

# 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 ..... 22/03/2021 14:22 (SGT)  
Date of Accident ..... 20/03/2021 16:30 (SGT)  
Exact Location of Accident ..... Northshore Dr, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMR1448L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HAMAD GADAFFI B FAUZI  
NRIC No ..... SXXXX580A  
Email Address ..... HYFAHYDR@ICLOUD.COM  
Mobile Phone No ..... (Phone) +65-88086528  
Alternative Phone No ..... +65-88086528

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... C-hr  
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 hire  
Transmission ..... Auto  
CC ..... 1797

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5114642568-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HAMAD GADAFFI B FAUZI  
NRIC No ..... SXXXX580A

Date Of Birth .....	10/02/1985
Occupation .....	Outdoor
Date Of Driving Pass .....	18/04/2005
Driving experience .....	15 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88086528
Alt. Phone Number .....	+65-88086528
Email Address .....	HYFAHYDR@ICLOUD.COM
Address .....	BLK 408C NORTHSHORE DR #09-218
Address complement .....	-
Postcode .....	823408
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 - Change/cross lane
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 .....	NOR SARAH BANU BINTE GULAM HUS
Gender .....	Female

#### PASSENGER 2

Name .....	SAYF HYDR HAMAD GADAFFI
Gender .....	Male

#### PASSENGER 3

Name .....	HYFA SHEIQHA HAMAD GADAFFI
Gender .....	Male

#### 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 T/20210321/7003

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH DRIVER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD7279B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	NOR SARAH BANU BINTE GULAM HUS
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SMR1448L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	SAYF HYDR HAMAD GADAFFI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SMR1448L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 3

Name of injured person .....	HYFA SHEIQHA HAMAD GADAFFI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SMR1448L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 4

Name of injured person .....	HAMAD GADAFFI B FAUZI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-

Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SMR1448L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgment 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;
- (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, regulatory, 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.:

SGSAA's Secretariat



SKETCH PLAN

Refer to Attachment


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to TP report  
T/ 20210321 / 7003

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:

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

GPAD/ACCIDENT REPORT FORM V2




























**SINGAPORE  
POLICE FORCE**


T/20210321/7003

1 of 4

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

Report No. T/20210321/7003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/03/2021 13:27	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: HAMAD GADAFI BIN FAUZI	Address: 408C NORTHSHORE DRIVE #09-218 SINGAPORE 823408		
ID Type / ID No.: NRIC NO / S8505580A	Contact No.:	Mobile: 88086528	
Nationality: SINGAPORE CITIZEN	Email:	HYFAHYDR@ICLOUD.COM	
Sex: Male	Age: 36	Date of Birth: 10/02/1985	Type of Informant: Driver
Race: Indian	Language: English	Institution / School Name:	
Occupation: Private hire Driver	Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/03/2021 16:30	Type of Location: T-Junction
Location:  NORTHSHORE DRIVE				
Weather: Cloudy		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	Conditio	No of
SHD7279B	Car	HYUNDAI		Blue		2
SMR1448L	Car	TOYOTA	C-HR HYBRID 1.8G CVT	Blue		0

**Details of Vehicle Insurance**

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



120210321/7003

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No. 65470000

Report No. T20210321/7003

**CONTINUATION OF REPORT**

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Effective
SMR1448L	NTUC Income Insurance Co-Operative Limited	5114642368-01	21/12/2020
			Expiry Date
			20/09/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	HAMAD GADAFI BIN FAUZI	ID No.	S8505580A
Related Vehicle	SMR1448L (Car)	Contact No.	88086528
Hospital/Clinic	VIVA MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/03/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Sight
<b>Passenger</b>			
Name	SAYF HYDR HAMAD GADAFI	ID No.	T1613897A
Related Vehicle	SMR1448L (Car)	Contact No.	NIL
Hospital/Clinic	VIVA MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/03/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Sight
<b>Passenger</b>			
Name	HYFA SHEICHA HAMAD GADAFI	ID No.	T1423518Z
Related Vehicle	SMR1448L (Car)	Contact No.	NIL
Hospital/Clinic	VIVA MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/03/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Sight

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**SINGAPORE  
POLICE FORCE**


1202103217003

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

Report No: 1202103217003

## CONTINUATION OF REPORT

Passenger			
Name	NOR SARAH BANU	ID No	58510783F
Related Vehicle	SMR1448L (Car)	Contact No	81860064
Hospital/Clinic	VIVA MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	20/03/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Sight

## Brief Details:

I was driving along Northshore Dr toward Punggol Settlement at the junction of Punggol road to buy Dinner. Accident involve between my car SMR1448L and Taxi SHD7279B driven by Mr Foo Jong Jin of NRIC S\*\*\*8384E. I was driving on lane 1/2 while he was driving on lane 2/2 in front of me. Traffic was green upon reaching the junction but suddenly almost reaching at the end of the junction SHD7279B decided to make a U-turn from lane 2/2 and cutting lane 1/2 where I was approaching. I do have a witness Mr Ramiz 97157769 via WhatsApp only. He did provide me a footage from his end, and I will attach the video, and in his taxi there is 2 male passenger one of them is Mr Tee 84944948. In my car my seated behind my 2 children and wife and I was the one driving the car, my children wife and myself later went to the clinic. if you require any further update do give me a call at 88086528.

I do have video footage from the witness carcam and also the accident image.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ulu Avenue 3 SINGAPORE 408865  
Tel No. 65470600



T002103217003

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Report No. T002103217003

**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 / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No. 65476404  
Authentication Stamp  
NP108

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

Date/Time:  
21/03/2021 13:27

Classification Of Case:

