/12/2020 21:30	Type of Location: Straight Road
Location:  BEDOK NORTH ROAD				
Lamp Post Number: 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SJX5462Y	Car	PROTON	PERSONA1.6	White	Slightly Damaged	1
SLW7378B	Car	MAZDA		Blue	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/20201225/2086

2 of 3

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

Report No. T/20201225/2086

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	AZHAR BIN MOHD YUSOPE		ID No. S7347601A
Related Vehicle	SJX5462Y (Car)		Contact No. 97285278
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	TUANG SHI YIN		ID No. S8240463E
Related Vehicle	SLW7378B (Car)		Contact No. 81812512
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 25 December 2020 at about 2107hrs, I was driving my vehicle (SJX5462Y) together with my wife proceeding back home. On the same date at about 2127hrs, While traveling along Bedok North Road towards KPE. My vehicle came to a complete stop at the traffic light junction as the traffic light was red, out of a sudden I heard a loud bang sound from my rear of my vehicle.  
After the incident I did made a checked on my wife and luckily she did not suffer any injury. I alighted my vehicle and discovered that one vehicle (SLW7378B), had hit onto my rear side of my vehicle.  
I did check on the driver condition and she informed me that she was not injured and thereafter exchanged particular and left the location.





**SINGAPORE  
POLICE FORCE**



T/20201225/2086

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

3 of 3

Report No. T/20201225/2086

## 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:

G /

Sr Staff Sgt SIM CHENG SIONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

25/12/2020 22:32

Classification Of Case: