

# 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 ..... 28/05/2021 11:00 (SGT)  
Date of Accident ..... 27/05/2021 11:40 (SGT)  
Exact Location of Accident ..... Pasir Ris Walk, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMT2557M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... FUSIONITEZ  
Company Reg No ..... 5XXXX101K  
Email Address ..... AHMADAIDIL0101@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-87550195  
Alternative Phone No ..... +65-87550195

### VEHICLE PARTICULARS

Manufacturer ..... Ssangyong  
Model ..... Stavic  
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 ..... 2157

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 21-MR002221-R01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... AHMAD AIDIL BIN MOHD NASIR  
NRIC No ..... SXXXX055A

Date Of Birth .....	27/07/1982
Occupation .....	Indoor
Date Of Driving Pass .....	05/05/2004
Driving experience .....	17 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-87550195
Alt. Phone Number .....	-
Email Address .....	AHMADAIDIL0101@GMAIL.COM
Address .....	BLK 426 TAMPINES ST 41
Address complement .....	#04-427
Postcode .....	520426
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 .....	Collided into Parked Vehicle
Weather Conditions .....	Raining
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ARMAAN SHEIKH MUHAMMAD AIDIL
Gender .....	Male

#### PASSENGER 2

Name .....	AYDEEN SHEIKH MUHAMMAD AIDIL
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210527/7021

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number ..... SHD3013C  
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) ..... -

**WITNESS DETAILS**

WITNESS 1

Name ..... MR AMIR  
Phone ..... -  
Email ..... -

**SKETCH PLAN**

**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. 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.



*[Handwritten signature]*

*[Handwritten signature]*

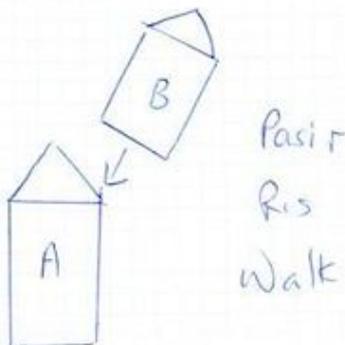
*[Handwritten signature]* 28/05/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



DOA: 27/5/21  
 A: 3MT 2557  
 B: SHD 3013C





**SINGAPORE  
POLICE FORCE**



T/20210527/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20210527/7021

**CONTINUATION OF REPORT**

Brief Details.

At about 11.40 am, my vehicle bearing plate number SMT2557M was parked at the side of Pasir Ris Walk to send my sons to school at Al Istighfar Mosque.

A taxi bearing plate number SHD3013C was parked in front of my car albeit further way from the side of the road. The driver reversed and the taxi's left rear bumper hit the front right bumper of my car causing scratches and dents. I horned at the driver but instead of stopping, the driver sped off.

The video of the accident was captured clearly by my in- car dash camera and I also took pictures of the damaged part of my car as evidence.

There were also several eyewitness to the incident and I took down the handphone number of Mr Amir who was willing to testify if needed to.

Nobody was injured in the accident but my two sons were emotionally affected by the incident.

The information give is true to the best of my knowledge.

















**SINGAPORE  
POLICE FORCE**



T/20210527/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20210527/7021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/05/2021 14:22	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: AHMAD AIDIL BIN MOHD NASIR		Address: 426 TAMPINES STREET 41 #04-427 SINGAPORE 520426	
ID Type / ID No.: NRIC NO / S8224055A		Contact No.:	Mobile: 87550195
Nationality: SINGAPORE CITIZEN		Email: ahmadaidil0101@gmail.com	
Sex: Male	Age: 38	Date of Birth: 27/07/1982	Type of Informant: Driver
Race: Pakistani		Language: English	Institution / School Name:
Occupation: Premises and facilities maintenance officer		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/05/2021 11:40	Type of Location: Straight Road
Location: PASIR RIS WALK			
Weather: Raining	Road Surface: Wet	Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD3013C	Car	HYUNDAI	i40	Blue		0
SMT2557M	Car	SSANGYONG	Stavic	Grey	Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE  
POLICE FORCE**



T/20210527/7021

2 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210527/7021

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT2557M	TOKIO MARINE INSURANCE SINGAPORE LTD.	21-MR002221-R01	03/04/2021	02/04/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	AHMAD AIDIL BIN MOHD NASIR		ID No.	S8224055A
Related Vehicle	SMT2557M (Car)		Contact No.	87550195
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	ARMAAN SHEIKH MUHAMMAD AIDIL		ID No.	T1837667E
Related Vehicle	SMT2557M (Car)		Contact No.	87550195
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	AYDEEN SHEIKH MUHAMMAD AIDIL		ID No.	T1640055B
Related Vehicle	SMT2557M (Car)		Contact No.	87550195
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL



**SINGAPORE  
POLICE FORCE**



T/20210527/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20210527/7021

**CONTINUATION OF REPORT**

Brief Details.

At about 11.40 am, my vehicle bearing plate number SMT2557M was parked at the side of Pasir Ris Walk to send my sons to school at Al Istighfar Mosque.

A taxi bearing plate number SHD3013C was parked in front of my car albeit further way from the side of the road. The driver reversed and the taxi's left rear bumper hit the front right bumper of my car causing scratches and dents. I horned at the driver but instead of stopping, the driver sped off.

The video of the accident was captured clearly by my in- car dash camera and I also took pictures of the damaged part of my car as evidence.

There were also several eyewitness to the incident and I took down the handphone number of Mr Amir who was willing to testify if needed to.

Nobody was injured in the accident but my two sons were emotionally affected by the incident.

The information give is true to the best of my knowledge.



**SINGAPORE  
POLICE FORCE**



T/20210527/7021

4 of 4

Report No. T/20210527/7021

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NEO ZHI YUAN  
Contact No.: 65476079

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
27/05/2021 14:22

Classification Of Case: