

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 29/03/2021 20:37 (SGT)
Date of Accident 27/03/2021 16:30 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE TOWARDS TUAS AFTER STEVEN ROAD EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM4517M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NEYASHAN
NRIC No SXXXX655F
Email Address mohamedkabil1617@gmail.com
Mobile Phone No (Phone) +65-98584251
Alternative Phone No +65-98584251

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
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
Transmission Auto
CC 1584

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5118540770
Cover Note Number -

DRIVER

Name of Driver MOHAMED KABIL S/O MOHAMED KASIM
NRIC No SXXXX912G

Date Of Birth	04/05/1997
Occupation	Indoor
Date Of Driving Pass	02/09/2020
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87484317
Alt. Phone Number	-
Email Address	mohamedkabil1617@gmail.com
Address	BLK 25 TANGLIN HALT ROAD
Address complement	#04-38
Postcode	140025
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	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	Alexandra Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004739999
Alt. Police Station Phone No	(Fax) +65-64713569
Police Station Address	Blk 46-2 Commonwealth Drive #01-382A Singapore 140462
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO: T/20210328/2038

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	VIDEO WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6590H
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED KABIL S/O MOHAMED KASIM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJM4517M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

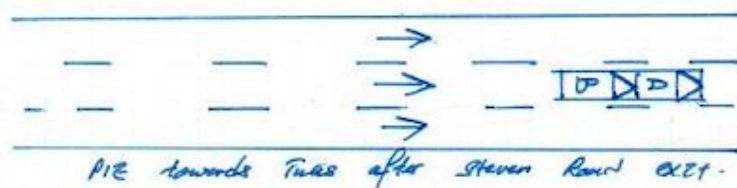
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) SJM 4517 M.
(B) SHD 65904.


Describe Circumstances of the Accident


Pls refer to Police Report
No : 7/20210328/2038.

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


Witnessed by Reporting Centre
Personnel



























**SINGAPORE
POLICE FORCE**



T/20210328/2038

1 of 3

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Report No. T/20210328/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2021 15:04	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: MOHAMED KABIL S/O MOHAMED KASIM			Address: APT BLK 25 TANGLIN HALT ROAD #04-38 SINGAPORE 140025	
ID Type / ID No.: NRIC NO / S9714912G			Contact No.:	Mobile: 87484317
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 23	Date of Birth: 04/05/1997	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3,4	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: 27/03/2021 16:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Sunny		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6590H	Car				Slightly Damaged	0
SJM4517M	Car				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/20210328/2038

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Police Station Of Origin:
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Tel No: 1800-4739999

Report No. T/20210328/2038

CONTINUATION OF REPORT

Driver			
Name	Ow Kit Chiang	ID No.	S0571870H
Related Vehicle	SHD6590H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMED KABIL S/O MOHAMED KASIM	ID No.	S9714912G
Related Vehicle	SJM4517M (Car)	Contact No.	87484317
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	27/03/2021	Date Discharge	27/03/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 27/03/2021 at about 1630hrs while I was driving along PIE towards Tuas there was heavy traffic and the floor is wet. I was driving at the middle lane when a car from right lane suddenly cut into my lane causing me to jam brake. The taxi(SHD6590H) behind me did not managed to brake in time and hit onto my vehicle. I then went to Alexandra Hospital as I suffered headache and pain on my shoulder and lower back and I was given 4 days of MC from 27/03/2021 to 30/03/2021.

**SINGAPORE
POLICE FORCE**

T/20210328/2038

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Report No. T/20210328/2038

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

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 2 SUNG HONG HOW

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/03/2021 15:04

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168