

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 12:00 (SGT)
Date of Accident 03/04/2021 12:25 (SGT)
Exact Location of Accident Marsiling Dr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SV45E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMED IQBAL BIN ABDUL RAHIM
NRIC No S7225709Z
Email Address IQ.BALL@HOTMAIL.COM
Mobile Phone No (Phone) +65-91853053
Alternative Phone No +65-91853053

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
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 1597

INSURANCE COMPANY

Name of Insurance Company HL Assurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MP312547
Cover Note Number -

DRIVER

Name of Driver MOHAMED IQBAL BIN ABDUL RAHIM
NRIC No S7225709Z

Date Of Birth	18/06/1972
Occupation	Indoor
Date Of Driving Pass	18/04/1991
Driving experience	30 YEARS
Gender	Male
Mobile Number	(Phone) +65-91853053
Alt. Phone Number	+65-91853053
Email Address	IQ.BALL@HOTMAIL.COM
Address	BLK 650C JURONG WEST ST 61#03-240
Address complement	-
Postcode	643650
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Bukit Panjang North Neighbourhood Police Post
Police Station Address	Blk 27 Marsiling Drive Singapore 730027
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	FS998A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	QUEK JUN RUI JASPER
Contact Number	(Phone) +65-83339875

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 MOHAMED IQBAL BIN ABDUL RAHIM
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SV45E
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 2

Name of injured person QUEK JUN RUI JASPER
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? FS998A
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

IMPORTANT NOTICE

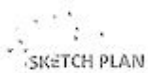
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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, regulators, 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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.


 Date & Time: 5/4/2021
 11am

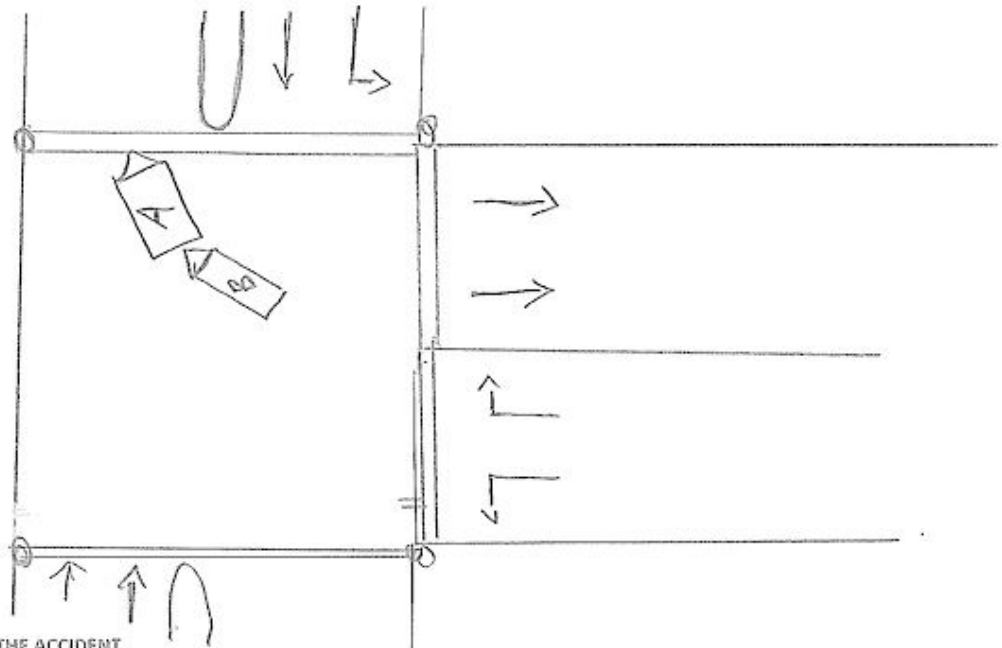
 (If driver is not the policyholder)
 Date & Time:


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



Marsiling Drive

A(SV45E)
B(FS 998A)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I (SV45E) A STOP AT THE PEDESTRIAN TO CROSS.
SUDDENLY THE BIKE (FS 998A) COLLIDED MY REAR.

Refer Police Report vide# L/20210403/0102

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 5/4/2021

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

☐ Claim own policy
☐ Claim third party
☒ Claim CD-130 at other workshop V-Tech Auto Service
☐ For record purpose

Policy No. NP312547
Insurer HL ASSURANCE Vch.No. SV 45E















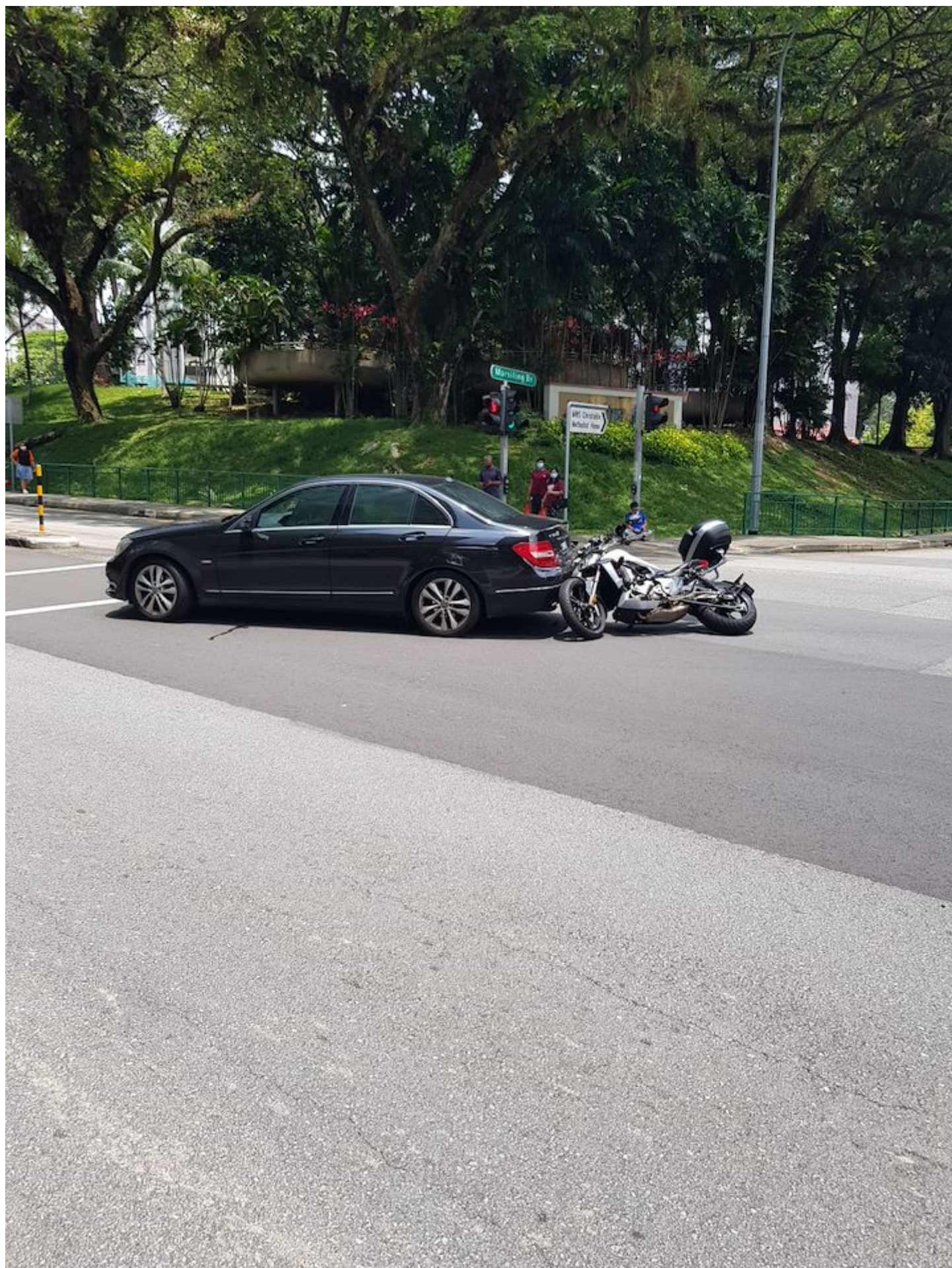
















**SINGAPORE
POLICE FORCE**



T/20210403/2052

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

1 of 3

Report No. T/20210403/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2021 14:05		Vide Report No.: L/20210403/0102		Station Diary No.: 17	
Informant's Particulars					
Name of Informant: MOHAMED IQBAL BIN ABDUL RAHIM			Address: APT BLK 650C JURONG WEST STREET 61 #03-240 SINGAPORE 643650		
ID Type / ID No.: NRIC NO / S7225709Z			Contact No.: Home/Office: Mobile: 91853053		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 18/06/1972	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Sales			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/04/2021 12:25	Type of Location: T-Junction
Location: MARSILING DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS998A	Motorcycle				Slightly Damaged	0
SV45E	Car	MERCEDES BENZ	C 180 KOMPRESS OR	Black	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210403/2052

2 of 3

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Report No. T/20210403/2052

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SV45E	HL ASSURANCE PTE. LTD	MP312547	20/04/2020	19/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED IQBAL BIN ABDUL RAHIM	ID No.	S7225709Z
Related Vehicle	SV45E (Car)	Contact No.	91853053
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

V1) SV45E

V2) FS998A

On 03/04/2021 at about 1225hrs, I was driving V1 along Marsiling Drive towards to Marsiling Road. Upon reaching the T-junction, I stopped at the traffic light before turning right as there cyclist crossing the road.

Out of sudden, I felt impact from V1's rear. I then saw that V2 hit onto me. I immediately alighted and make a checked. I saw that V2's rider just stood up and V2 parked behind V1. I then make a checked on V2's rider and called ambulance for him. I then waited for ambulance and traffic police to arrive. I was advised by the traffic police officer to make a police report.



**SINGAPORE
POLICE FORCE**



T/20210403/2052

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

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Report No. T/20210403/2052

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: ^{SN 127} L / Staff Sgt AIK QISONG Signature :	Signature Of Informant:
Signature Of Interpreter Not applicable	Date/Time: 03/04/2021 14:05
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358 Authentication Stamp NP168	Classification Of Case: