

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	16/04/2021 15:31 (SGT)
Date of Accident	16/04/2021 08:00 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS CHANGI AIRPORT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU8627K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NASIR BIN GHANI
NRIC No	SXXXX595H
Email Address	NASIRG73@GMAIL.COM
Mobile Phone No	(Phone) +65-96644050
Alternative Phone No	+65-96644050

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMPCSNW00197052000
Cover Note Number	-

DRIVER

Name of Driver	NASIR BIN GHANI
NRIC No	SXXXX595H

Date Of Birth	08/10/1973
Occupation	Outdoor
Date Of Driving Pass	03/10/2005
Driving experience	15 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96644050
Alt. Phone Number	+65-96644050
Email Address	NASIRG73@GMAIL.COM
Address	BLK 463B SEMBAWANG DRIVE
Address complement	#23-387
Postcode	752463
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210416/2056

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	SKU146Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJH1808U
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SBY1100H
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	NASIR BIN GHANI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	SJU8627K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

TPE TWDS CHANGI AIRPORT

A - 5JUB627K	ADK8746KE	←
B - SKA1464		←
C - SHH180RU		←
D - SBY1100H		←

Describe Circumstances of the Accident

Please refer to the police report: T/20210416/2056

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 16/04/21
Policyholder's Signature / Date &
Time

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

[Signature] 16/04/21
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210416/2056

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20210416/2056

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU8627K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001970 52000	17/01/2021	16/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NASIR BIN GHANI		ID No. S7335595H
Related Vehicle	SJU8627K (Car)		Contact No. 96644050
Hospital/Clinic	TAMPINES POLYCLINIC		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	16/04/2021		Date Discharge 16/04/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 16/04/2021 at about 0800hrs, I was driving my vehicle (SJU8627K, Toyota Vios, Silver) along TPE towards Changi Airport on the extreme right lane (near Exit 7A). At that point of time, the traffic was heavy. As I was driving, the vehicle (SBY1100H, Honda HRV, black colour) in front of me slowed down. I then applied my brake and managed to stop in time to avoid front collision.

Suddenly, a vehicle (SKU146Y, Nissan Qashqai, black colour) impacted me from the rear. The impact had caused my vehicle to move forward and hit on the vehicle in front of me.

The collision has resulted to damages on several vehicles. The damages are as follow:

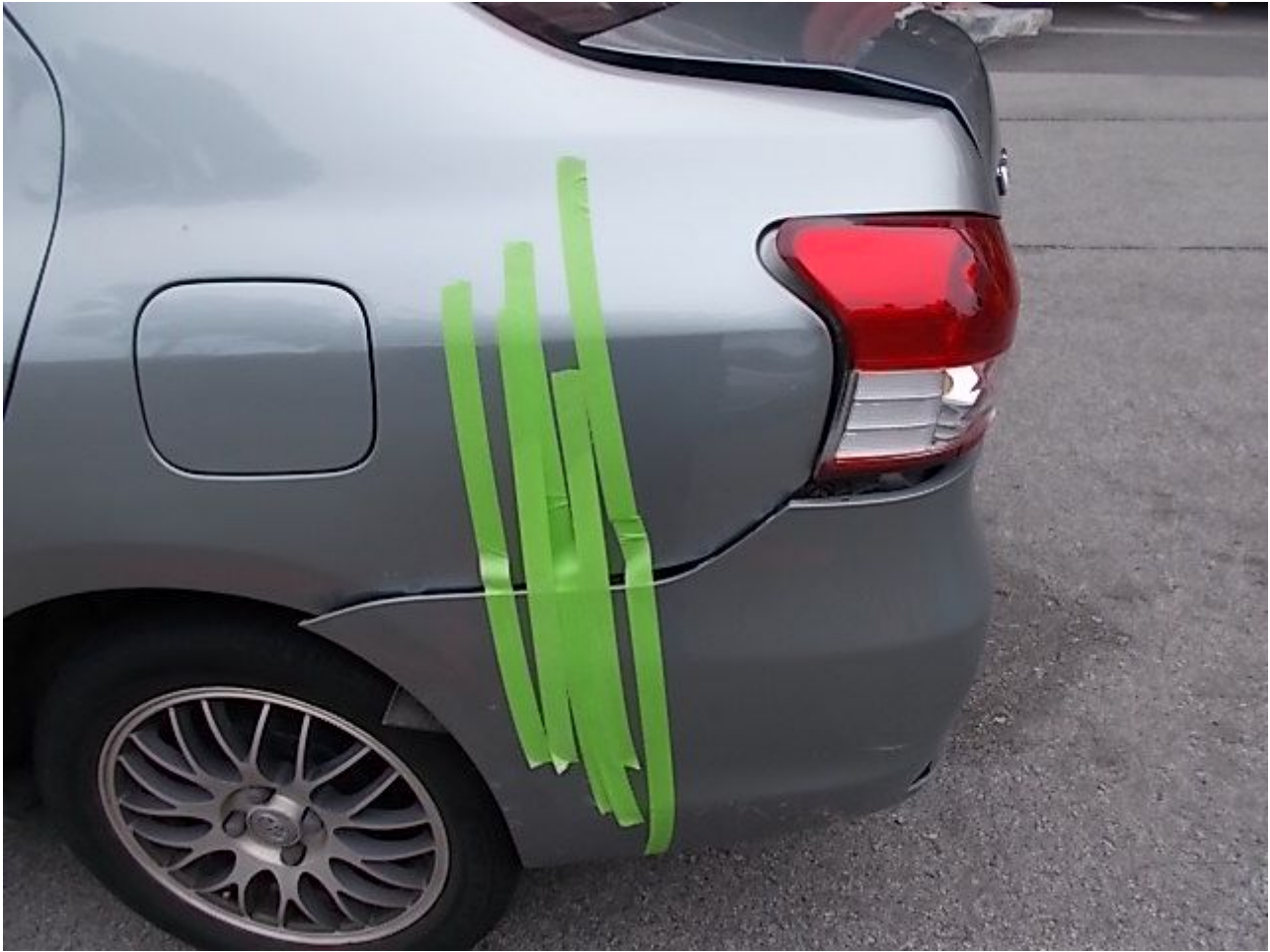
- 1) SBY1100H - dent on right rear bumper (driver: Chan Chee Oong, S1245505D)
- 2) SJU8627K - right front and rear bumper dent, crack license plate number, damage to front grill
- 3) SKU146Y - front bumper dent, license plate damage (driver: Shaikh Abdul Hafiz, S1473541J)
- 4) SJH1808U - front hood damage (vehicle behind SKU146Y)

I have front in-car camera. No Traffic Police or Ambulance came at accident location. I did not managed to exchange contact details of the drivers involved. I received three days MC due the injuries sustained.































SINGAPORE POLICE FORCE



T/20210416/2056

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No. T/20210416/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2021 13:46		Vide Report No.:	Station Diary No.: 34
Informant's Particulars			
Name of Informant: NASIR BIN GHANI		Address: APT BLK 463B SEMBAWANG DRIVE #23-387 SINGAPORE 752463	
ID Type / ID No.: NRIC NO / S7335595H		Contact No.: Home/Office: Mobile: 96644050	
Nationality: SINGAPORE CITIZEN		Email: nasing73@gmail.com	
Sex: Male	Age: 47	Date of Birth: 08/10/1973	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Premises and facilities maintenance officer		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/04/2021 08:00	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	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
SBY1100H	Car	HONDA	HRV	Black	Slightly Damaged	0
SJH1808U	Car	HONDA	FIT	Red	Seriously Damaged	0
SJU8627K	Car	TOYOTA	VIOS	Silver	Seriously Damaged	0
SKU146Y	Car	NISSAN	QASHQAI	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210416/2056

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2 of 3

Report No. T/20210416/2056

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU8627K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001970 52000	17/01/2021	16/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NASIR BIN GHANI		ID No. S7335595H
Related Vehicle	SJU8627K (Car)		Contact No. 96644050
Hospital/Clinic	TAMPINES POLYCLINIC		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
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449296
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T/20210416/2056

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Report No. T/20210416/2056

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:
G /
Sr Staff Sgt NUR ZARIFAH BINTE ZULKIFLI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Insp BOON YEN KIAN
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
16/04/2021 13:46

Classification Of Case: