

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 27/05/2021 10:18 (SGT)
Date of Accident 25/05/2021 19:10 (SGT)
Exact Location of Accident Henderson Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY8206X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMAD ZULKARNAIN BIN MOHAMED NOOR
NRIC No SXXXX368A
Email Address Zuleo87@yahoo.com
Mobile Phone No (Phone) +65-90079002
Alternative Phone No (Home) +65-90079002

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 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5120084303
Cover Note Number -

DRIVER

Name of Driver MUHAMAD ZULKARNAIN BIN MOHAMED NOOR
NRIC No SXXXX368A

Date Of Birth	26/07/1971
Occupation	Indoor
Date Of Driving Pass	18/09/2007
Driving experience	13 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90079002
Alt. Phone Number	(Home) +65-90079002
Email Address	Zuleo87@yahoo.com
Address	APT BLK 55 TELOK BLANGAH DRIVE #02-70
Address complement	-
Postcode	-
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?	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	Telok Blangah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002729999
Alt. Police Station Phone No	(Fax) +65-63776526
Police Station Address	Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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 OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC9576B
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	MUHAMAD ZULKARNAIN BIN MOHAMED NOOR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJY8206X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

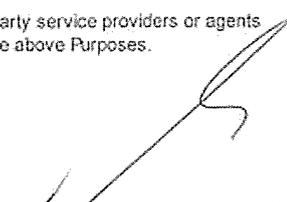
(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 :

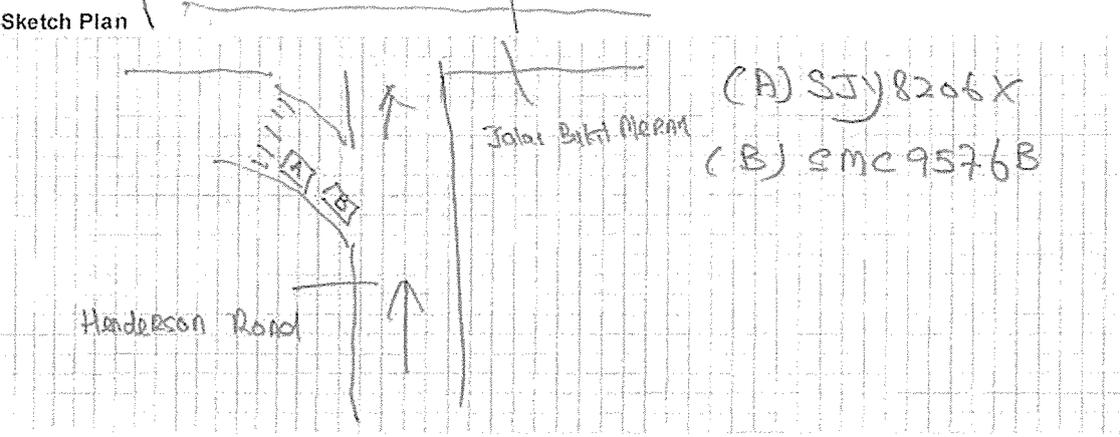
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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
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Describe Circumstances of the Accident

Police Report

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











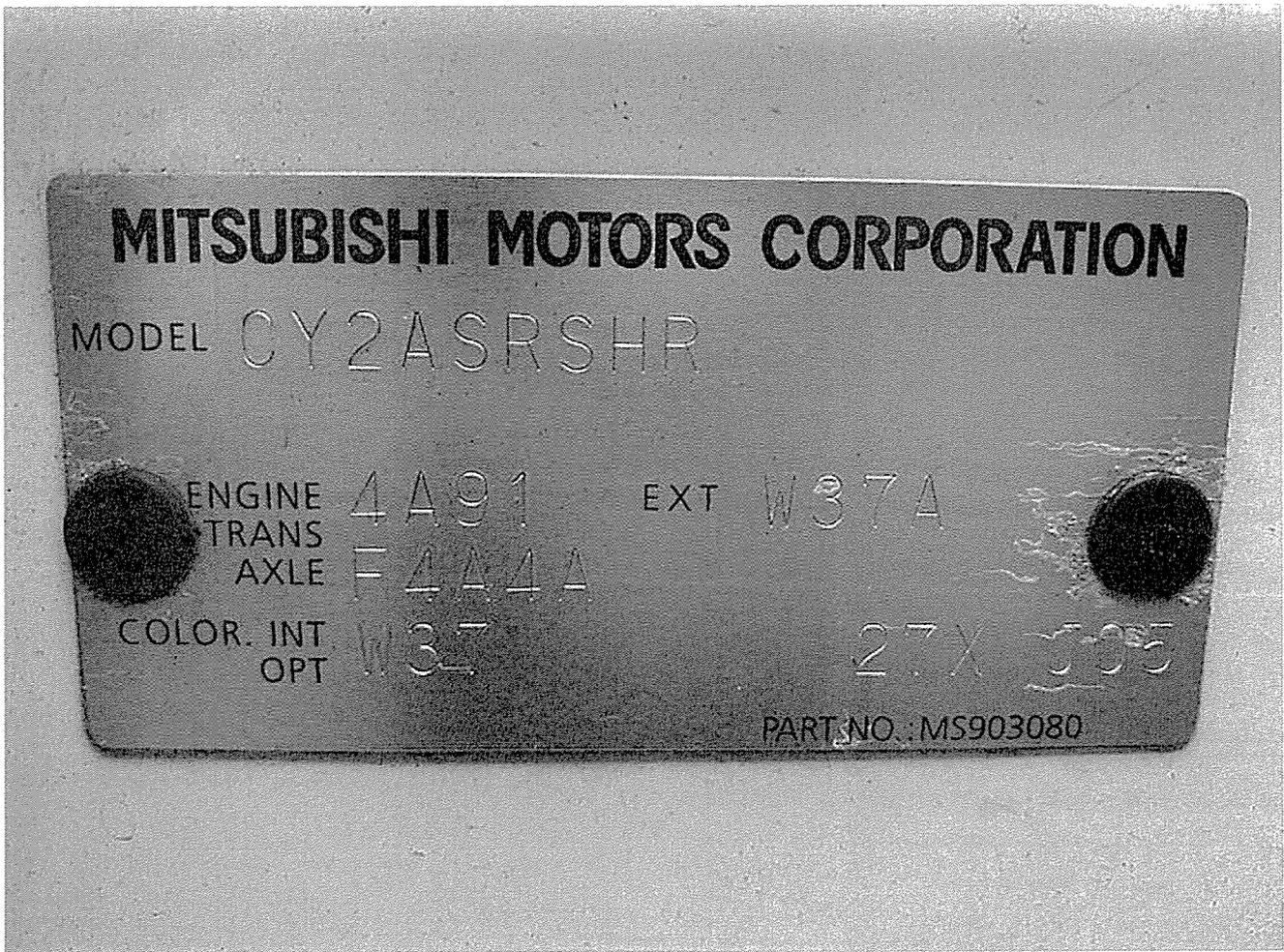














**SINGAPORE
POLICE FORCE**



T/20210525/2116

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

1 of 3

Report No. T/20210525/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2021 20:41		Vide Report No.:		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: MUHAMAD ZULKARNAIN BIN MOHAMED NOOR			Address: APT BLK 55 TELOK BLANGAH DRIVE #02-70 SINGAPORE 100055		
ID Type / ID No.: NRIC NO / S7126368A			Contact No.: Home/Office: Mobile: 90079002		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 26/07/1971	Type of Informant: Driver		
Race: Malay		Language:		Institution / School Name:	
Occupation: SALES EXECUTIVE		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/05/2021 19:10	Type of Location: Slip Road
Location: HENDERSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SJY8206X	Car	MITSUBISHI	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR	White	Seriously Damaged	0
SMC9576B	Car				Slightly Damaged	0



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Report No. T/20210525/2116

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJY8206X	NTUC Income Insurance Co-Operative Limited	5120084303	03/12/2020	02/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMAD ZULKARNAIN BIN MOHAMED NOOR	ID No.	S7126368A
Related Vehicle	SJY8206X (Car)	Contact No.	90079002
Hospital/Clinic	KAO & TAN FAMILY MEDICAL CENTRE & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2021	Date Discharge	25/05/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 25/05/2021 at about 1905hrs, I was driving my vehicle bearing SJY8206X along Henderson Road, I wanted to proceed to Jalan Bukit Merah and hence I entered the slip road. While I was driving along the slip road, there was a pedestrian that wanted to cross the zebra crossing and hence I stopped and gave way. While I was waiting for the pedestrian to cross the zebra crossing, I felt a sudden impact from the rear of my vehicle which caused my vehicle to surge forward. After which I discovered that there was vehicle that had collided onto my vehicle.

Myself and the other driver then stopped our vehicle at the roadside along Jalan Bukit Merah, I alighted my vehicle and made a check and discovered that the collision has caused the right rear bumper to be cracked and chipped, the car boot was also cracked. I then saw that the other vehicle bearing SMC9576B had some slight damages on the front of the vehicle. I immediately exchanged particulars with the drivers, and had asked if he was okay in which he told me that he is feeling fine. After exchanging particulars, both of us then drove off. Whilst I was driving, I felt giddiness in my head and hence I went to the doctors.

I wish to add that my vehicle has in-car camera.



SINGAPORE
POLICE FORCE



T/20210525/2116

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SINGAPORE 100055
Tel No: 1800-2729999

3 of 3

Report No. T/20210525/2116

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 1 TAN YEOW ANN		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time:	25/05/2021 20:41
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436		Classification Of Case:	

Authentication Stamp
NP168

SN 045



Signature:

Singapore Police Force



**SINGAPORE
POLICE FORCE**



T/20210525/2116

1 of 3

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