

SE092138008-02 / ETHOZ PROTECT PTE. LTD. (528876)  
ENTRY DATE & TIME: 08/03/2021 15:23 (SGT)  
SUBMITTED BY: Suhelmi Suharman  
VERSION: 3 (08/03/2021 16:19 (SGT))

Your NCD will be affected due to late reporting

## 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	08/03/2021 15:23 (SGT)
Date of Accident	04/03/2021 17:15 (SGT)
Exact Location of Accident	Near Bedok Sports Cplx, Singapore
Additional Location Information	NEW UPPER CHANGI ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV9543S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHD NASIR BIN OTHMAN
NRIC No	SXXXX955B
Email Address	us2418@gmail.com
Mobile Phone No	(Phone) +65-88924131
Alternative Phone No	+65-81342525

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	AGI
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10202044R01
Cover Note Number	26/06/2020-28/06/2021

### DRIVER

Name of Driver	MOHD NASIR BIN OTHMAN
NRIC No	SXXXX955B

Date Of Driving Pass .....	06/02/1986
Driving experience .....	35 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-88924131
Alt. Phone Number .....	+65-81342525
Email Address .....	us2418@gmail.com
Address .....	24 SIMEI ST 1
Address complement .....	05-03
Postcode .....	529946
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

## OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

## PASSENGER 1

Name .....	SARIPAH BINTE SAMADAN
Gender .....	Female

## 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 POLICE REPORT

## 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 .....	SGQ1587U
Vehicle Manufacturer .....	Honda
Vehicle Model .....	

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TONY CHEW
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SMF6129M
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)	-

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SMQ1925G
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	MOHD NASIR BIN OTHMAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGV9543S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

**INJURED 2**

Name of injured person	SARIPAH BINTE SAMADAN
Address	-

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGV9543S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

## 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may constitute a breach of the policy and may result in the policy being voided.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance company.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIC Claims Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will also be made available upon request by interested parties.
7. By the lodging 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 afterwards.
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 ("GIAS") 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, notices, reports or policies to me, which could involve disclosure of certain personal data about me to being direct 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 GIC 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

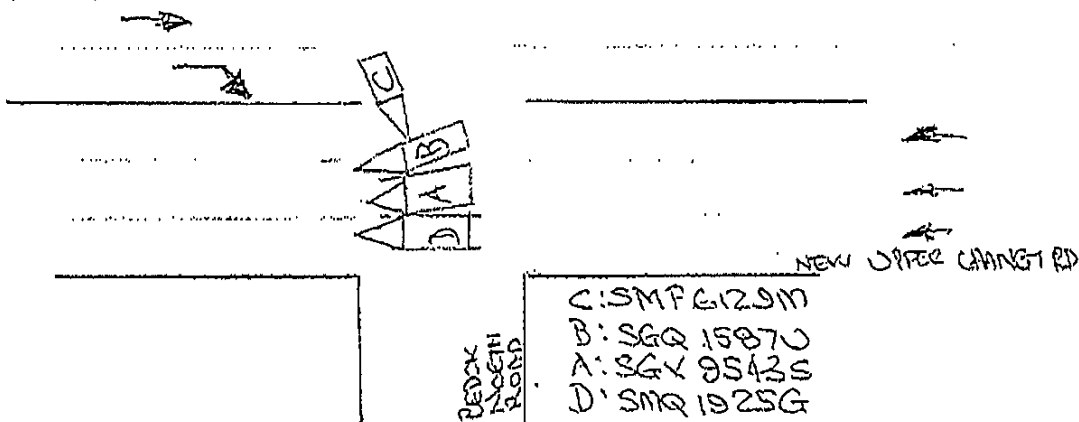
Policyholder's Signature  
Date & Time:

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

Managing Centre Personnel's Signature  
Name:  
NRIC/IN No.:

## SKETCH PLAN #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim ID
Claim OD (14) or other workshop

## DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time

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

*[Signature]*  
Reporting Officer's Signature  
Name:  
NIC/ID No:



**SINGAPORE  
POLICE FORCE**



T/20210308/7021

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

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Report No. T/20210308/7021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/03/2021 13:32		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHD NASIR BIN OTHMAN			Address: 24 SIMEI STREET 1 #05-03 SINGAPORE 529946		
ID Type / ID No.: NRIC NO / S2160955B			Contact No.: Home/Office: Mobile: 88924131		
Nationality: SINGAPORE CITIZEN			Email: us2418@gmail.com		
Sex: Male	Age: 65	Date of Birth: 09/09/1955	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/03/2021 17:15	Type of Location: T-Junction
Location:  NEW UPPER CHANGI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
SGQ1587U	Car					0
SGV9543S	Car	HONDA	STREAM 1.8 A	Blue		1
SMF6129M	Car					0
SMQ1925G	Car					0



**SINGAPORE  
POLICE FORCE**



T/20210308/7021

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

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Report No. T/20210308/7021

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SGV9543S	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10202044R01	29/06/2020	28/06/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	SARIPAH BINTE SAMADAN	ID No.	S0630570I
Related Vehicle	SGV9543S (Car)	Contact No.	87842188
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/03/2021	Date	04/03/2021
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	MOHD NASIR BIN OTHMAN	ID No.	S2160955B
Related Vehicle	SGV9543S (Car)	Contact No.	88924131
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/03/2021	Date	04/03/2021
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the above stated date and time, I was travelling along New Upper Changi Road towards Bedok Road. I was driving straight on the middle lane of 3 lanes. Upon reaching the T-Junction between New Upper Changi Road and Bedok North Road, out of a sudden, I felt a huge impact from my right. The impact was so huge that it caused my vehicle to hit onto the vehicle on my left. I then realised I was involved in a chain collision involving 4 vehicles in total. Vehicle SMF6129M had make a right turn from the opposite road without checking the traffic light, collided onto SGQ1587U, SGQ1587U collided onto right portion of my vehicle and the momentum of the impact caused my vehicle to hit onto the right portion of vehicle SMQ1925G. My wife is the passenger in my vehicle.

We both went to Heartland Health to seek medical attention and was issued with 5 days MC each.



**SINGAPORE  
POLICE FORCE**



T/20210308/7021

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

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Report No. T/20210308/7021

CONTINUATION OF REPORT

**SINGAPORE  
POLICE FORCE**

T/20210308/7021

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

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Report No. T/20210308/7021

**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 /  
MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Authentication Stamp  
NP168

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

Date/Time:  
08/03/2021 13:32

Classification Of Case: