# **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 witholding 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.

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   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 08/01/2021 12:29 (SGT) Date of Accident 07/01/2021 16:40 (SGT) Exact Location of Accident Corporation Rd, Singapore Additional Location Information before jurong west ave 2 Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMG7244B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner HAJI MOHAMED MOHIDEEN S/O N MOHAMED ISMAIL

NRIC No. SXXXX534D

Email Address mohideenhj@gmail.com Mobile Phone No (Phone) +65-97315099

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel

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 hire

INSURANCE COMPANY

Name of Insurance Company **NTUC** 

Type of Coverage Comprehensive

Fleet Policy

Policy Number 5106689753-02

Cover Note Number

DRIVER

Name of Driver HAJI MOHAMED MOHIDEEN S/O N MOHAMED ISMAIL

NRIC No SXXXX534D

14/05/1948

Date Of Birth Occupation Outdoor Date Of Driving Pass 07/05/1985 Driving experience 35 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-97315099 Alt. Phone Number Email Address mohideenhj@gmail.com Address 88 CORPORATION ROAD Address complement #05-16 Postcode 649823 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **NOORYANTI** Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Jurong West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002689999 Alt. Police Station Phone No (Fax) +65-62672438 Police Station Address 700 Corporation Road Singapore 649818 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20210107/2119. 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 FBG4887X
Vehicle Manufacturer Sym
Vehicle Model Vehicle Variant -



Vehicle Colour	_
Vehicle Category	Motorcycle
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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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 & Driver's Signature (If driver is not the policyholder) / Date
Time

Sketch Plan

A: SMG 7:044B

B: FBG 4887X

A: SMG 7:044B

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T/20210107/2119

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 1 of 3 Report No. T/20210107/2119

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2021 18:01		Made:	Vide Report No.: J/20210107/0090	Station Diary No.: 101	
Informa	nt's Partici	ulars		Secretary of the secretary of	
HAJI MO	f Informant: DHAMED M IED ISMAIL	OHIDEEN S/O N	Address: 88 CORPORATION ROAD	#05-16 SINGAPORE 649823	
ID Type / ID No.: NRIC NO / S2138534D			Contact No.: Home/Office:	Mobile: 97315099	
National SINGAP	ity: ORE CITIZ	ΈN	Email:	and the same of th	
Sex: Male	Age: 72	Date of Birth: 14/05/1948	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Retiree			Driving Licence Information Class: 3	Date of Expiry:	

Type of Accident:  Accident:  Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 07/01/2021 15:4	Type of Location X-Junction	
CORPORATI	ON ROAD	Road Surface:		Road Speed Limit:	
Traffic Flow:		Dry Traffic Control: Traffic Light - Working		Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			0.44.0.	Anyone conveyed by	

	ehicle involve	COST RESISTANCIA DE LA COSTA DEL COSTA DE LA COSTA DEL COSTA DE LA COSTA DEL COSTA DE LA COSTA DE LA COSTA DE LA COSTA DEL COSTA DE LA COSTA DEL COSTA DE LA COSTA		Mary Constitution		TOTAL PROPERTY.
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBG4887X	Motorcycle	SYM	JOYMAX 300 A	Black	Slightly Damaged	0
SMG7244B	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Blue	Slightly Damaged	1

Details of V	ehicle insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Report No. T/20210107/2119

2 of 3

CONTINUATION OF REPORT Tel No: 1800-2689999

Details of V	ehicle Insurance	FIGURE TO SERVICE OF THE PARTY		I - 1 - 5 -
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative Limited	5106689753-02	28/12/2020	27/12/2021

#### Brief Details.

On 07/01/2020 at about 1645hrs, I was driving my vehicle bearing plate number SMG7244B along Corporation Road intending to turn right into Jurong West Ave 2 heading towards KJE. Lwas driving on the right most lane as I am approaching the X-Junction. I noticed there was a motorcyclist bearing plate number FBG4887X (V1) on the front left side of my vehicle. Subsequently, the traffic light had turned ember subsequently V1 made an emergency brake. I could not react in time resulting me to collide into V1 from the rear.

I made a check on him and discover V1's rider was lying on the floor. My vehicle's front left side headlight and bumper were damaged.

Traffic Police officers and Ambulance were at scene. V1's rider was then conveyed to hospital. Traffic Police officer also took my In-Car Camera SD Card.





Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999 CONTINUATION OF REPORT

3 of 3 Report No. T/20210107/2119

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: J / Sgt 2 FAIZUL BIN NENWARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2021 18:01
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD ZICKIE BIN AHMAD SUYUTI Contact No.: 65476964 Authentication Stampers Signature: Singapore Police For	Classification Of Case:

