

# 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 .....	19/02/2021 12:29 (SGT)
Date of Accident .....	17/02/2021 18:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNC OF SHEARES LINK & SHEARES AVENUE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJH2995E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	AMANINA BTE JUMADI
NRIC No .....	S8540403B
Email Address .....	spider_fir@hotmail.com
Mobile Phone No .....	(Phone) +65-81271740
Alternative Phone No .....	+65-81271740

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	mitsubishi / LANCER 1.6 A
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 .....	5099951055-02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MUHAMMAD FIRDAUS BIN JUMADI
NRIC No .....	S9042249I
Date Of Birth .....	08/11/1990



Date Of Driving Pass .....	20/08/2009
Driving experience .....	11 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96589538
Alt. Phone Number .....	-
Email Address .....	spider_fir@hotmail.com
Address .....	BLK 439A BUKIT BATOK WEST AVENUE 8 #13-991
Address complement .....	-
Postcode .....	651439
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 .....	Side Swipe
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? .....	Yes
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

AS PER POLICE REPORT No.T/20210219/7002 & T/20210219/7004;

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGD628K
Vehicle Manufacturer .....	Porsche
Vehicle Model .....	PORSCHE / CAYENNE COUPE E3 TIP E6 SR, 2+1
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHUA HOCK BENG, DENNIS
NRIC No .....	S7728245E



Contact Number .....	(Phone) +65-97979392
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 FIRDAUS BIN JUMADI
Address .....	BLK 439A BUKIT BATOK WEST AVENUE 8 #13-991
Address Complement .....	-
Post Code .....	651439
Approximate Age Years Old .....	30
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJH2995E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



**SKETCH PLAN****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**.
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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

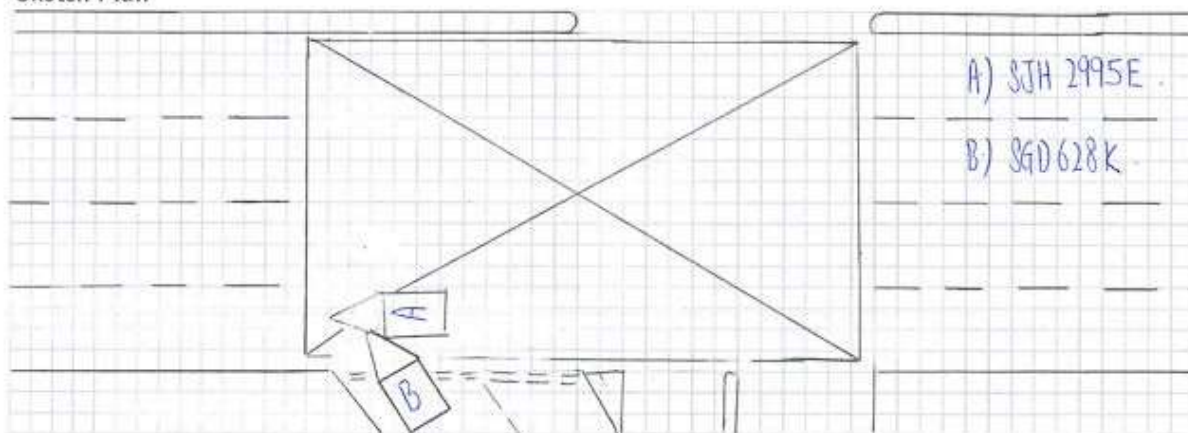
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@vacom.com.sg](mailto:vackb@vacom.com.sg)

Witnessed by Reporting Centre  
Personnel 19 FEB 2021

**Sketch Plan**





















































**SINGAPORE  
POLICE FORCE**



T/20210219/7002

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

1 of 3

Report No. T/20210219/7002

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/02/2021 10:18		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD FIRDAUS BIN JUMADI			Address: 439A BUKIT BATOK WEST AVENUE 8 #13-991 SINGAPORE 651439		
ID Type / ID No.: NRIC NO / S9042249I			Contact No.: Home/Office: Mobile: 96589538		
Nationality: SINGAPORE CITIZEN			Email: spider_fir@hotmail.com		
Sex: Male	Age: 30	Date of Birth: 08/11/1990	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: Civil Servant			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: 17/02/2021 18:45	Type of Location:
Location:  SHEARES AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJH2995E	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: Nil	No. of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20210219/7002

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

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Report No. T/20210219/7002

**CONTINUATION OF REPORT**

Driver			
Name	MUHAMMAD FIRDAUS BIN JUMADI	ID No.	S9042249I
Related Vehicle	SJH2995E (Car)	Contact No.	96589538
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	18/02/2021	Date	18/02/2021
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

on 17th feb 2021 at 6.45pm I was driving straight on Sheares Ave going towards ECP. Subsequently, car bearing plate number SGD625K came out of my left side slip road without stopping and hit my car left side. i came down and check my car ,the damage of my car is left fender and left front door. we exchange particular and left the scene. after the accident i when to en teng fong general hospital and got 5 days hospitalizations leave from 18/02/2021 to 22/02/2021.





**SINGAPORE  
POLICE FORCE**



T/20210219/7002

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

3 of 3  
Report No. T/20210219/7002

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476229

Authentication Stamp

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
19/02/2021 10:18

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



T/20210219/7004

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

1 of 3

Report No. T/20210219/7004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/02/2021 10:46		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD FIRDAUS BIN JUMADI			Address: 439A BUKIT BATOK WEST AVENUE 8 #13-991 SINGAPORE 651439		
ID Type / ID No.: NRIC NO / S9042249I			Contact No.: Home/Office: Mobile: 96589538		
Nationality: SINGAPORE CITIZEN			Email: spider_fir@hotmail.com		
Sex: Male	Age: 30	Date of Birth: 08/11/1990	Type of Informant: Driver		
Race: Boyanesse			Language: English		Institution / School Name:
Occupation: Civil Servant			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: 17/02/2021 18:45	Type of Location:
Location:  SHEARES AVENUE				
Weather: Clear		Road Surface:		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGD628K	Car					0
SJH2995E	Car					0

**Details of Person Involved**





**SINGAPORE  
POLICE FORCE**



T/20210219/7004

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

2 of 3  
Report No. T/20210219/7004

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHUA HOCK BENG, DENNIS		ID No. S7728345E
Related Vehicle	SGD628K (Car)		Contact No. 97979392
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
<b>Driver</b>			
Name	MUHAMMAD FIRDAUS BIN JUMADI		ID No. S9042249I
Related Vehicle	SJH2995E (Car)		Contact No. 96589538
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	18/02/2021		Date 18/02/2021
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

This is a vide report to report number T/20210219/7002.

Additional details added to this report.

On 17/02/2021 about 6.45pm, I was driving straight on Sheares Ave going towards ECP. Subsequently, car bearing plate number SGD625K came out on my left side slip road without stopping and hit my car. I came down and check my car. I exchange particulars and left the scene.

After the accident, i went to seek treatment at Ng Teng Fong General Hospital and was admitted, I was discharged on the same day and was given 5 days hospitalization leave from 18/02/2021 till 22/02/2021.





**SINGAPORE  
POLICE FORCE**

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



T/20210219/7004

3 of 3

Report No. T/20210219/7004

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476229

Authentication Stamp

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
19/02/2021 10:46

Classification Of Case: