

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 16/02/2021 16:54 (SGT)
Date of Accident 11/02/2021 20:15 (SGT)
Exact Location of Accident Tampines Ave 9, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGM9401R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD IMRAN BIN MOHAMED GANI
NRIC No SXXXX840F
Email Address appit0908@gmail.com
Mobile Phone No (Phone) +65-91853834
Alternative Phone No +65-91853834

VEHICLE PARTICULARS

Manufacturer Toyota
Model Picnic
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 5114243234-01
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD AFIQ BIN MOHAMED GANI
NRIC No SXXXX494J
Date Of Birth 09/08/1987
Occupation Outdoor

Date Of Driving Pass	30/04/2013
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90266878
Alt. Phone Number	-
Email Address	appit0908@gmail.com
Address	BLK 502 TAMPINES CENTRAL 1 #01-273
Address complement	-
Postcode	520502
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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 - U-Turn
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NURUL HUDA BINTE ZAINUDDIN
Gender	Female

PASSENGER 2

Name	NUR DIYANA ANISAH BINTE ASMI
Gender	Female

PASSENGER 3

Name	MASTURA BINTE MOHAMAD
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210214/2068

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 SGM1162H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person NURUL HUDA BINTE ZAINUDDIN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SGM9401R
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person NUR DIYANA ANISAH BINTE ASMI
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SGM9401R
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person MASTURA BINTE MOHAMAD
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SGM9401R
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person MUHAMMAD AFIQ BIN MOHAMED GANI
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SGM9401R
Were seat belts worn? Yes

Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

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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.
- (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 purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

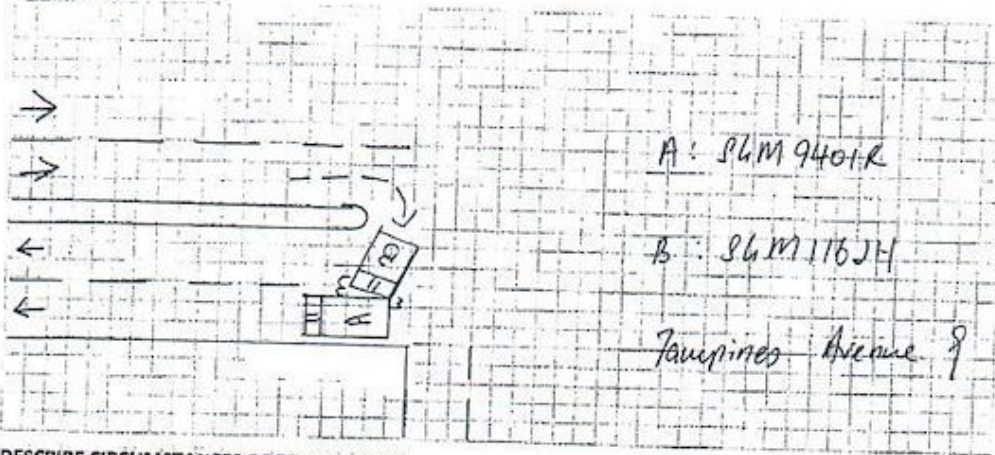
Policyholder's Signature
Date & Time:

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

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

FORM 100-1 (April 2014 edition)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to Police Report

T/20210214/2068.

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: 16/2/21

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

















SINGAPORE POLICE FORCE



T/20210214/2068

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Report No. T/20210214/2068

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2021 20:26		Vide Report No.:		Station Diary No.: 65	
Informant's Particulars					
Name of Informant: MUHAMMAD AFIQ BIN MOHAMED GANI			Address: APT BLK 502 TAMPINES CENTRAL 1 #01-273 SINGAPORE 520502		
ID Type / ID No.: NRIC NO / S8723494J			Contact No.: Home/Office: Mobile: 90266878		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 09/08/1987	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: TECHNICAL OFFICER			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: 11/02/2021 20:15	Type of Location: X-Junction
Location: TAMPINES AVENUE 9				
Lamp Post Number: 87				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGM1162H	Car	TOYOTA	Toyota Wish	Silver	Slightly Damaged	1
SGM9401R	Car	TOYOTA	Toyota Picnic	Silver	Slightly Damaged	3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGM9401R	NTUC Income Insurance Co-Operative Limited			



**SINGAPORE
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545025
Tel No: 1800-343 8999

Report No. T/20210214/2068

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Tayip Bin Sarti	ID No.	S1584261Z
Related Vehicle	SGM1162H (Car)	Contact No.	87535345
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
Driver			
Name	MUHAMMAD AFIQ BIN MOHAMED GANI	ID No.	S8723494J
Related Vehicle	SGM9401R (Car)	Contact No.	90266878
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	Nurul Huda Binte Zainuddin	ID No.	S8924071I
Related Vehicle	SGM9401R (Car)	Contact No.	92341221
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE
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T/20210214/2068

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Report No. T/20210214/2068

CONTINUATION OF REPORT

Passenger			
Name	Nur Diyana Anisah Binte Asmi		ID No. NIL
Related Vehicle	SGM9401R (Car)		Contact No. 81818250
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
Passenger			
Name	Mastura Binte Mohamad		ID No. NIL
Related Vehicle	SGM9401R (Car)		Contact No. 96628454
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 11/2/2021 at about 2015hrs, I was driving vehicle SGM9401R with 3 other passengers onboard along Tampines Ave 6. After travelling along Tampines Ave 6, we stopped at the X junction waiting for the traffic light to turn green to make a left turn towards Tampines Ave 9. Once the traffic light shows the green arrow, I subsequently made a left turn. While making the left turn, I saw vehicle SGM1162H about to make a turn towards his right side. I was under the assumption that he will be making a right turn as the turn he was at was not allowed to make a U-turn.

I then proceeded to turn left towards Tampines Ave 9. Subsequently, I felt an impact on the rear right side of the vehicle. I stopped the vehicle and got out. I then realized that vehicle SGM1162H made a U-turn at the junction and then subsequently collided the front left hand side of his vehicle to the back right hand side of my vehicle.

The driver of SGM1162H then got out of his vehicle. We then exchanged contacts for insurance claims and drove off from there. Both of our vehicles suffered scratches and dents on our vehicles. My pregnant wife who was one of the passenger and myself has gotten 3 days of MC from Sengkang General Hospital.



**SINGAPORE
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Report No. T/20210214/2068

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: F / Sgt 2 MUHAMMAD SUHAIRI BIN MOHD HAMZAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/02/2021 20:26
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168	