

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	06/04/2021 17:20 (SGT)
Date of Accident	02/04/2021 00:30 (SGT)
Exact Location of Accident	Chin Swee Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS OUTRAM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML5449P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD KALAM BIN SAMAD
NRIC No	SXXXX658Z
Email Address	muhdkalam27@gmail.com
Mobile Phone No	(Phone) +65-83504311
Alternative Phone No	+65-87968575

VEHICLE PARTICULARS

Manufacturer	BMW
Model	325i
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMPCSNW00078762000
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD KALAM BIN SAMAD
NRIC No	SXXXX658Z

Date Of Birth	27/08/1992
Occupation	Outdoor
Date Of Driving Pass	17/07/2014
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83504311
Alt. Phone Number	+65-87968575
Email Address	muhdkalam27@gmail.com
Address	BLK 266 BOON LAY DRIVE #02-617
Address complement	-
Postcode	640266
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?	No
Was any injured conveyed to hospital by ambulance?	-
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 West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210403/2092

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	SMV7L
Vehicle Manufacturer	Porsche
Vehicle Model	Boxster
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	HUANG ZIXIANG
NRIC No	SXXXX765A
Contact Number	(Phone) +65-87868899
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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' 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")

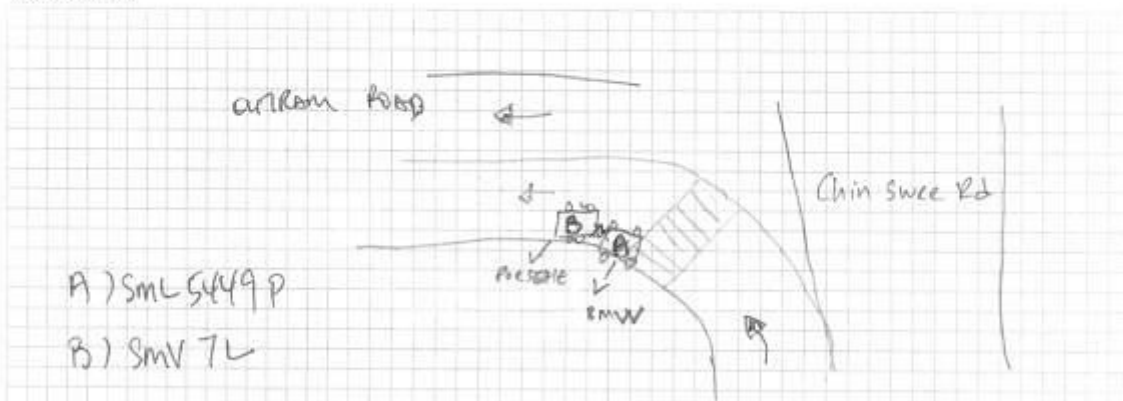
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

 06/04/2021
1550URS
Policyholder's Signature / Date & Time

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

 06/04/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER to Police Report 7/20210403/2092

Declaration

We declare the foregoing particulars are true in every respect.

 06/04/2021
15:00 HRS
Policyholder's Signature / Date & Time

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

 06/04/2021
Witnessed by Reporting Centre Personnel



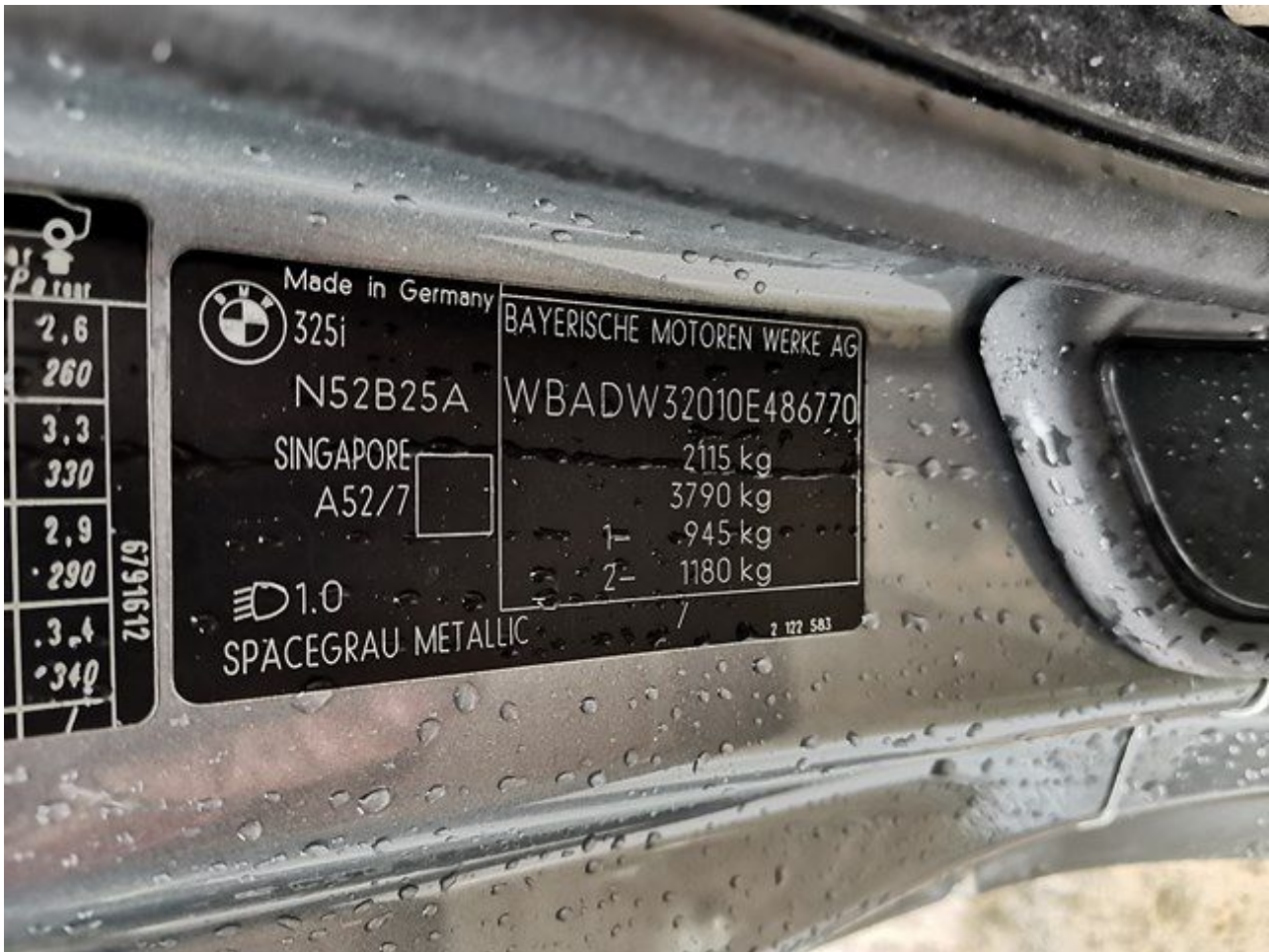














**SINGAPORE
POLICE FORCE**



T/20210403/2092

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No. T/20210403/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2021 19:10	Vide Report No.:	Station Diary No.: 131
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Informant's Particulars

Name of Informant: MUHAMMAD KALAM BIN SAMAD			Address: APT BLK 266 BOON LAY DRIVE #02-617 SINGAPORE 640266		
ID Type / ID No.: NRIC NO / S9229658Z			Contact No.: Home/Office: Mobile: 83504311		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 27/08/1992	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: LIFT TECHNICAL SUPERVISOR			Driving Licence Information: Class: 2B,2A,3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 02/04/2021 00:35	Type of Location: Bend
Location: CHIN SWEE ROAD				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
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
SML5449P	Car	BMW	325I 2.5L AT ABS D/AB 2WD 2DR GAS/D	Grey	Slightly Damaged	0
SMV7L	Car	PORSCHE	BOXSTER 2.7 A	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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T/20210403/2092

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2 of 4

Report No. T/20210403/2092

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML5449P	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000787 62000	03/07/2020	07/07/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MUHAMMAD KALAM BIN SAMAD		ID No.	S9229658Z
Related Vehicle	SML5449P (Car)		Contact No.	83504311
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	HUANG ZIXIANG		ID No.	S8529765A
Related Vehicle	SMV7L (Car)		Contact No.	87868899
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 2/4/2021 at about 0035hrs, I was on my vehicle SML5449P at the slip road of Outram Exit from CTE towards AYE. I was heading to the Dorsett Hotel and passed by the slip road. I slowed down as I approached the zebra crossing and checked for traffic, so as the car SMV7L in front of me. After I checked and there was no traffic, I moved off. However, the car in front of me jammed his brakes. I did not have time to react and the front of my vehicle knocked onto his rear of vehicle. I wish to state that I was travelling at the speed of no more than 15 km/h.

After the accident, we took photos and exchanged our particulars. I wish to state that I do not have any CCTV footage on the accident. We discussed and decided to go on insurance claim.



**SINGAPORE
POLICE FORCE**



T/20210403/2092

Police Station Of Origin:
Jurong West N.P.C
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Tel No: 1800-2689999

3 of 4

Report No. T/20210403/2092

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20210403/2092

4 of 4

Report No. T/20210403/2092

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: J / SC2 ALDON CHUA JUN WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/04/2021 19:10
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SN 126

Signature:

Singapore Police Force



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0821460004 Vehicle Registration No: SML 5449 P
 Name (as shown in NRIC): MUHAMMAD KALAM BIN SAMBUDH NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 83504311
 Email Address: _____
 Date of Accident: 02/04/2021 Time of Accident: 00:35
 Place of Accident: CHIN SWAN ROAD SLIP ROAD TOWARDS BUKOM ROAD
 Insurance Company: CHINA MOTOR

(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:

TIME OF ACCIDENT TO 00:35 HRS

Policyholder / Driver's Signature
Date:

02/04/2021
Reporting Centre Personnel's Signature
Name: