

# 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 .....	25/03/2021 17:53 (SGT)
Date of Accident .....	24/03/2021 16:20 (SGT)
Exact Location of Accident .....	296 Tampines Street 22, Singapore
Additional Location Information .....	296 TAMPINES ST 22 CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKW9644G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TW PREMIUM AUTOMOBILE PTE LTD
Company Reg No .....	2XXXXX430G
Email Address .....	leasing@teckwei.com.sg
Mobile Phone No .....	(Phone) +65-91164876
Alternative Phone No .....	(Office) +65-64650020

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Wish
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 .....	1798

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	5099370783-02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MUHAMMAD FAIZAL S/O MAIDEEN MEETHIN
NRIC No .....	SXXXX427I

Date Of Birth .....	02/09/1991
Occupation .....	Outdoor
Date Of Driving Pass .....	01/02/2010
Driving experience .....	11 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91164876
Alt. Phone Number .....	-
Email Address .....	faizal_463@hotmail.com
Address .....	BLK 44 TEBAN GARDENS ROAD
Address complement .....	#07-407
Postcode .....	600044
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Major/Minor Rd
Weather Conditions .....	DRIZZLING
Road Surface .....	Wet

#### 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) .....	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 .....	Jurong East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008999999
Alt. Police Station Phone No .....	(Fax) +65-66655791
Police Station Address .....	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED POLICE REPORT - TYPE OF ACCIDENT HEAD TO SIDE.

#### 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 .....	SJL4617M
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Private car

Name of Driver .....	MOHD ASHIK BIN ZAINUDDIN
NRIC No .....	SXXXX167B
Contact Number .....	(Phone) +65-88143099
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 FAIZAL S/O MAIDEEN MEETHIN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	REFER REPORT
Injured person in which vehicle? .....	SKW9644G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

## IMPORTANT NOTICE

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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

Witnessed by Reporting Centre Personnel

## Sketch Plan

VA = SKW 9644 G  
VB = SJL 4617 M  
296 Tampines St 22, carpark


Describe Circumstances of the Accident

On the stated date and time, I vehicle 'A' was travelling on the stated venue. I was travelling within the designated lane, vehicle 'B' suddenly came out from the parking lot and hit onto my vehicle left portion. I alighted and realized that vehicle 'B' was collided against my vehicle left portion. I was consulted by doctor and given 3 days MC.

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













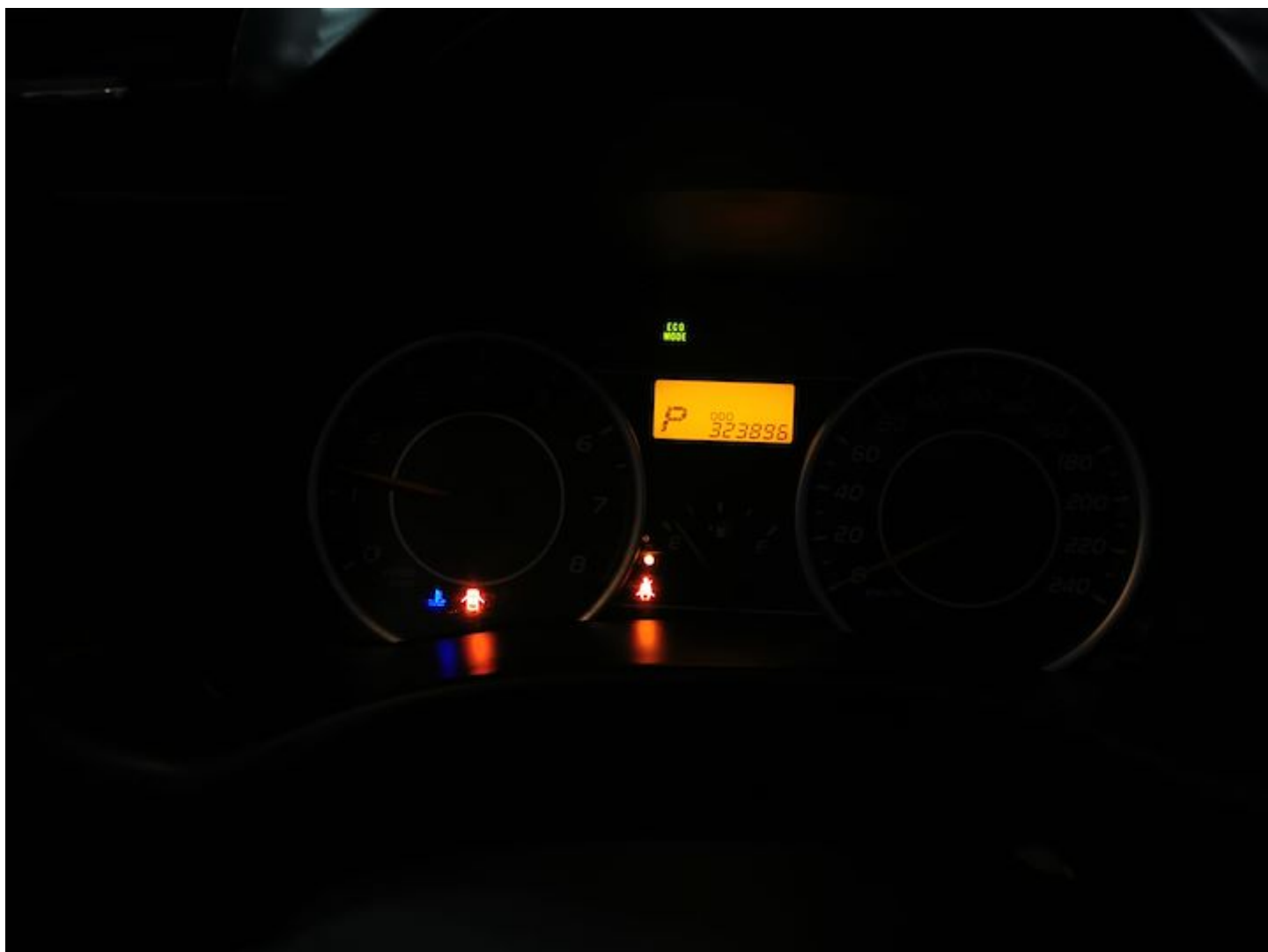


















**SINGAPORE  
POLICE FORCE**



T/20210324/2146

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

1 of 4

Report No. T/20210324/2146

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/03/2021 21:54	Vide Report No.:	Station Diary No.: 76
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**Informant's Particulars**

Name of Informant: MUHAMMAD FAIZAL S/O MAIDEEN MEETHIN	Address: APT BLK 44 TEBAN GARDENS ROAD #07-407 SINGAPORE 600044		
ID Type / ID No.: NRIC NO / S91304271	Contact No.: Home/Office: Mobile: 91164876		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 29	Date of Birth: 02/09/1991	Type of Informant: Driver
Race: Indian	Language: English		Institution / School Name:
Occupation: TOW TRUCK DRIVER	Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/03/2021 16:20	Type of Location: Car Park
Location:  TAMPINES STREET 22				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL4617M	Car	BMW	3 Series	Black	Slightly Damaged	0
SKW9644G	Car	TOYOTA	Wish	Blue	Seriously Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20210324/2146

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Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20210324/2146

## CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD FAIZAL S/O MAIDEEN MEETHIN	ID No.	S9130427I
Related Vehicle	SKW9644G (Car)	Contact No.	91164876
Hospital/Clinic	CENTRAL 24HR CLINIC (JURONG WEST)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	24/03/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Mohd Ashik Bin Zainuddin	ID No.	S8134167B
Related Vehicle	NIL	Contact No.	88143099
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date and time, I was driving vehicle bearing the following details,

1) SKW 9644 G

Toyota

Wish

Blue

at the above mentioned place. I was driving along the route with the intention to exit.

While I was driving, suddenly I felt a collusion from the rear. Immediately, I alighted from my vehicle to make a check. I saw that there was a black colour on the rear left side of my vehicle and its front right bumper had collided my rear left passenger door. The black colour car bears the following details,

2) SJL 4617 M

BMW

3 series

Black

Due to the collusion, I have difficulties closing the damaged passenger door. We then exchange particulars.

About 30 mins later, I felt pain and cramp at my backbone and there is sound coming from my left leg as such, I went to consult the doctor at Central 24hr Clinic (Jurong West) located at Blk 492 Jurong West St 41 #01-54 where I was given 03 days of medical leave.

I wish to mention no government property damaged and no police or ambulance came down to scene. In



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Report No. T/20210324/2146

CONTINUATION OF REPORT

vehicle recording system is not present in both vehicles.



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92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999



T/20210324/2146

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Report No. T/20210324/2146

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

D /

Sgt 3 NGU YUAN JIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/03/2021 21:54

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

 <p><b>Authentication Stamp</b> NP168</p> <p><i>[Signature]</i></p> <p><b>SIGNATURE</b></p>	<p>SN 34</p>
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**SINGAPORE  
POLICE FORCE**



T/20210324/2150

1 of 3

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20210324/2150

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/03/2021 22:26		Vide Report No.:		Station Diary No.: 86
<b>Informant's Particulars</b>				
Name of Informant: MUHAMMAD FAIZAL S/O MAIDEEN MEETHIN		Address: APT BLK 44 TEBAN GARDENS ROAD #07-407 SINGAPORE 600044		
ID Type / ID No.: NRIC NO / S91304271		Contact No.: Home/Office: Mobile: 91164876		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 29	Date of Birth: 02/09/1991	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: TOW TRUCK DRIVER		Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/03/2021 16:20	Type of Location: Car Park
Location:  TAMPINES STREET 22				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL4617M	Car	BMW	Series 3	Black	Slightly Damaged	0
SKW9644G	Car	TOYOTA	Wish	Blue	Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20210324/2150

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20210324/2150

**CONTINUATION OF REPORT**

Driver			
Name	Mohd Ashik Bin Zainuddin	ID No.	S8134167B
Related Vehicle	SJL4617M (Car)	Contact No.	88143099
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MUHAMMAD FAIZAL S/O MAIDEEN MEETHIN	ID No.	S9130427I
Related Vehicle	SKW9644G (Car)	Contact No.	91164876
Hospital/Clinic	CENTRAL 24HR CLINIC (JURONG WEST	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	24/03/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

With ref to report number T/20210324/2126, on the 2nd paragraph, I wish to state that after I alighted from my vehicle to make a check, I saw there was a black colour car on the rear left side of my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20210324/2150

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20210324/2150

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 3 NGU YUAN JIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/03/2021 22:26

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

<p>Authentication Stamp NP168</p>	<p>SN 34</p>
<p>SIGNATURE</p>	

