

# 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 14:52 (SGT)  
Date of Accident ..... 21/03/2021 15:50 (SGT)  
Exact Location of Accident ..... Loyang Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBC1091R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... STYLE.ELEMENTS  
Company Reg No ..... 5XXXX281X  
Email Address ..... dearoacit@gmail.com  
Mobile Phone No ..... (Phone) +65-84829049  
Alternative Phone No ..... +65-84829049

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... URVAN 3.0 5MT ABS AB 5DR LWB PANEL  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2953

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5119539904  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMED RASHID BIN RAMLAN  
NRIC No ..... SXXXX256F

Date Of Birth .....	27/03/1977
Occupation .....	Outdoor
Date Of Driving Pass .....	29/06/2012
Driving experience .....	8 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94790221
Alt. Phone Number .....	-
Email Address .....	dearoacit@gmail.com
Address .....	BLK 574A WOODLANDS DRIVE 16
Address complement .....	#10-728
Postcode .....	731574
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	NUR ISTIQAMAH BINTE JA'AFAR
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

PLS REFER TO THE POLICE REPORT:T/20210321/7012

#### 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 WORKSHOP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLJ7896R
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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 .....	MUHAMED RASHID BIN RAMLAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	GBC1091R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	NUR ISTIQAMAH BINTE JA'AFAR
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	GBC1091R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

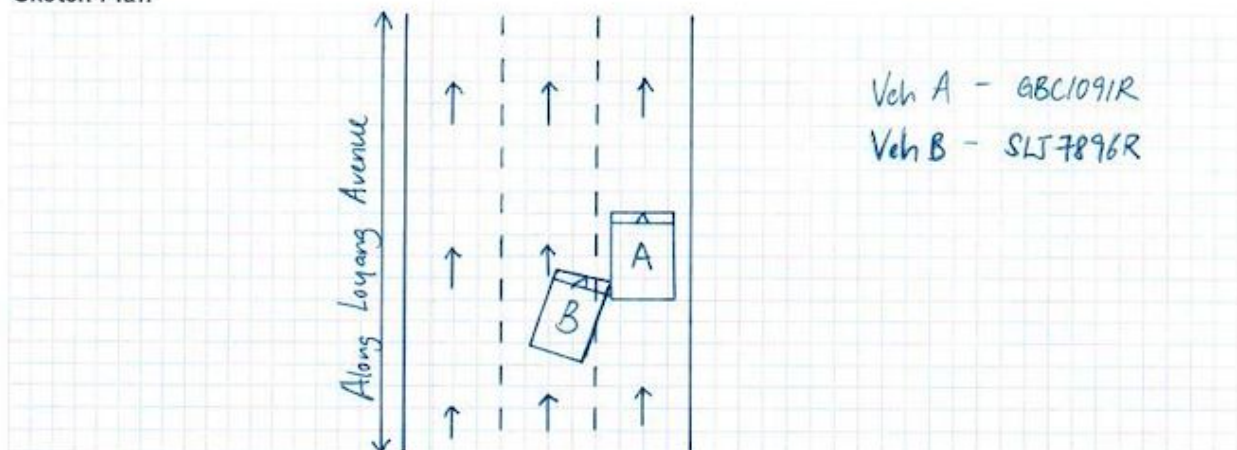
# **SKETCH PLAN**

## **IMPORTANT NOTICE**

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7. By the 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	Witnessed by Reporting Centre Personnel

## **Sketch Plan**



## Describe Circumstances of the Accident

Refer to Police Report : T/20210321/7012

## Declaration

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



Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**

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



T/20210321/7012

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Report No. T/20210321/7012

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	NUR ISTIQAMAH BINTE JA'AFAR	ID No.	S8922729A
Related Vehicle	GBC1091R (Van)	Contact No.	93231342
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	21/03/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	MUHMED RASHID BIN RAMLAN	ID No.	S7743256F
Related Vehicle	GBC1091R (Van)	Contact No.	94790221
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	21/03/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On the stated date and time, I was travelling along Loyang Avenue on the extreme right lane (Lane 1) travelling straight.

Suddenly, I felt an impact from my left rear. The impact caused my vehicle GBC1091R to swerve from left to right. My wife NUR ISTIQAMAH BINTE JA'AFAR S8922729A was on the front passenger seat when the incident happened.

I then realised that vehicle bearing car plate number SLJ7896R from the second lane had cut into my lane and hit onto my vehicle. Thus causing my vehicle to swerve side to sides.

We exchange particulars and left the scene. I suffered a knock on my left knee against the underside of the dash board, and soreness over various portion of my body. While my wife suffered a fractured finger, a knock on her left elbow against the door and also soreness over portion of her body.

We then went to our family clinic Unihealth 24hr Bedok to seek for medical treatment and was issued 3 days of MC each.





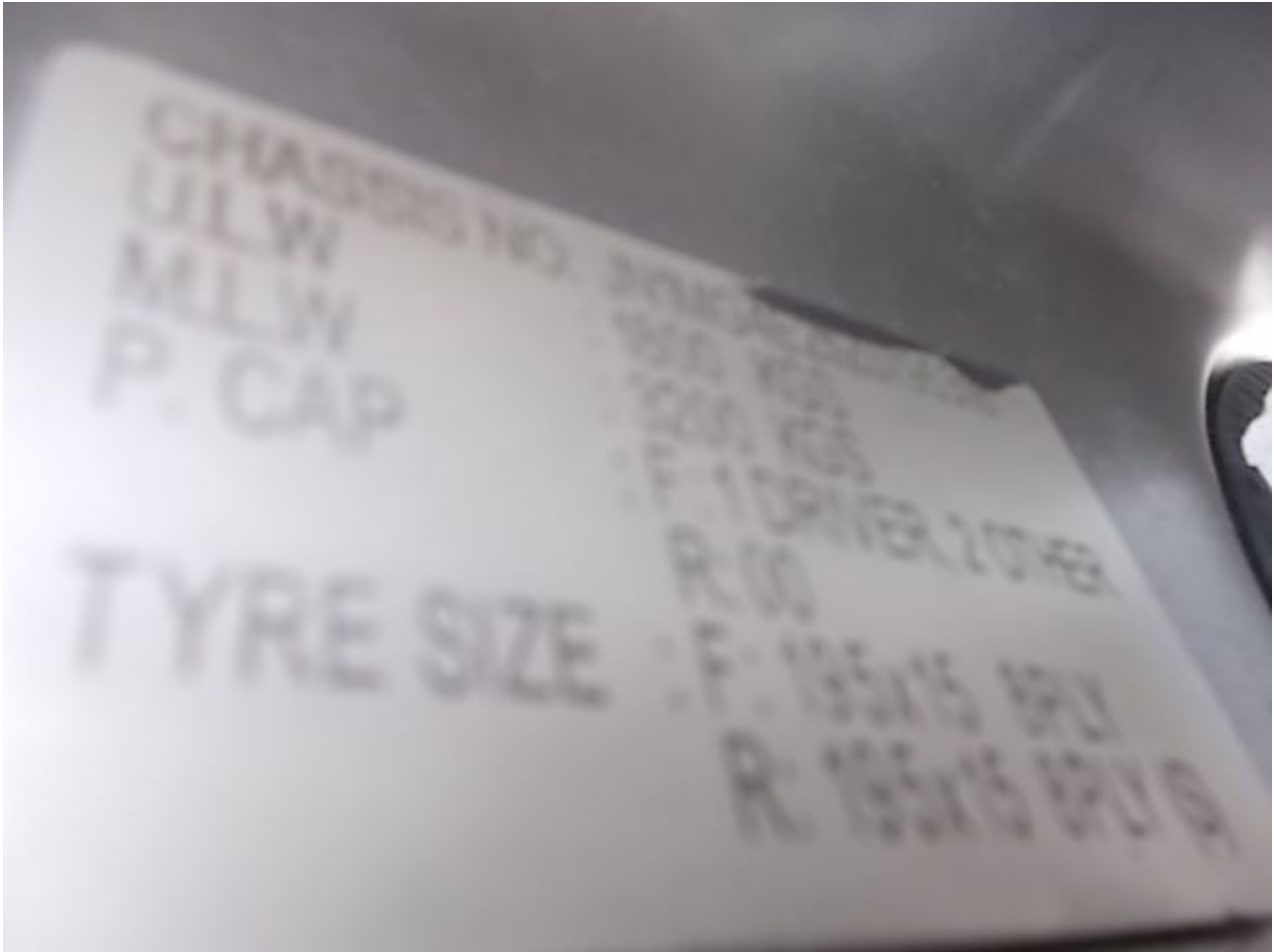














**SINGAPORE  
POLICE FORCE**



T/20210321/7012

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

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Report No. T/20210321/7012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/03/2021 19:51		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMED RASHID BIN RAMLAN			Address: 574A WOODLANDS DRIVE 16 #10-728 SINGAPORE 731574		
ID Type / ID No.: NRIC NO / S7743256F			Contact No.: Home/Office: Mobile: 94790221		
Nationality: SINGAPORE CITIZEN			Email: DEAROACIT@GMAIL.COM		
Sex: Male	Age: 43	Date of Birth: 27/03/1977	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Delivery driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15 50 21/03/2021 03:50	Type of Location: Straight Road
Location:  LOYANG AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 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
GBC1091R	Van				Slightly Damaged	1
SLJ7896R	Car					0



**SINGAPORE  
POLICE FORCE**



T/20210321/7012

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

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Report No. T/20210321/7012

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	NUR ISTIQAMAH BINTE JA'AFAR	ID No.	S8922729A
Related Vehicle	GBC1091R (Van)	Contact No.	93231342
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	21/03/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	MUHAMED RASHID BIN RAMLAN	ID No.	S7743256F
Related Vehicle	GBC1091R (Van)	Contact No.	94790221
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Date	21/03/2021	Date	NIL
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T/20210321/7012

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Report No. T/20210321/7012

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20210321/7012

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Report No. T/20210321/7012

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  
NP168

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 19:51

Classification Of Case: