

# 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 ..... 10/03/2021 16:45 (SGT)  
Date of Accident ..... 10/03/2021 09:00 (SGT)  
Exact Location of Accident ..... TPE, Singapore  
Additional Location Information ..... ALONG TPE TOWARDS CTE (CITY)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMV5892P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD MUZHAFAR BIN TAIB  
NRIC No ..... SXXXX832A  
Email Address ..... muzhaffar.taib@gmail.com  
Mobile Phone No ..... (Phone) +65-83391041  
Alternative Phone No ..... (Home) +65-83391041

### 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 ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5120838105  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD MUZHAFAR BIN TAIB  
NRIC No ..... SXXXX832A  
Date Of Birth ..... 01/10/1992  
Occupation ..... Outdoor

Date Of Driving Pass .....	20/01/2021
Driving experience .....	2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83391041
Alt. Phone Number .....	(Home) +65-83391041
Email Address .....	muzhaffar.taib@gmail.com
Address .....	BLK 186C RIVERVALE DRIVE
Address complement .....	#04-810
Postcode .....	543186
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 .....	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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	NUR AISHAH INSIYA KOH
Gender .....	Female

#### PASSENGER 2

Name .....	NUR ALFIYANA MISHA BINTE MUHAMMAD MUZHAFAR
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 SKETCH PLAN ATTACHED.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBJ8513H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	MUHAMMAD MUZHAFAR BIN TAIB
Address .....	BLK 186C RIVERVALE DRIVE
Address Complement .....	#04-810
Post Code .....	543186
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMV5892P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 2

Name of injured person .....	NUR AISHAH INSIYA KOH
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMV5892P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 3

Name of injured person .....	NUR ALFIYANA MISHA BINTE MUHAMMAD MUZHAFAR
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMV5892P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' 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.

10/3/2021  
Policyholder's Signature / Date & Time

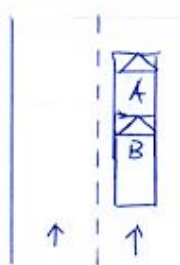
10/3/2021  
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

## Sketch Plan

TPE TOWARDS CTE  
(CF4)

Vehicle A- SMV 5892P  
Vehicle B- GBJ 8513H



### Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (SMV 5892P) was travelling along at the stated location on the extreme right lane. As the infront vehicle slowed down and came to a stop, I followed suit. Suddenly I felt a huge impact from the rear portion of my vehicle. I alighted and realised vehicle B (G6J8513H) collided onto the rear portion of my vehicle causing damages.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

*She* 10/3/2021

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

Witnessed by Reporting Centre  
Personnel









**SINGAPORE  
POLICE FORCE**



T/20210311/7017

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

1 of 4

Report No. T/20210311/7017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/03/2021 15:47		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD MUZHAFAR BIN TAIB			Address: 186C RIVERVALE DRIVE #04-810 SINGAPORE 543186		
ID Type / ID No.: NRIC NO / S9235832A			Contact No.: Home/Office: Mobile: 83391041		
Nationality: SINGAPORE CITIZEN			Email: muzhaffar.taib@gmail.com		
Sex: Male	Age: 28	Date of Birth: 01/10/1992	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Delivery			Driving Licence Information: Class: 2B,3A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/03/2021 09:00	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GBJ8513H	Lorry					0
SMV5892P	Car	HONDA	STREAM SUNROOF 1.8L A	Grey		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210311/7017

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

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Report No. T/20210311/7017

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV5892P	NTUC Income Insurance Co-Operative Limited	5120838105	30/01/2021	29/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MUHAMMAD MUZHAFAR BIN TAIB		ID No.	S9235832A
Related Vehicle	SMV5892P (Car)		Contact No.	83391041
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3A Date of Expiry: NIL
Date	11/03/2021		Date	11/03/2021
No. of Days granted Medical Leave		03	Degree of	Serious
Passenger				
Name	NUR ALFIYANA MISHA BINTE MUHAMMAD MUZHAFAR		ID No.	T1938577E
Related Vehicle	SMV5892P (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3A Date of Expiry: NIL
Date	10/03/2021		Date	10/03/2021
No. of Days granted Medical Leave		NIL	Degree of	Slight
Passenger				
Name	NUR AISHAH INSIYA KOH		ID No.	S9704715D
Related Vehicle	SMV5892P (Car)		Contact No.	97259650
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3A Date of Expiry: NIL
Date	11/03/2021		Date	11/03/2021
No. of Days granted Medical Leave		03	Degree of	Serious



**SINGAPORE  
POLICE FORCE**



T/20210311/7017

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

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Report No. T/20210311/7017

**CONTINUATION OF REPORT**

Brief Details.

On stated date and time, I was travelling in my vehicle bearing (SMV5892P) on the extreme right lane. As the front vehicle slowed down and came to a stop, I followed suit. Suddenly, I felt a huge impact from the rear portion of my vehicle. I alighted and realised a lorry bearing (GBJ8513H) collided onto the rear portion of my vehicle causing damages. After settling my vehicle, I brought my child to a doctor for checkups. The next day, my wife and I felt aches and seek medical attention. We both received 3 days mc.



**SINGAPORE  
POLICE FORCE**



T/20210311/7017

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

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Report No. T/20210311/7017

**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:  
11/03/2021 15:47

Classification Of Case:



**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: S66SS0020G / 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 : \_\_\_\_\_ Vehicle Registration No: SMV 5892 P  
Name (as shown in NRIC) : Muhammad Muzhaffar Bin Taib NRIC/FIN/Passport No : S9235832 A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 186 C Rivervale Drive #04-610 Singapore (643186 )  
Contact (Tel) : 83391041 Mobile No. : 83391041  
Email Address : muzhaffar.taib@gmail.com  
Date of Accident : 10/03/2021 Time of Accident : 09:00hr  
Place of Accident : Along TPE Towards LTE (City)  
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:

I would like to add in police report.

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[Signature]  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

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



### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5120838105

**Cover :** drivo CLASSIC

- |   |                              |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SMV5892P</b>            |
| Chassis Number  | : JHMRN684085201226          |
| 2. Name of Policyholder   | : MUHAMMAD MUZHAFAR BIN TAIB |
| 3. Effective Date of Insurance  | : 30 Jan 2021                |
| 4. Expiry Date of Insurance   | : 29 Jan 2022                |
| 5. Persons or Classes of Persons entitled to drive#   |                              |
| (a) The Policyholder.   |                              |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                              |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                              |
| 6. Limitations as to Use#   |                              |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                              |

**This Policy does not cover**

- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial or speed-testing.
  - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MUHAMMAD MUZHAFAR BIN TAIB
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DICKSON CAPITAL PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)  
 Date of Issue : 28 Jan 2021 18:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive