SN09211F0005-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 15/01/2021 11:31 (SGT)
SUBMITTED BY: Chew Hsiao Tong
VERSION: 2 (26/01/2021 10:54 (SGT))

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.
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	15/01/2021 11:31 (SGT)
Date of Accident	15/01/2021 06:40 (SGT)
Exact Location of Accident	Pasir Ris Flyover, Singapore
Additional Location Information	TWDS TAMPINES AVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT4116P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FATIMAH BINTE MOHAMED ALI
NRIC No	SXXXX214F
Email Address	FALI_14@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98330353
Alternative Phone No	+65-98330353

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	VENUE
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117679245
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD KHAIRULLAH BIN YAHYA
NRIC No	SXXXX745B
Date Of Birth	08/12/1981
Occupation	Indoor

Date Of Driving Pass	24/02/2015
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90030161
Alt. Phone Number	-
Email Address	KHAIRULLAHYAHYA@GMAIL.COM
Address	BLK 497H TAMPINES ST 45 #05-106
Address complement	-
Postcode	526497
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
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	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

REFER TO STATEMENT.

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	SMQ4593K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOW PENG WANG
Contact Number	(Phone) +65-96792085

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	MUHAMMAD KHAIRULLAH BIN YAHYA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMT4116P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

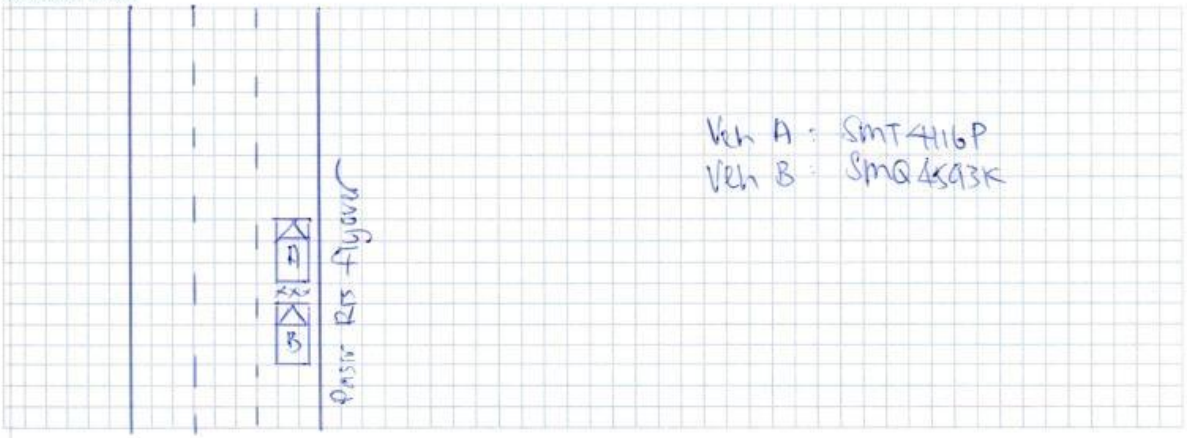
(collectively the "**Purposes**")

(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



Describe Circumstances of the Accident

On above date & time, I was driving my vehicle A (SMT4116P) traveling along Pasir Ris Flyover towds Pasir Ris Drive 8 on lane 1 of a 2-lanes, road. Somewhere after the junction of TPE slip road, vehicle ahead stopped due to red light. As such, I applied brake and stopped behind vehicle ahead. Out of sudden, vehicle B (SMQ4573K) came from rear and collided onto the rear portion of my vehicle.

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	Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

SINGAPORE POLICE FORCE

T/20210116/7058

1 of 3

Report No. T/20210116/7058

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
16/01/2021 16:35		

Informant's Particulars

Name of Informant: MUHAMMAD KHAIRULLAH BIN YAHYA			Address: 497H TAMPINES STREET 45 #05-106 SINGAPORE 526497	
ID Type / ID No.: NRIC NO / S8140745B			Contact No.: Home/Office: Mobile: 90030161	
Nationality: SINGAPORE CITIZEN			Email: KHAIRULLAHYAHYA@GMAIL.COM	
Sex: Male	Age: 39	Date of Birth: 08/12/1981	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Aeronautical engineering technician			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/01/2021 06:40	Type of Location: Flyover
Location: PASIR RIS FLYOVER				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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	Conditio	No of
SMQ4593K	Car	AUDI	A5 3.2 FSI QU S-LINE AT ABS D/AB HID	White	Slightly Damaged	1
SMT4116P	Car	HYUNDAI	QX VENUE 1.6 CVT S	White	Slightly Damaged	0

SINGAPORE POLICE FORCE

T/20210116/7058

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

Report No. T/20210116/7058

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT4116P	NTUC Income Insurance Co-Operative Limited	5117679245	03/06/2020	02/06/2021

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	LOW PENG WANG		ID No.	S7433040A	
Related Vehicle	SMQ4593K (Car)		Contact No.	96792085	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL	
Driver					
Name	MUHAMMAD KHAIRULLAH BIN YAHYA		ID No.	S8140745B	
Related Vehicle	SMT4116P (Car)		Contact No.	90030161	
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	15/01/2021		Date	15/01/2021	
No. of Days granted Medical Leave	03		Degree of	Slight	

Brief Details.

On the above mentioned date and time, i was driving my vehicle A (SMT4116P), travelling along Pasir Ri Flyover towards Tampines Avenue 12, on lane 1 of a 3-lanes road. Somewhere after the junction of the TPE slip road, the vehicle ahead stopped due to red light. As such, i applied brake and stopped behind the vehicle ahead. Out of a sudden, vehicle B (SMQ4593K) came from the rear and collided onto the rea portion of my vehicle. I have a video (that can be sent via email) and pictures of the accident.

SINGAPORE POLICE FORCE

T/20210116/7058

3 of 3

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

Report No. T/20210116/7058

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/01/2021 16:35
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	

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: 56655002OG / 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 : SN09211F0005 Vehicle Registration No: SMT4116P

Name(as shown in NRIC) : Muhammad Khairullah bin Yahya NRIC/FIN/Passport No : S8140745B

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 497H Tampines Street 45 #05-106 Singapore(526497)

Contact (Tel) : Mobile No.: 90030161

Email Address : khairullahyahya@gmail.com

Date of Accident : 15/1/2021 Time of Accident : 0640HRS

Place of Accident : Along Pasir Ris Flyover tnds Tampines Avenue 12

Insurance Company: NTUC

(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:

To amend place of accident

Along Pasir Ris Flyover towards Tampines Avenue 12

To add on Police report

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: